Hintlesham and Chattisham Church of England Primary School

Asthma Policy

Signature of Headteacher	Emma Burgess
Approved by The Local Governing Body	Hintlesham and Chattisham CE Primary
Signature of Chair of Governors	Barbara Benton
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Background

Asthma is one of the most common long-term conditions which particularly affects children, and which causes the airways in the lungs to narrow due to inflammation, making it difficult to breathe. Currently 1 in 11 children in the UK have asthma. Together, schools and families can provide vital support for children and young people with asthma. By providing a pathway of care for each child and good awareness within the wider community, most children and young people with asthma can lead full and active lives.

Hintlesham & Chattisham C of E Primary School recognises that asthma is an important condition that affects many children. We encourage and help children with asthma to participate in all activities. We will work in partnership with parents and other professionals to ensure that the needs of the children with Asthma are met and will liaise on a regular basis.

The Asthma Friendly Schools initiative has been introduced by many local authorities across the country, to help meet the national standards specified in the National Bundle of Care for Children and Young People with Asthma.

It requires that schools meet the following 6 standards:

1. The school must have a policy on asthma.
2. The school must have a register of all students with asthma.
3. All children with asthma must have an asthma care plan from their healthcare professional that is shared with the school. The asthma plan should include details of daily care, type of medication, dose, route of administration, and what to do when symptoms worsen.
4. The school must have access to emergency asthma kit with an emergency inhaler.
5. Asthma training should be taken up by the whole school.
6. The school must have an Asthma Champion. An Asthma Champion leads all asthma related actions within the school.

The Asthma Champion – Mrs Julia van den Brink-Budgen, has the responsibility to:

- Act as a designated lead for asthma within the school.
- Undertake the annual audit to check if the school adheres to the Asthma Friendly Schools Programme and achieve at least Bronze status and reports any findings accordingly.
- Work with headteacher and school nurses to address any policy issues relating to asthma.
- Act as a contact for staff and parents if they have any concerns or questions regarding the school asthma policy.
- Be the named individual responsible for maintaining the school asthma register.
  Ensure the asthma register is accessible to all staff, especially when staff need to use it to check consent for emergency inhalers.

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ASTHMA PLAN

- Ensure that all children with asthma have an asthma care plan, which is reviewed and updated at least annually.
- Ensure that the child's asthma plan is stored in an appropriate location so it is accessible by teachers and staff to understand the triggers and medications.
- Send appropriate reminders to parents regarding the updating the asthma plan and consent for emergency inhalers.

EMERGENCY ASTHMA KIT

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

- Ensure the school has an adequate supply of emergency asthma kits.
- Ensure that a list of children from whom parental consent has been gained is easily accessible when the emergency asthma kit needs to be used.
- Maintain the emergency asthma kit and ensure there is process to check it on monthly basis
- Have a named individual responsible for overseeing the protocol for use of emergency inhaler and monitoring its implementation.
- Have a designated member of staff who checks the emergency asthma kit regularly and ensuring that it is maintained well.
- Provide appropriate advice and training to all school staff

All SCHOOL STAFF HAVE THE RESPONSIBILITY TO:

- Read, understand, and help implement the school asthma policy.
- Take appropriate action when dealing with any child with asthma.
- Be aware that a pupil may be tired because of asthma symptoms occurring outside of school hours or may be bullied due to asthma.
- Teachers to liaise with parents, school nurse, Asthma Champion or Special Educational Needs Coordinators (SENDCo) if a child is falling behind with work because of asthma.

- Know how to use an inhaler and spacer when appropriate, but if not confident in administering it, be able to quickly and efficiently escalate to another member of staff who can administer the emergency inhaler.
    - Be aware of how to check if a child is on the asthma register and have parental consent to use the school's emergency asthma kit.
    - Familiarise themselves with pupil's asthma plan, triggers and medications and be able to refer to it in an emergency.
    - Undertake the appropriate asthma training including how to use and care for an inhaler with or without a space where necessary.

In cases of emergency, teachers have a general legal duty care to act as any reasonably prudent parent would. There is no legal or contractual duty on teaching staff to administer asthma medication. However, in line with the National Capabilities Framework for Professionals who care for Children and Young People with Asthma, all education and teaching staff should know how to use an inhaler and how to care for it.

PE TEACHERS HAVE A RESPONSIBILITY TO

- Be trained to recognise potential triggers for asthma when exercising.
- Remind pupils with asthma whose symptoms are triggered by exercise, to use their reliever inhaler a few minutes before warming up.
- Ensure appropriate measures are taken before, during and after these sessions to reduce the risk of an asthma attack.
- Liaise with form teachers, asthma nurse or Asthma Champions to inform parents if concerned that a child has undiagnosed or uncontrolled asthma.

PARENTS AND CARERS HAVE A RESPONSIBILITY TO:

- Inform the school if their child has been diagnosed with asthma or suspected asthma.
- Share with the school their child's asthma plan that is updated by healthcare professional at least annually.
- Keep the school up to date with information about their child's medications, asthma plan and any changes to their child's asthma symptoms.

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- Ensure the child always goes to school with their medications and that these are clearly labelled with their name in the original packaging.

  Provide the school with a spare reliever inhaler (and spacer where relevant) in its original packaging clearly labelled with their child's name and date of birth and replace this before it becomes expired.
- If in agreement, ensure that written consent is provided to the school for staff members to administer the child's and/or the school's emergency inhalers.

PUPILS HAVE THE RESPONSIBILTY TO

- Inform an appropriate adult (parent/teacher/PE teacher) when they are not feeling well or when they see another child who is not feeling well.
- Treat asthma medicines with respect.
- Treat children with and without asthma equally and with consideration.
- Children with asthma should know how to take their own asthma medicines.

PHYSICAL EDUCATION, GAMES AND ACTIVITIES

Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled and should have equal access to physical education/activities. If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity (Most pupils with asthma should wait at least five minutes).

- All teachers must know which children in their class have asthma.
- Staff should ensure that those children who need to do so take their appropriate inhaler before exercise. Ensure pupils with asthma always warm up and down thoroughly.
- Pupil's inhaler should be labelled and kept at the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so.
- The child should then take their reliever inhaler and wait until they feel better (at least five minutes) before starting again.

- Physical activity staff should speak to the parents if they are concerned that their child has undiagnosed or uncontrolled asthma. These pupils may need to have their asthma reviewed by their doctor or practice nurse.
- If the child is taking time off school or is frequently tired in class, this could be because s/he is having asthma symptoms during the night, disturbing their sleep. The teacher should firstly talk to the parents, and then the school nurse or Asthma Champion or special education needs coordinator.

THE SCHOOL ENVIROMENT

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. The school also ensures that the building premises are free from mould and damp. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

When a child is falling behind in lessons or if a child is missing a lot of time from school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse or Asthma Champion or 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 MEDICATIONS Reliever Inhaler

Every child with asthma should have a reliever inhaler. Reliever medications are taken immediately when symptoms start. They allow the airways to open wider and make it easier to breathe again.

- It is essential that all pupils with asthma be allowed **to access their reliever inhaler freely at all times,** especially during physical education and educational visits**.** They should be stored in an easily accessible place known to staff and pupils.
- It is very important that a pupil with asthma has a reliever inhaler that they can use reliably and effectively (that is, one that a health professional has demonstrated and checked their technique). In a school setting where there may

- be many pupils with asthma it is important that it is known which reliever belongs to which pupil.
- Consent should be sought from all parents of children with asthma to check whether the emergency relief inhaler can be given if the child does not have access to their own inhaler. This must be indicated on the asthma register.
- Although relievers are a very safe and effective medicine, some children get an increased heart rate and may feel shaky if they take a lot. However, children cannot overdose on reliever medicines and these side effects pass quickly.
- Inhalers must be clearly marked with the child' name and date of birth.

- Spacers must be used if appropriate.

Preventer inhaler

Not all children with asthma will need a preventer. Most children who need preventer medicines will receive an inhaler preventer from their doctor that contains corticosteroids. Preventers reduce the risk of asthma attacks and need to be taken regularly even if the child is feeling well. Normally, pupils should not need to take preventer inhalers in school hours. If they are needed, they may need to be reminded to take them. This should be written on the pupil's school asthma plan. It is also important to review which children need preventer medications during overnight school visits.

SPACERS

A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other. They make inhalers easier to use and more effective. Spacers may often be needed and used at school, especially by pupils under 12. The emergency asthma kit should contain an appropriate selection of spacers for the age group of students in the school, and it should be labelled appropriately.

APPENDIX 1: WHAT TO DO DURING AN ASTHMA ATTACK

Most children experiencing deterioration in their asthma control show warning signs such as increased symptoms of breathlessness, and/or cough or wheeze, or a requirement for increased relief medication. Any staff member who notices a child with increasing discomfort or symptoms should bring this to the attention of the head teacher/Asthma Champion or use the school's critical incident procedure. Note: a wheeze may be absent and coughing the only apparent symptom.

Common signs of an asthma attack:

- **Coughing**
- **Shortness of breath**
- **Wheezing**
- **Feeling tight in the chest**
- **Being unusually quiet**
- **Difficulty speaking in full sentences**
- **Tummy ache (sometimes in younger children)**

Mild – Moderate Attack

Child feels breathless, may have an audible wheeze or cough, but looks quite well and can speak quite normally.

WHAT TO DO FOR A MILD-MODERATE ASTHMA ATTACK?

1. Keep calm and reassure the child
2. Let the child sit upright and encourage the child to take slow steady breaths.
3. Ensure child takes their usual dose of relief (usually blue) inhaler. If the child's reliever inhaler is not available, and if parental permission is has already been given, use the emergency reliever inhaler. Take 2 puffs of the inhaler, 1 puff at a time. Use a spacer if necessary. Make sure you shake the inhaler between each puff. It should take approximately 30 seconds to 1 minute each puff.
4. If symptoms are ongoing, continue to give the child up to 10 puffs of the inhaler.
5. If they do not feel better after taking the inhaler as above or you are worried at any time then ask a colleague to dial 999 for an ambulance. Do not leave the child on their own.

After a mild asthma attack

- If the child feels better, allow the child to sit and be observed for 15-20 minutes.
- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack. Even if the child is feeling better the parents/guardian may need to ensure that the child sees a doctor that day

SEVERE ATTACK

Some children become very ill very quickly and action must not be delayed.
The following signs indicate that a child is having a severe attack which must be dealt with at once.

O The usual relief inhaler does not work very well or at all

O The child cannot speak normally because of difficulty in breathing O The child cannot move about normally because of difficulty in breathing O The child may have a blue tinge around lips.

Only ONE of these signs is needed to indicate the severity of the attack.

WHAT TO DO FOR A SEVERE ASTHMA ATTACK?

Check that the child is known to have asthma and that there is no history of allergy/anaphylaxis e.g. allergy to peanuts, bee stings etc.

The emergency procedure is as follows:

1. Ask for the help of another member of staff and **dial 999** for an ambulance, stating that the child is having a **SEVERE ASTHMA ATTACK** requiring immediate attention.
2. Keep calm and reassure the child
3. Let the child sit upright and encourage the child to take slow steady breaths.
4. Ensure a member of staff stays with the child.
5. **Continue to give the child one puff of their reliever inhaler every 30 seconds to 1 minute up to 10 puffs.**
6. If there is significant improvement and the child feels relieved, stay with the child, and observe until the ambulance or doctor arrives.
7. **If there is no improvement, or if there is initial improvement but the child soon has worsening symptoms, repeat the step above.**

Ask the colleague to contact the child's parent or guardian to inform them of the situation and the action being taken.

Make sure to prioritise the call to 999 before the call to parents/guardians to avoid unnecessary delay in help arriving.

If staff are concerned about their ability to help the child while waiting for the ambulance to arrive, they should contact the nearest GP and request immediate assistance.

Important things to remember in asthma attack

Never leave a pupil having an asthma attack

If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer. Never send the pupil suffering from the asthma attack to get their inhaler.

If the pupil does not have their own inhaler and/or spacer with them, the emergency asthma inhaler may be used if the student meets the criteria.

In an emergency school staff are required under common law, duty of care, to act like any reasonably prudent parent

After an asthma attack, make sure that parents/guardians are informed in writing about the attack, what medications were given and how much and when.

Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing on reliever medications.

Send another pupil to get another teacher/adult if an ambulance needs to be called

Contact the pupil's parents or carers immediately after calling the ambulance/doctor

A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

Generally, staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action (e.g. when advised to by 999/111 services). Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.

ASTHMA CARE PLAN

Childs name: …….. Class: ……..

If your child has asthma please complete and return this form to the School Office as soon as possible.

Does your child have asthma?	Yes / No
Does your child need to use an inhaler at school?	Yes / No
Name of inhaler	
When to be taken	
What dose i.e how many puffs	
If the inhaler has to be taken at a certain time during the day, is it allowed to be taken in an emergency (when the child has difficulty breathing)	Yes / No
According to your Doctors instructions, how frequently may the inhaler be used in an emergency during the day (hours or maximum puffs)	
Asthmas triggers (if known)	
Does your child need to take an inhaler before exercise?	Yes / No
I authorise school to use the school's emergency inhaler, if necessary	Yes / No

Name of Parent / Carer: …….. Date: ……..

Signed: ……Parent / Carer

EMERGENCY INHALER – REGISTER OF USE

Date given	Time given	Given by (name)	Given by (signature)
