

Moor First School

Asthma Policy



Chair of Governors

Print:

Sign:

Co-Head Teachers:

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Sign:

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Sign:

Written: 9th October 2023

Next Review : October 2024

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, parents/carers, the governing body and pupils.

Moor First School

- Welcomes all children with asthma
- Recognises that asthma is an important condition affecting many children
- Encourages and helps children with asthma to participate fully in school life
- Recognises the need for immediate access to inhalers
- Does all it can to make sure that the school environment is favourable to asthmatics
- Ensures that all staff understand asthma and the importance of the right care
- Understands what to do in the event of a child having an asthma attack and will, if necessary, give emergency treatment and inform parents accordingly
- Works in partnership with children parents, staff, governors and the school health service to ensure the successful implementation of this asthma policy.

Moor First School recognises that asthma is an important condition affecting many schoolchildren and positively welcomes all pupils with asthma. This school encourages children with asthma to achieve their potential in all aspects of school by having a clear policy that is understood by school staff and pupils. Supply teachers and new staff are also made aware of the policy. All of the teaching staff and non-teaching staff asthma training from the school nurse and the training is updated at regular intervals. We also have fully trained first aiders.

When a child joins the school the parents are asked to inform us if their child has asthma. It is also important that parents inform the school if their child **subsequently** develops asthma. All parents of children with asthma are asked to give us information about their child's medication. Parents complete an asthma care plan which is kept in the School Office for our records.

From this information the school keeps its asthma register. If the child's medication changes parents are asked to inform the school. Immediate access to reliever inhalers is vital. Children are encouraged to carry their own reliever inhaler as soon as the parent, doctor and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom or the school office, in a readily accessible place, depending on the child's needs. Reliever inhalers are taken with the children when they go on a school trip. All reliever inhalers must be labelled with the child's name by the parent. We have a register of all children who have an inhaler. School staffs are not required to administer medication to children except in an emergency, however many of our staff are happy to do this.

Guidance on the use of emergency salbutamol inhalers in schools September 2014. From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. 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).

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on this guidance.

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

Moor First School has an inhaler for emergency use, along with a pack of disposable spacers. If this has to be used with any child in school, parents will be contacted immediately

The protocol could be incorporated into a wider medical conditions policy which will be required by *Supporting Pupils* from 1st September 2014. The protocol should include the following – on which this guidance provides advice:

- arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions
- having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan.
- ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use.
- appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions.
- keeping a record of use of the emergency inhaler as required and informing parents or carers that their child has used the emergency inhaler
- having at least two volunteers responsible for ensuring the protocol is followed.

All school staff will let children take their medication when they need to. Taking part in PE is an essential part of school life and children with asthma are encouraged to participate fully. Teachers are aware of which children in their class have asthma and they will remind

children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. If a child needs to use their reliever inhaler during the lesson they will be able to do so.

The school does all that it can to ensure that the school environment is favourable to children with asthma. The school has a non-smoking policy and is aware of the possible effects of keeping pets in the classroom. As far as is possible the school does not use chemicals in science or art that are potential triggers for children with asthma.

If a child is missing a lot of school because of asthma the class teacher will try to provide work for the child to do at home. If the child starts to fall behind in class the teacher will talk to the school nurse and the special educational needs co-ordinator about the situation. The school recognises that it is possible for children with asthma to have special educational needs because of asthma.

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The following procedure is clearly displayed in all classrooms.

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 children 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 child 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. At Moor First, we ask parents and carers to have two reliever inhalers – one to be kept at school and one for trips.

b) 'Preventers'

Preventers are a group of treatment 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 indication for them to come to school with the child. Even if they are taken during an attack, they will not have an immediate effect.

IF THE CHILD HAS WORSENEDED.

Management of a Severe Asthma Attack

HOW TO RECOGNISE A SEVERE ATTACK

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

What to do if a Child 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 child sit in a position they find most comfortable. Many children find it most comfortable to sit forwards with their arms crossed on the table.
3. Ensure the child has 2 puffs of their usual reliever.

If the pupil has forgotten their reliever inhaler or their device is out of date or empty then:

- i) Give 2 puffs of the school reliever inhaler provided by the parents, preferably via their spacer or aero chamber.
- ii) **STAY WITH THE CHILD.** 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 child.

STAY WITH THE CHILD

- 1) Call 999 or send someone else to call 999 immediately - Inform them the child is having a SEVERE ASTHMA ATTACK AND REQUIRES IMMEDIATE ATTENTION.
- 2) Using the child's reliever and spacer device give one puff into the spacer. Allow the child to breathe the medicine from the spacer. If the spacer device is an aeoro chamber and it whistles ask the child to breath more slowly and gently. After one minute give another puff and allow the child to breathe the medicine. Repeat at not more than one minute intervals until the ambulance arrives.
- 3) Contact the parents and inform them what has happened.

Special Areas for Concern

1. Many teachers are concerned that an unsupervised child 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 children.
2. Many teachers are concerned that using the device of another child will leave them vulnerable to legal action or criticism. Teachers are reminded they have a duty of care to the children in school. Taking no action, or not using another device could be interpreted in a failure of that care (see joint Statement Appendix 4).
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. Children 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 Headteacher or the parents/guardian.

5. In an event of an uncertainty about a child'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 child who has symptoms due to their asthma whilst they are in school. The school will need a Metered Dose Inhaler reliever and spacer prescribed by the child's GP to be kept in school. If a child has been identified from this as having asthma, then parents will be asked to sign a separate consent form allowing the teachers to give the reliever and use the spacer device if necessary. Parents will be asked to sign the consent form, and care plan for their child which will be held in the office cupboard.

Pupils with special educational needs

Children who are on the asthma register and have an EHC Plan or receive a statement of special educational needs may have specific 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.

Care of the Spacer Devices

After use they should be washed in warm soapy water, and allowed to dry naturally in the air. The spacer device, once dry, should be stored carefully.

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.

Indemnity

The Local Authority 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.

