

ASTHMA

Policy Document

Reviewed and Updated: February 2020

Next Review date: March 2022

Our Vision

Aiming high and Achieving Our Best

Our Values

Curiosity – we are inquisitive learners who love to explore and investigate!

Creativity – we are imaginative and inventive!

Confidence – we have a resilient, 'can-do' attitude to learning!

Caring – We are kind and respectful to each other and to our environment

Aims

To provide an environment and curriculum that stimulates every child's desire to learn; to teach creatively to inspire children with unique learning experiences; to foster high aspirations and encourage children to be leaders of their own learning; to promote respect and kindness; to nurture and prepare children so they are ready to confidently face future challenges.



Policy aims and objectives

1. Aim:

To ensure that children with asthma in Penponds School are able to safely take part in all aspects of school life and to develop their potential both academically and emotionally. It also aims to support school staff in making decisions about issues relating to asthmatic children in their care.

2. Objectives:

- To provide school staff with a clear statement of support from the Health Community and the Local Education Authority.
- To provide school staff with clear instructions on how to manage an acute attack.

In order to fulfil the above objectives, it is advised that the following recommendations are carried out.

It is recommended that all schools and college:

- Appoint a **voluntary** Asthma Link Teacher - Lauren Berry
- Ensure that all school staff receive training by appropriate health professionals at least every three years - received by the school nurse or online
- Maintain a register of children with asthma in school.
- Remind parents annually that they are responsible for ensuring that their child carries their inhaler with them at all times and that a spare inhaler within its expiry date is kept on the school premises.

3. What is asthma?

Asthma is an inflammatory condition of the lungs. The airways become overly sensitive to certain stimuli or triggers causing spasm and narrowing of the airways, leading to the signs and symptoms of asthma i.e cough, wheeze and breathlessness.

Known common triggers found in the school environment

- ✓ Viral infections (common cold)
- ✓ House dust mite
- ✓ Fumes
- ✓ Pollens and spores
- ✓ Animal dander
- ✓ Exercise
- ✓ Cold air
- ✓ Emotional upset or excitement



4. Treatments for asthma

The majority of children with asthma will be taking regular inhaled therapy. This most commonly consists of a steroid inhaler which usually will be kept at home. Examples of these are Becotide, Pulmicort and Flixotide. These inhalers will not be effective once an attack has started.

The inhalers which should be in school are relievers, usually coloured blue, which work by relieving muscle spasm thereby opening up the airways. They can also be used before exercise to prevent asthma symptoms in susceptible children. Examples of these are Ventolin, Salbutamol and Bricanyl.

There are many different kinds of inhaler devices available and each individual child should be able to use the device prescribed by their doctor. The most commonly used is the metered dose inhaler which is often used with a spacer.

5. Storage of inhaler devices

Ideally, children with asthma should be responsible for their own inhalers. Where this is not practicable, they should be labelled and kept in a cupboard or drawer in the classroom and be easily accessible. However, it is also important that medicines are only available to those for whom they are prescribed. Arrangements should be in place for availability of these inhalers when the children are away from the classroom e.g participating in PE or on school trips.

Asthma medication are extremely safe and should not pose any threat or danger if they are inadvertently used by non-asthmatic individuals.

6. The administration of asthma medication

Many pupils with asthma will need to take their inhalers during the course of the school day. They should be encouraged to manage their own medication, but may also need supervision.

There is no legal duty which requires school staff to administer medication; this is a voluntary role.

Staff who volunteer to administer medication need support from the head and parents, access to information and training, and reassurance about their legal liability.



Information about liability and health and safety regarding the use of asthma medication can be found in the Health and Safety Handbook, available to schools through the Education, Arts and Libraries (EAL) website. Other useful websites are: www.medicalconditionsatschool.org
www.asthma.org.uk

It is good practice to keep a record of medicines given to pupils so that staff are protected and have proof that they have followed agreed procedures. A recording form is included in the appendices.

Asthma treatments are prescription only medicines (POMs) for use by the person for whom they have been prescribed. However, it has been recognised that children may be put at risk if, in an emergency, they were unable to access their own medication. This is why it is vitally important that parents always provide a spare inhaler and teachers always take the spare with them if they take the children off school premises e.g on a trip.

Any member of staff who is acting in good faith and administers medication to a child in the belief that they are acting in the best interest of that child will be covered by the school's insurance. Should any claim be brought against an individual as a result of administering medication then it will be dealt with the school's insurance and there will be no cost implication for either the employee or the school.'

7. Record keeping of children with asthma

Penponds school will have a record of children with medical conditions which are relevant to their care whilst at school. We keep a separate register for children who have been diagnosed as having asthma, by a doctor. This register is kept on SIMS and a hard copy in the office. See examples in appendices.



8. Asthma - signs and symptoms

Asthma affects the airways which are almost always swollen and inflamed. This makes them very sensitive to triggers such as those mentioned on page 2. The inflammation is normally kept under control with medications which need to be taken daily. However, symptoms do occasionally occur. The usual symptoms of a person with asthma are:

- ✓ Coughing
- ✓ Wheezing
- ✓ Shortness of breath
- ✓ Tight chest

These symptoms are not necessarily there all the time and will vary with different people. They often get worse after contact with a trigger, with exercise or with colds. Usually all that is needed is two puffs from a reliever inhaler such as Ventalin, Salbutamol or Bricanyl to control the symptoms.

Occasionally however, the symptoms become so bad that the child will need urgent treatment and may have to be admitted to hospital. This can be preceded by a recognisable period of deterioration over a number of days.

9. Signs of deteriorating asthma

- Waking at night with coughing, wheezing or breathlessness
- Increased breathlessness in the morning
- Needing to use the reliever inhaler more often than usual and/or the inhaler does not seem to work as well and/or the effects do not last as long as usual
- Becoming more breathless with exercise

If any of these are happening the asthmatic person should contact their GP or Asthma Nurse for advice. Sometimes patients have written Asthma Action Plans which will tell them what to do in the event of worsening asthma.

If any school staff notice any of these signs, they should inform the parents as soon as possible.



THE FOLLOWING SIGNS INDICATE AN ACUTE ATTACK AND SHOULD BE TREATED AS AN EMERGENCY FOLLOWING THE INSTRUCTIONS GIVEN IN THE FLOW CHART ON PAGE 6

- **EXTREME BREATHLESSNESS AND/OR COUGHING**
- **RELIEVER MEDICATION DOES NOT WORK**
- **THE CHILD HAS DIFFICULTY WITH TALKING AND/OR IS UNABLE TO TALK IN SENTENCES WITHOUT TAKING A BREATH IN THE MIDDLE**
- **THE CHILD IS BECOMING EXHAUSTED OR DISTRESSED**



EMERGENCY TREATMENT FOR CHILDREN WHO ARE KNOWN TO HAVE ASTHMA

The asthma first aider for Penponds School is Trudy Watts

Give reliever inhaler

A reliever inhaler (usually blue) should quickly open up narrowed airways.

Stay calm, be reassuring and help the child to breathe

Do not put your arm around the child's shoulder as this can be very restrictive.

Sit the child upright and encourage slow deep breathing

Child responds well to reliever inhaler

When the child has recovered, he/she can return to normal school activities

Inform the parents at the end of the day if their child has had an asthma attack

IF ANY OF THE FOLLOWING CIRCUMSTANCES APPLY, GIVE A FURTHER TWO PUFFS OF THE RELIEVER INHALER, DIAL 999 AND CALL PARENTS:

- If there is no improvement after 5-10 minutes
- If the child is distressed and/or unable to talk
- If the child is becoming exhausted
- **If you have any doubts at all about the child's condition**

While waiting for medical help, up to ten puffs of the reliever inhaler can be given if necessary



Appendix A

ASTHMA MANAGEMENT POLICY

Application of policy:

1. Once the school has been informed by the parent, add the child's name and details of treatments to the school asthma register.
2. Parent or legal guardian to complete and sign the school Asthma Care Plan and Consent Form
3. Inform the child's class teacher
4. In the case of a child developing asthma after initial admission apply steps 1-3
5. Carry out a review of any changes at least annually.

**ALL PUPILS SHOULD HAVE INSTANT AND EASY ACCESS TO THEIR
ASTHMA MEDICATION AT ALL TIMES**

All children with asthma should have their asthma medications labelled clearly with their name.

Some pupils may need to take their reliever medication before activity.

Parent/pupils should ensure they have an adequate supply of asthma medication at school at all time.

School Nursing Team can be contacted through the Early Help Hub: 01872 322277

Penponds Asthma Link/Asthma Support Person: Lauren Berry



Appendix B

Role of the Asthma Link Person

- 1) To be named contact within the school for dissemination of information on asthma
- 2) To receive basic asthma training provided by asthma specialists
- 3) To give re-assurance to other members of staff who are nervous of asthma conditions
- 4) To send out reminders (at least annually) for parents regarding checking expiry dates on inhalers.
- 5) To disseminate positive messages concerning children with asthma in school.
- 6) As always, to act in the best interests of the child

It is recommended that the Asthma Link Person attend yearly updates or review most up to date information online. (See websites listed on Page 3)

Appendix C

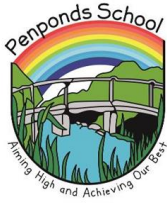
Role of the School Nurse

School Nurses should be seen as the key group of workers forming links between doctors, schools and parents. They are supported by Respiratory Specialist Nurses and together they will provide uniformity of information dissemination. Relevant training is available for staff from Community Health Services, advertised on the Healthy Schools and Family Information Service website.

Role of the School Nurse

1. To be known to the school by name -
2. Asthma Link Teacher to be known to the School Nurse by name
3. To provide a contact number for all schools
4. To respond to general asthma management concerns of Asthma Link Teacher (may be referred on to the Respiratory Specialist Nurse or GP)
5. To liaise with school re update of training for school staff

If is recommended that School Nurses have yearly updates.



Appendix D

POLICY STATEMENT

At Penponds School we:

1. Welcome all children/students with asthma
2. Will encourage and help children/students with asthma to participate in all activities
3. Recognise that asthma is an important condition affecting many young people
4. Recognise that immediate access to inhalers is vital
5. Will do all we can to make sure that our environment is sympathetic to children and students with asthma
6. Will ensure that other children understand asthma so that they can support their friends who have asthma
7. Have developed guidelines on the action to be taken in the event of a child/student having an asthma attack
8. Have a clear understanding of what to do in the event of a child/student having an asthma attack
9. Will work in partnership with parents, health professionals and other staff to ensure the successful implementation of this asthma policy.



Appendix E

School Statement on Care for Pupils with Asthma

This school takes responsibilities to pupils with asthma very seriously. The school has an established asthma policy based on the policy and guidelines determined by the Local Education Authority as advised by and agreed with the Health Community.

It is in the interests of your child that we work together to ensure your child's asthma is managed as well as is possible. With good management your child should rarely suffer asthma attacks and should be able to participate in a full and active school life free from fear or worry. However, in order to be able to offer total support to every child with asthma we need full details of his/her treatment plan and to be advised of any changes.

(To be included on the school's website)



Appendix F

School Asthma Care Plan

Name of child		Date of birth	
Address			
Home Telephone		Mobile telephone	
GPs name		GPs telephone	
Description of treatment			
I understand that it is my responsibility to inform school if my child's treatment is changed.			Please tick
I confirm that my child is able to take responsibility for the self administration of his /her medication.			
My child is not able to self administer his/her asthma medication and will require assistance.			
My child's inhaler is clearly labelled and in date.			

Signed.....Date.....

