



ASTHMA & ASTHMA PROCDEDURES POLICY

September 2017

Signed:

Headteacher: Alison Gibson

Signed:

On behalf of the Governing Body

Proposed Review Date: September 2018

Background

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service the governing body and pupils. This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy. Teaching staff and After School staff that come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is updated once a year.

Asthma medicines

- Immediate access to reliever medicines is essential. Pupils with asthma must have a named reliever inhaler in school. The reliever inhalers and spacer of all children are kept in the classroom in the class teacher's bottom desk drawer. A named photograph of children with asthma is displayed in each classroom.
- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler and spacer. It is the responsibility of the parent to ensure the medicine is in date. All inhalers must be labelled with the child's name by the parent/carer. School will contact parents if the inhaler is not in school.
- 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 education authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.
- School has an inhaler for emergency use and parents of asthma sufferers will be asked to sign a consent form if emergency use is required.
- Inhalers and spacers will be taken outside each play time.

Record keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.
 - All parents/carers of children with asthma are consequently sent an *Asthma UK School Asthma Card* for Parents/carers to complete and return them to the school. From this information the school keeps its asthma register, which is available to all school staff. *School Asthma Cards** are then sent to parents/carers of children with asthma on an annual basis to Update. Parents/carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.
- Some pupils may have an individual Asthma care plan which is written in consultation with the school nurse. An asthma care plan is required if the child has had 3 A&E attendances.
- 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 all PE 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. 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. Inhalers will be taken outside or to the hall for the PE lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. Inhalers will be taken to the swimming baths and to pool side. Inhalers will be taken on all school trips and carried by the class teacher.
 - Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Staff Training

Staff are trained annually by Health Care professionals each September at the start of the academic year. A record of training is kept in the Staff meeting file kept in the Head teacher's office.

Out-of-hours sport

- 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 after school clubs.
- PE teachers, classroom teachers and out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and What to do in the event of an asthma attack. All staff and sports coaches are provided with training from the school nurse, who has had asthma training.
- This information is also provided on the Asthma UK *Out There & Active* poster*, which is displayed in several locations around the school. The poster helps to encourage pupils with asthma to be active and get more involved in PE and exercise and has tips to help them do this. An accompanying Asthma UK parent pack that informs parents/carers about the changes in PE at the school and how their child can get involved at different levels is also available for staff to give to parents/carers of pupils with asthma.

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 definitive 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.

Making the school asthma-friendly

- The school ensures that all pupils understand asthma. Asthma can be included in the National Curriculum Key Stages 1 and 2 in science, design and technology, geography, history and PE (for more details see *Asthma Resources for Pupils*, page 4).

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.
- In the event of an asthma attack the school follows the procedure outlined by Asthma UK in It's *School Asthma Pack*. This procedure is visibly displayed in the staffroom and every classroom. In accordance with the procedure medical help should be sought if the available medication does not alleviate symptoms.
School will always contact parents about concerns about the child's health.

PROCEDURES FOR USE WITH CHILDREN WHO HAVE ASTHMA

Awareness of the Condition

The incidence of asthma ranges from a mild to a severe condition and affects between 10% and 17% of the overall school population. The highest numbers are concentrated amongst primary aged pupils, as a proportion of children grow out of the condition. Few children with asthma will have specific noticeable attacks, indeed some teachers may be unaware that a particular child suffers from asthma.

Parents or guardians should be encouraged to inform staff if their child has, or is suspected of having asthma. They should be encouraged to make as much information as possible available to the school. Likewise, school staff may wish to consider alerting the parents of children who appear to have difficulty breathing at any particular time in the school day, although the parents may not have notified school that the child was, or could be, an asthma sufferer. In these circumstances teachers should suggest to the parents that they observe their children and contact their own doctor.

It should be noted that many children with asthma will require little support other than an awareness of the situation by school staff. Some children may take regular medication at home.

When primary staff are aware of children suffering from asthma, this information should be passed on to any receiving secondary school.

Administration of Medicines in Schools

Medication will usually come in the form of an inhaler which will probably be colour coded. Details will be given on the medication as to what colour coding is relevant to the inhaler to be used on different occasions.

The child must have access to their inhalers at all times which could be kept in the school bag for example or under a managed system. The place where the inhaler is to be kept should be recorded in the procedures. The inhalers should not be left in a central store or office to which access is restricted. It is important that the medication is kept nearby when the child is doing physical exercise. There are no risks to other children if they happen to gain access to the medication. The school has an emergency inhaler to use with written permission from parents.

Any covers or caps supplied for the inhalers should be kept in place. Children should be encouraged to keep their inhalers clean and not allow them to become mixed with food, pencils or other such items. Spacers will be sent home regularly for washing and air drying.

Many of the children will have been using such "as and when necessary" medication themselves from being very young. It is therefore important that the ideas of the child are

listened to in terms of access to the medication. An additional dosage of medication would not harm the child.

If the child is not able to decide when he needs his own medication the “as and when” decisions should be made by school staff. For these children individual arrangements must be recorded to ensure that staff are aware of the procedures to be followed.

Nursery age or young children are likely to require more support from their teacher than older children who are often aware of their own symptoms and know how to prevent an attack. It should be appreciated that older children may be able to use their inhaler as and when necessary without immediately informing teaching staff, although there may need to be written procedures for the child, such as the time when they should go to a quiet area for rest.

Some pupils who have asthma may have additional medication which should be used when required. This will be provided in special containers and will be administered only on specific written instructions, as for any other medicine.

Individual Procedures – File Cards

In circumstances where a child needs to have individual procedures written up for them due to the child’s level of dependence and/or the severity of the asthma, a card should be maintained with the child’s name, address, date of birth, medications, next of kin and emergency telephone number. It should be available to take with the child to the hospital in the event of an emergency 999 call being made (section 4).

The emergency procedures should be updated at least annually and signed by the parent or guardian.

The card should be maintained in the child’s file and readily available to any member of staff working with the child in any circumstances e.g. school trips.

There may be circumstances such as split site or very large school etc., where communications could be difficult. In such instances these special circumstances should be recognized and addressed in the written procedures.

Symptoms which could indicate that additional emergency support for the child is required

For children with severe asthma, the symptoms which could indicate that the child needs additional support or a possible emergency 999 call may be different for different children. **Such support will only be necessary for a very small number of children.** For these children an **individual procedure** should be obtained from the Senior Clinical Medical Officer or other nominated Medical Officer and agreed by the Health Authority. Written parental or guardian approval to the procedure must also be obtained.

Examples of indicators which could be written into a child's individual procedures

- (a) Count the in-breaths per minute (agreed figure) and if above (an agreed figure) take action (e.g. administer inhaler, call 999).
- (b) If there is no improvement over an agreed time (usually approximately 15 minutes but this may vary for an individual child) after the administration of all recommended treatment
- (c) The child who can normally communicate is unable to talk.
- (d) If the member of the staff knows the child well they may be able to judge that the child's behaviours are different from those usually exhibited.
- (e) The child is showing signs of exhaustion compared to his normal appearance or is appearing to be a different colour from normal (possibly bluer).
- (f) Observable symptoms e.g. hair or hands becoming wet. (Such observations should only confirm measurable symptoms). However, if members of staff have any doubts at all about any actions they are taking in accordance with the guidelines they should telephone 999.

Examples of how to help a child during an attack

Asthmatic children often know what to do during an attack but below are some suggestions as to how to help the child during an attack. Arrangements as to how to summon help should be known by school staff.

- (i) Make sure that any medicines and inhalers are taken promptly.
- (ii) Stay calm and reassure the child. Don't rush about. Do things quietly and efficiently. Speak reassuringly and listen carefully to what the child is saying. Try, if you can, to take the child's mind off the attack.
- (iii) Help the child to breathe. In an attack, asthmatics tend to take quick shallow breaths. Encourage the child to breathe slowly and deeply and to relax. Some children are taught to adopt a particular posture which relaxes their chest and encourages them to breathe more slowly and deeply during an attack. If they have learnt such a technique, encourage them to use it. Most asthmatics find it easier to sit fairly upright or lean forward slightly. Lying flat on the back is not recommended although special arrangements may need to be written into individual procedures for children with physical disabilities.

Seeking Help

If normal intervention by the use of the available medication, has not worked then medical help should be sought. (See Section 1).

