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**Headteacher: Mrs Jane Worsdale**

Together on a voyage of discovery...

Dear Parent

**Why are we writing to parents of children who have asthma?**

I am pleased to advise you that this school takes its responsibilities for pupils with asthma very seriously.

As part of accepted good practice, we are now asking all parents of pupils with asthma to help us to complete a school Asthma Record for their child. The record will help school staff to ensure that pupils with asthma receive the best possible treatment at all times.

**What will happen in school if your child has an asthma attack?**

The record will give details of your child's current treatment and what steps to take if an asthma attack happens at school. In case of asthma emergencies, the school keeps a spacer for use with your child's metered dose inhaler - providing it fits. (If unsure whether or not your child's inhaler is compatible please ask your asthma or school nurse.)

**What are we asking you to do?**

Please fill in your child's details on the asthma record form. You may like to ask your doctor or asthma nurse to help you with this. Also ask your pharmacist to label your child's inhaler, not just the box which it comes in and ask your doctor (GP) to provide a metered dose inhaler compatible with the spacer for emergency use, if you do not already have one.

**What will happen every year?**

You will be asked to update the record yearly, but please inform the school in writing if treatment is changed before this time so that the record can be updated.

I look forward to receiving the completed record. Thank you for your co-operation in this important matter. Please return your completed form to me as soon as possible.

Yours sincerely

# Asthma Attacks

## What to Do...

### *Cough... wheeze... tight chestedness*

Ensure child's usual reliever inhaler (usually blue) is taken immediately. Stay calm. Encourage relaxation. The inhaler usually works in 5-10 minutes. They can resume normal activities as soon as they feel better.

If they are:

- no better in **5-10 minutes**; or
- distressed or exhausted
- unable to talk in sentences
- blue around the lips

or if you have any doubts about their condition, **this is a severe attack requiring immediate action**. (NB: the child may not wheeze).

Give another dose of reliever inhaler, preferably via a spacer.

Another adult dials 999 for an ambulance. Say that the child is "having a severe asthma attack requiring immediate attention".

Staff should not take the child to hospital in their car as they may deteriorate quickly.

Continue to give reliever inhaler until help arrives. An emergency spacer can be used; where the child has a compatible metered dose give 1 puff per minute with 5 breaths per puff for up to 10 puffs. If the child has not recovered, continue for up to 20 puffs in total or until help arrives.

Inform parents of the situation and actions taken.

This policy should be read in conjunction with the school's Administration of Medicines policy.

### **Rationale**

The school:

- recognises that asthma is a widespread, serious but controllable condition ;
- ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out of hours school activities;
- recognises that pupils with asthma need immediate access to reliever inhalers at all times;
- keeps a record of all pupils with asthma and the medicines they take;
- ensures that the whole school environment, including the physical, social, sporting and educational environment, is a favourable to pupils with asthma;
- ensures that all pupils understand asthma;
- ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack;
- understands that pupils with asthma may experience bullying and has procedures in place to prevent this;
- will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/cares, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

### **Asthma medicines**

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom.

Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The class teacher will hold this separately in case the pupils own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

### **Record keeping**

When a child joins the school, parents/carers are asked if their child has any medical conditions, including asthma, on their enrolment form. An asthma record is set up for any child who has asthma, or who develops the condition during the course of their time at the school. These are updated annually. (See appendices 1 & 2)

### **Exercise and activity PE and games**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and teachers at the school are aware of which pupils have asthma from the school's asthma register. Pupils with asthma are encouraged to participate fully in all PE lessons.

### **School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definite no smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit elsewhere if particular fumes trigger their asthma.

### **When a pupil is falling behind in lessons**

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.

The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

### **Asthma Attacks**

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack; a clear procedure is visibly displayed on the notice board in the staff room together with the school's Care Plans, and each classroom is provided with a copy. (See Appendix 3)

### **Access and Review of Policy**

The Asthma Policy will be accessible to all staff and the community through the VLE. Hard copies can be obtained through the school office. This policy will be reviewed on a two yearly cycle.

Signed \_\_\_\_\_ Chair of Governors

Date \_\_\_\_\_

Review Date: Spring Term, 2013



## Asthma Record (Care Plan)

Name of Child ..... Date of Birth .....

Emergency contact numbers: Home ..... Work ..... Mobile .....

Doctor (GP) name .....

Doctor (GP) telephone .....

Asthma nurse .....

Known triggers/allergies .....

Any other medical problems? .....

### ***My Child's Medication***

Reliever medication (usually blue)

<b><i>Medication name</i></b> (e.g. SALBUTAMOL)	<b><i>Device</i></b> (e.g. diskhaler)	<b><i>Dose</i></b> (e.g. 1 blister)	<b><i>When taken</i></b> (e.g. when wheezy, before exercise)

### ***Other Medication***

Most preventers can be taken outside of school hours - check with your GP or asthma nurse

<b><i>Medication name</i></b>	<b><i>How taken/device</i></b>	<b><i>Dose</i></b>	<b><i>When taken</i></b>

### ***Emergency Treatment***

In the event of a severe asthma attack I am happy for my child to receive up to 10-20 puffs of their reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.

Signed: (Parent) ..... Date .....

### **Key points for parents to remember:**

- Remember to update the school if treatment is changed.
- Remember to check you have enough inhaler doses and that the inhaler is in date and labeled by the pharmacist with your child's name and dosage details.

The school/setting will not give your child medicine unless you complete and sign this form and the school/setting has a policy that staff can administer medicine.

Name of School/Setting **Dussindale Primary School**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

How much to give (dose to be given) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions \_\_\_\_\_

Number of tablets/quantity to be given  
to school/setting \_\_\_\_\_

**Medicines must be in the original container as dispensed by the pharmacy**

Daytime phone no. of parent or adult  
contact \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

Agreed review date to be initiated by  
*[name of member of staff]:* \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Confirmation of Headteacher's agreement to administer medicine**

It is agreed that \_\_\_\_\_ *[name of child]* will receive \_\_\_\_\_  
*[quantity and name of medicine]* every day at \_\_\_\_\_ *[time medicine to be*  
*administered e.g. Lunchtime or afternoon break].*

\_\_\_\_\_ *[name of child]* will be given/supervised whilst he/she takes their  
medication by \_\_\_\_\_ *[name of member of staff]*.

This arrangement will continue until \_\_\_\_\_ *[either end date of course of*  
*medicine or until instructed by parents].*

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

*[The Head teacher/Head of Setting/Named Member of Staff]*



## Administration of medicines – Parent/Carer Agreement

I have asked that the school give medicine/medical treatment to my child as outlined on the attached form/care plan.

The school has directed me to the school policy on Administration of Medicines. I understand that there is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. *This is purely a voluntary role*, which staff undertake in order to enable children to attend school, and parents/carers to carry out their normal daily activities.

I understand that staff will always follow the school procedures for administering medicine/treatment as outlined in the school Administration of Medicines policy. However, I also understand that, in the conditions of a busy school, there may be occasions when the correct timing of administration will be hard to ensure, especially if it is in lesson time.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of Child \_\_\_\_\_