

Asthma Policy

Asthma

Asthma is a common condition, but its severity varies considerably. People can be affected to greater and lesser degrees. For any one individual the occurrence of the condition can be episodic. This means that students can be well for long periods of time and then have sudden acute, and at times severe relapses (Asthma U.K. 2009).

The major principle underlying the policy is immediate access for all students to reliever medication.

Therefore every asthmatic student should carry their own inhaler, wherever possible, both in school during Physical Education (PE) and on school trips. There should therefore be a system in school that teachers, parents and students know about to allow for safe and ready access. Inhalers and spacer devices should have the student's names clearly marked. In the event of an inhaler being lost parents/carers are asked to bring in a spare which will have the student's name clearly marked.

Asthma Symptoms

Asthma is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air both in and out as you breathe. The symptoms of asthma occur when the muscles around the airways tighten and the lining of the airway becomes inflamed and start to swell; this leads to a narrowing of the airways. The usual symptoms of asthma are:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest □ Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger students will express the feeling of tightness in the chest as a tummy ache.

The symptoms however are rapidly reversible with appropriate medication. Only when symptoms fail to be reversed medical attention must be sought

Types of Treatment

There are two types of treatment for asthma:

a) 'Relievers'

Every student with asthma should have access to a reliever in school. The reliever inhaler is commonly blue, but may come in different colours, and they come in different shapes and sizes. It is the parents' responsibility to provide the correct reliever inhaler. These treatments give immediate relief and are called bronchodilators because they cause the narrowed air passages to open up by relaxing the airway muscle. They do not however reduce the inflammation. b) 'Preventers'

Preventers are a group of treatments that are designed to prevent the narrowing and inflammation of the airway passages. The ultimate objective is to reduce asthma attacks of any kind. These medicines should be taken regularly usually morning and evening. There is therefore no requirement for them to come to school with the student.

Even if they are taken during an attack, they will not have an immediate effect.

THIS POLICY REFERS ONLY TO RELIEVERS.

The best way for people to take their asthma medication is to inhale them directly into the lungs. There are a variety of devices available and the asthma medication needs to be breathed in steadily and deeply.

For students with co-ordination problems, other devices are sometimes used. These devices are breath activated so that the device fires automatically when the student is breathing in.

Some students use a spacer device to deliver their aerosol inhaler, this maybe a volumatic or aerochamber. The aerosol is pressed into the spacer and the student breaths slowly and steadily for approximately 10 seconds. If the student is using an aerochamber and it whistles they are inhaling too quickly. Spacers are very useful for those who have difficulty co-ordinating their breathing and inhaler. The spacer device is also very useful in the case of an acute asthmatic attack.

Irrespective of the type of device, the medicine being delivered is a reliever.

All students who need their relievers should have them in school and readily available at all times. For all students in the secondary phase, the student must carry their reliever inhaler with them at all times. The administration of the reliever to students should be on their own perception of whether or not they need it. For students in the primary phase the reliever inhalers are kept in a safe place within the primary classroom by the teacher, and if necessary teachers assisting students in suggesting when they need to take it, and helping them to do so.

It remains the responsibility of the parent to seek medical attention and to liaise with the school on the frequency with which inhalers are taken.

The Physical Environment

Many environmental aspects can have a profound effect on a student's symptoms at anytime. The four key points for schools are:

a) Materials

The school should as far as possible avoid the use of art and science materials that are potential triggers for asthma.

b) Animal Fur and Hair

Some students can have marked acute and chronic symptoms if they are exposed to animals. Special vigilance may be needed on trips to farms and zoos where students handle, or be in close proximity with animals.

c) Grass Pollen

Grass pollens are common triggers in provoking an exacerbation of asthma. Consideration should be given to grass being cut in school time. Students may require extra vigilance. d) Sport

Students with asthma should be encouraged to participate in sports however teachers need to be mindful that exercise may trigger asthma. Students should effectively warm up before exercise and cool down following exercise. Reliever inhalers should be taken in to P.E. lessons and when the students are playing outside sports the P.E teacher may hold them.

Access to Reliever Medication

Children with asthma have access to two to three reliever inhalers while in the care of the school: one that they carry with them (secondary phase only), an inhaler held by the school bearing their name, any one of six emergency inhalers located in strategic places around the school.

1. Asthmatic students must have immediate access to reliever inhalers at all times. For secondary phase students, if the parents opt to have a spare reliever in school, or if the student does not carry their device, it must be stored in the medical room and immediately accessible if required. For primary phase students the inhaler is kept by their teacher in their classroom. All inhalers stored by the school must be clearly labelled with the name of the owner.
2. Students should carry their own devices and self administer the own reliever medication as required.

3. It is the responsibility of the parent/carer to ensure that medication provided in school is in date.
4. In addition to the reliever device held by the school every student should have their own reliever that they keep with them.
5. All staff must know where the reliever devices that are stored in school are kept.
6. Students who use their inhaler during the school day, even if it is not an emergency, must notify the admin team (secondary phase), so that their dose can be recorded on the medical register. This task is carried out by their teacher for students in the primary phase.

Use of the School's emergency salbutamol inhaler/reliever

- Parents are advised, in writing, about the emergency salbutamol inhaler/relievers held in school, as detailed in the DfE Guidance on the use of emergency salbutamol inhalers in schools (September 2014). A consent form is attached with the letter. Once an emergency inhaler has been used, it must not be used again by another person but can remain the property of the user.

WHAT TO DO IF A STUDENT HAS AN ASTHMA ATTACK

If an asthmatic pupil in your class becomes breathless or wheezy or starts to cough:

1. Keep calm, it's treatable. If the treatment is given at an early stage the symptoms can be completely and immediately reversible.
2. Let the student sit in a position they find most comfortable. Many students find it most comfortable to sit forwards with their arms crossed on the table.

Call for a first aider to join you as soon as possible.

3. Ensure the student has 2 puffs of their usual reliever.

Use the child's own inhaler – If the pupil has forgotten their reliever inhaler, or if their device is out of date or empty then use the spare/emergency inhaler.

- i. Give 2 puffs of the school reliever inhaler provided by the parents, preferably via their spacer or aero chamber.
- ii. STAY WITH THE STUDENT. The reliever should work in 5 – 10 minutes
- iii. If the symptoms disappear, the pupil can return to the lesson as normal. iv. If symptoms have improved but not disappeared then:

Give 1 puff of the reliever inhaler every minute for 5 minutes Stay with the student

MANAGEMENT OF A SEVERE ASTHMA ATTACK

HOW TO RECOGNISE A SEVERE ATTACK

- The reliever has no effect after 5-10 minutes
- The student is either distressed or unable to talk
- The student is getting exhausted
- You have any doubts about the student's condition

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the spare/emergency inhaler (if consent provided)
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

STAY WITH THE STUDENT

Special Areas for Concern

1. Many teachers are concerned that an unsupervised student with an inhaler may result in the medication being taken by the peer group. This does not pose a danger to the health of other students.
2. Many teachers are concerned that using the device of another person's or one held by the school will leave them vulnerable to legal action or criticism. Teachers are reminded they have a duty of care to the students in school. Taking no action, or not using another device could be interpreted in a failure of that care.
3. Reliever inhalers and spacer devices should always be taken to swimming lessons, sports, cross country, team games and educational visits out of schools, and used according to need. Students with known exercise induced asthma will need to take their reliever immediately prior to exercise.
4. Self administration of the reliever is the usual and best practice. Any concerns about inappropriate use or abuse of the devices should be reported to the Head of Academy and the parents/guardian.
5. In an event of an uncertainty about a student's symptoms being due to asthma, TREAT AS FOR ASTHMA. This will not cause harm even if the final diagnosis turns out to be different.

Information to parents and guardians and carers

As part of the school policy it is proposed that all parents are made aware of how the school will manage a student who has symptoms due to their asthma whilst they are in school. The school may need a Metered Dose Inhaler reliever and spacer prescribed by the student's GP to be kept in school. All parents of students entering the school are issued a Data Checking Sheet to complete which requires parents to indicate if their student has any medical conditions. If a student is identified from this as having asthma, then parents will be asked to sign an Individual Health Care Plan, together with a separate consent form that allows the teachers to give the emergency inhaler/reliever and use the spacer device if necessary. Parents will be asked to sign the consent form, which will be held in the appropriate medical room.

Pupils with special educational needs

Students who are statemented under Part III of the Education Act 1996 receive a statement of special educational needs. It is possible that for any of these students who may have asthma they will have special requirements to ensure that they take their asthma medication appropriately and that they

are appropriately treated in the event of an acute attack. This will be made explicit by the medical team responsible for giving the medical advice input in to the statement.

Training

It is anticipated that policy implementation will include a commitment to staff training. This will include individual schools and individual teachers as is necessary. Training to support the policy will be provided and will require commitment from the Health Authority, Local Hospital Trust and Education Authority. Dissemination to all levels within the school is required. The last Asthma awareness staff training was completed in February 2017.

Indemnity

Bournville School offers full indemnity to its staff against claims for late negligence, providing they are acting within the scope of their employment and have received adequate training and are following appropriate guidelines.

Appendix 2

To the Parent/Guardian/Carer

We are currently updating our asthma records for the new school year. The school has a policy for the management of asthma. In order to bring our documentation up to date, we would be grateful if you could fill in the second sheet included with this letter and return it to school as soon as possible. This will be kept in school as a record of your student's asthma treatment.

You may need to ask your student's GP or Practice Nurse to help you.

Please let us know if your student's regular treatment is changed at any time. It is important that you tell us in order that the record can be updated.

If your student is likely to need asthma treatment whilst at school, please ensure that your student has an inhaler at school at all times, including school trips, clearly marked with his/her name. Please ask your GP to prescribe a new inhaler and spacer each September at the start of each new school year, to be kept by school. At the end of each school year, inhalers can be taken home and used normally.

IMPORTANT

Poorly controlled asthma can interfere with a student's school performance. Please let your student's class teacher know if your student's asthma is being more troublesome than usual, especially if their sleep is being disturbed.

If your student becomes asthmatic at any time, please inform us immediately.

Please sign the enclosed form regarding the giving of relievers in the event that your student has a severe attack in school. Yours sincerely

Ibeing the parent or guardian of

understand that I am responsible for ensuring that my student is equipped with their asthma medication as required.

I understand my student will be given extra relief medication using the inhaler held by the school in the event of him or her suffering an asthma attack. I understand that the emergency reliever and spacer will be used in an emergency if larger doses of reliever medication are deemed necessary.

I understand that I shall be informed if my student's asthma appears to be deteriorating in school, so that I can inform my student's General Practitioner or Practice Nurse as necessary.

Signed Date

(Parent/Guardian)

APPENDIX 3 - ASTHMA USE OF INHALERS DURING AN EMERGENCY

Asthma is one of the commonest conditions affecting students and young people. This can result in the pupils' inability to fully access learning. Asthma affects 1.1 million students in the UK. One in 10 students has asthma. Asthma is the commonest reason why medication will have to be given to students whilst in school. Its severity varies considerably from mild symptoms to a severe attack and the condition can be episodic. It is important therefore that:

- All known asthmatics have immediate access to their inhalers.
- All staff are familiar with the school asthma policy.
- All staff in schools are aware of the emergency procedures in case of an asthmatic attack and can recognise a severe attack and take appropriate action.

LEGAL PERSPECTIVE

Every asthmatic pupil should carry their own reliever Inhaler both in schools, at PE and out on of school visits. For young students, usually those in infants, this is not practicable. There should therefore be a system that staff, parents and students know about which allows safe ready access e.g. a spice rack or cloth pouch system with the students's names and devices marked and accessible at all times. Preventer inhalers should **NOT** be brought to school as these are usually taken morning and evening

and will not be effective during an attack. All diagnosed asthmatics should have an emergency inhaler and spacer in school which is stored in such a way as to ensure easy access at all times. Regular checks should be made to ensure that this inhaler is within date.

GIVING AN INHALER IN CASE OF AN EMERGENCY

- Self – administration of the inhaler is best practice.
- Where a pupil is struggling to use their inhaler staff should assist.
- In the extreme circumstance where a pupil does not have access to their own inhaler and there are signs of a severe attack another person's inhaler may be used to sustain life.
- In the event of an uncertainty about a pupil's symptoms being due to asthma TREAT AS ASTHMA – this will not cause harm even though the final diagnosis may be different.
- The Academy offers staff full indemnity against claims for negligence provided they are acting within the scope of their employment, have received adequate training and are following appropriate guidelines.

Who wrote the policy	Nicola Gould	Head of Academy
Who is responsible for making amendments	John Dovey	Assistant Headteacher
Version	Two	
Changes made	Nine	