



# Kenmore Park Junior School

Moorhouse Road  
Kenton  
Harrow  
HA3 9JA

## **SCHOOL ASTHMA POLICY**

### Parents/Carers

The school relies on all parents to support the well-being of pupils. Please support us in this by ensuring:

1. You have completed any medical forms the welfare staff request.
2. Ensuring all medicines are in date and working. The medicine must have the child's name and dosage on the bottle and be prescribed by a doctor/hospital. The school may notify you when medication is out-of-date, but is not responsible for prescription updates.
3. First aid staff are present in school but are not permitted to administer medication without your consent. This means you may be required to come into school to give your child medication.

### Asthma

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavor to do this by ensuring we have:

1. An asthma register
2. All pupils to have access to their reliever inhaler (in Welfare Room)
3. All pupils have an up-to-date asthma action plan/individual healthcare plan
4. An emergency salbutamol inhaler (held in Welfare)
5. Ensure all staff have regular training
6. Promote asthma awareness to pupils, parents and staff



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## Asthma Register

We have an asthma register of the children within the school, which we update regularly. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

1. An up-to-date asthma action plan/individual healthcare plan
2. Their reliever (salbutamol) inhaler in school
3. Permission from the parents/carers to use the emergency salbutamol inhaler if they require it or if their own inhaler is broken, out of date, empty or has been lost

## Medication and Inhalers

All children should be able to have access to their relievers (which are in the Welfare Room). The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe.

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefits. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. All the childrens inhalers are kept in the Welfare Room.

School staff are not required to administer asthma medicines to pupils. However, many children have poor inhaler techniques, or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse.



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## Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses a personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe that it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admission (we ask parents to sign a healthcare plan when we receive an inhaler from them).

## Staff Training

Staff will need regular asthma updates. This training can be provided by the school nursing team.

## School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mites
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise
- Stress
- Cold air, change in weather
- Chemicals, glue, paint and aerosols
- Food allergies
- Fumes and cigarette smoke



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## Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson.

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of school.

## When asthma is effecting a pupil's education

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their life and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated personal asthma action plan, to improve their symptoms. However, the school recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

## Emergency Salbutamol inhaler in school

As a school we are aware of the guidance "The use of emergency salbutamol inhalers in schools from the Department of Health" (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools. As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. Our school currently holds these in the Welfare Room.



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We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol inhalers are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that the emergency inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler and for whom written consent has been given.

### Asthma attack

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

The Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

Persistent cough (when at rest)

A wheezing sound coming from the chest (when at rest)

Difficulty breathing (The child be breathing fast with effort, using all muscles in the upper body)

Nasal flaring

Unable to talk or complete symptoms. Some children will go very quiet.

May try to tell you their chest "feels tight"

If the child is showing these symptoms we will follow the guidelines for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

Appears exhausted

Has a blue/white tinge around the lips or is going blue

Has collapsed.



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It goes on to explain that in the event of an asthma attack:

- ' Keep calm and reassure the child
- ' Encourage the child to sit up and slightly forward
- ' Use the child's own inhaler – if not available use the emergency inhaler
- ' Remain with the child while the inhaler and spacer are brought to them
- ' Shake the inhaler and remove the cap
- ' Place the mouthpiece between the lips or place the mask securely over the nose and mouth.
- ' Immediately help the child to take two puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths)
- ' If there is no improvement, repeat these steps – up to a maximum of 10 puffs
- ' If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- ' If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- ' If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- ' A member of staff will always accompany a child to hospital by an ambulance and stay with them until a parent or carer arrives.

Ratified by governors Sep 2022

### **Kenmore Park Junior School**

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