



Asthma Policy

Other related academy policies that support this Asthma policy include Child Protection, Supporting Children with Medical Needs, SEND, Educational Visits, Health & Safety and First Aid Procedures

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Policy statement

Our Trust does not discriminate against any child or adult on the grounds of race, disability, age, gender reassignment, pregnancy, maternity, marriage and civil partnership, religion or belief, sex, or sexual orientation. We embrace the individuality of all our community members and comply fully with the Equality Act 2010.

This policy has been written with advice from Asthma UK, NHS and other healthcare and education professionals.

Introduction

Our schools recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children.

We actively encourage all our children and young people to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents / carers and by pupils.

All staff who have contact with these asthmatic children are given the opportunity to receive training from the school nursing team/specialist nurses. Updates for training are offered at regular intervals and our schools will ensure attendance by staff. Training will take place at least every two years and more often if there are pupils within a school who has significant asthma symptoms or there are significant changes to the management of asthma in children.

Indemnity

School staff are not required to administer asthma medication to pupils except in an emergency. However, many staff may be happy to give routine medication on the advice of an appropriate healthcare professional. School staff who agree to administer asthma medication are indemnified by the Trust's Risk Protection Arrangement

All school staff will allow any pupil **immediate** access to their own asthma medication when they need it.

What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

Medication

Generally, only reliever inhalers should be kept in school. Usually these are blue in colour. On occasion, an older pupil (usually aged 10 or over) may have a white and red inhaler called 'Symbicort' which may also used as a reliever. However, they will usually have a blue reliever inhaler for use in an emergency.

Immediate access to reliever inhaler is vital.

Children aged 7 years and over who are considered sufficiently mature are encouraged to carry their own inhaler with them, at the discretion of the parent/carer and teacher. Otherwise, the inhaler must be kept wherever the child is at any time e.g. class, hall, playground etc.

N.B. Inhalers must not be stored in the school office or similar as this will not allow quick enough access in an emergency.

Schools will keep an emergency inhaler for use when a child's inhaler is not available, empty or out of date.

We recommend the following for each Key Stage pupil.

KEY STAGE 1

Inhalers and spacers will be kept by the teacher in the classroom in a designated place, of which pupils will be made aware. However, if the child or class moves to another area within the school, the inhaler will be taken too. Good practice indicates that a spare inhaler is kept in school for staff to use if the original runs out or is lost.

KEY STAGE 2

Pupils will carry their own inhalers with them at all times. Good practice indicates that a spare inhaler is kept in school by the teacher for use if the original runs out or is lost

KEY STAGE 3 and 4

Pupils will carry their own inhaler with them at all times. Good practice would be for a spare inhaler to be kept in school, by the designated medical staff, in the event of the original not being available, empty or out of date.

Pupils, who are able to identify the need to use their medication, should be allowed to do so, as and when they feel it is necessary.

Record Keeping

When a pupil, with asthma, joins this school, parents/carers will be asked to complete a form 'How to best to support my child's asthma', giving details of the condition and the treatment required. Information will then be used to compile an "Asthma Register" (Annex A) which is available for all staff in each school. Registers will be updated at least annually or more frequently if required using the information supplied by the parent/carer.

Learning Environment

Our schools do all they can to ensure the learning environment is favourable to pupils with asthma. All of our schools have a strict NO SMOKING policy, and we kindly ask members of our community not to smoke near any site entrances, especially at the beginning and end of the school day.

We will always endeavour to ensure that pupils will not come into contact with their known triggers, whilst either on-site or during any educational visits.

If and when necessary, information may also have to be provided to other adults working, or supporting within the setting eg volunteers, supply staff, sport coaches, exam invigilators etc in order for them to be able to respond accordingly, if required.

Physical Education

Taking part in sports is an essential part of school life and important for health and well-being and pupils with asthma are encouraged to participate fully.

Symptoms of asthma are often brought on by exercise and therefore, each pupil's labelled inhaler will be available at the site of the lesson.

Certain types of exercise are potent triggers for asthma e.g. cross country running and field activities. Any pupil who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be encouraged to warm up prior to participating and cool down after.

School Trips/Residential Visits

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant.

The child's reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the supervising adult in the case of Key Stage 1

children.

For residential visits, staff will be trained in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided.

The nominated group leader will have appropriate contact numbers with them.

Training.

On a bi-annual basis, **all** staff will receive training on signs and symptoms of asthma and how to treat it.

Asthma Education for pupils

It is recommended that all pupils should be educated about asthma. This could be through PSHE, drugs education, assemblies etc. Support for this may be available from your school nurse or the paediatric asthma specialist nurse.

Concerns

If a member of staff has concerns about the progress of a pupil with asthma, which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

Storage of Inhalers

The following good practice guidelines for the storage of inhalers will be followed:

1. Inhalers will **NEVER** be locked away or kept in the school office.
2. All pupils with asthma will have rapid access to their inhalers as soon as they need them
3. Devices will always be taken with the pupil when moving out of the classroom for lessons, trips or activities.

N.B.

In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

Emergency Procedures

A flow chart is issued with this policy outlining the action to be taken in an emergency. Good practice suggests that copies are printed and displayed in the school office, staff room and relevant locations including classrooms where a pupil is known to have severe asthma.

In an emergency, where a child, who is a known asthmatic, is experiencing significant symptoms and has not got their own blue inhaler with them or it is found to be empty, it is acceptable to 'borrow' one of these from another child. Ideally, this should be a metered dose inhaler and a spacer to facilitate effective delivery.

This should then be recorded in the pupil's records and parent/carer informed.

NB If a pupil has **Symbicort (white/red inhaler)** the maximum dose that can be used in an emergency is 4 puffs 1 minute apart. If symptoms do not settle and no blue reliever inhaler is available call 999 and ask for an ambulance. If a blue reliever inhaler is available follow flow chart

Shared Responsibilities

Parents/Carers have a responsibility to:

- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits, outings or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.
- Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.

All school staff (teaching and non-teaching) have a responsibility to:

- Understand the school asthma policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if a child has had an asthma attack.
- Inform parents if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to nighttime symptoms.
- Liaise with parents/carers, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma

Signs of Asthma Attack

Signs of Asthma Attack

Signs & Symptoms

Cough
Wheezing
Tight Chest
Shortness of Breath
Tummy ache
(younger child)

NB: Not all symptoms need to be present for a child to be having an asthma attack

Administer 2 puffs of **blue Reliever** medication
STAY CALM

After 2-3 minutes

Improved

Return to normal activities

Document episode in child's medical record.
Dose may be repeated if symptoms return.
Inform parent/carer at end of day.

If, at any stage, the symptoms appear to be worsening i.e. more breathless, difficulty in speaking, more distressed, change of skin colour dial 999 for an ambulance immediately. Continue to use the blue inhaler whilst waiting for help.

No Improvement

Administer up to a further 8 puffs of **blue reliever** medication (through spacer device if available) 1 puff every minute

Improved

Contact Parent/Carer

No Improvement/
Difficulty Talking/ Obvious Distress/Pale Skin/Dusky/
Collapse
DIAL 999 IMMEDIATELY

Remain with child reassure and keep calm. Administer up to a further 10 puffs **blue reliever** medication whilst waiting for help

Further Information

Paediatric Respiratory Specialist Nurse Team

The Craven Building

Hull Royal Infirmary

Anlaby Road

Hull

HU3 2JZ

Tel: 01482 674034

Mobile: 07468708529

Email: Rebecca.eldon@hey.nhs.uk

Email: David.bolton@hey.nhs.uk

Asthma UK

Summit House

70 Wilson Street

London

EC2A 2DB

Specialist advice line: 0800 121 6244

www.asthma.org.uk

