

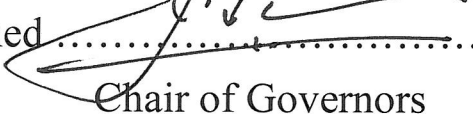


## Asthma Policy

*Approved by Governing Body*

Date        March 2021

Review     March 2022

Signed .....  
  
Chair of Governors

## **Introduction**

Asthma is the most common chronic childhood condition, affecting an estimated 16,500 Norfolk school children. Its impact on daily life ranges from mild to severe. Childhood deaths from asthma, though thankfully rare, still happen.

Children spend over a third of their waking hours at school so it is important that their daily health needs are acknowledged. This is endorsed by the Department for Education and Skills and the Department of Health Guidance on 'Managing Medicines in Schools and Early Years Settings (2005)'.

## **Health and Safety**

As employers, Local authorities and governing bodies are responsible for the health and safety of anyone on the premises. This includes ensuring an appropriate asthma policy is in place.

## **Indemnity**

- ❖ Staff in local authority schools who are happy to administer medication will be provided with indemnity. Staff from independent schools should check their liability insurance status.
- ❖ In emergencies staff should act as any prudent parent would, which may include giving medication.

This policy supplements local authority procedures and also policies which independent schools have created. These include guidance on 'Administration of Medication in School' (Section 11 of the Children's Services Health and Safety Manual). The aims of the policy are to provide schools with:

- ❖ • A practical procedure for dealing with asthma;
- ❖ • Ideas for promoting positive asthma messages;
- ❖ • Training in asthma management;
- ❖ • Identified asthma link staff;
- ❖ • Clarity on issues of responsibility.

## **Adopting the Policy**

It is hoped that schools will adopt this voluntary policy, especially as it may help support and reassure teachers, parents and pupils and promote positive messages to benefit the whole school.

Asthma UK has shown that a policy can be effectively implemented in schools in just 10 hours. Details of implementation will be covered in school staff training sessions which supplement this document. Schools adopting the policy will be awarded 'Asthma Friendly' school certificates.

### **Key Messages**

- **Access to inhalers at all times;**
- **Staff aware of what to do in asthma emergencies;**
- **Training in asthma management;**
- **Home/school liaison;**
- **Minimise exposure to triggers;**
- **Asthma records kept.**

## **General Information**

### **Access to inhalers**

Delay in taking reliever inhalers (usually blue) can result in severe asthma attacks.

#### **Do:**

- Allow access to inhalers during breaks, before exercise and during exercise;
- Allow children to carry their inhalers when mature enough (around age 7);
- Remind shy children to take their inhalers;
- Remember inhalers for swimming and off-site activities;
- Talk firmly to non-asthmatics who experiment with relievers about the need to treat medicines with respect. They may experience a fast heart rate or tremor, but no long term effects.

#### **Don't:**

- Lock inhalers in central offices.

#### **Tips:**

- Keep young children's inhalers and spacers in a box in the classroom;
- Take the inhaler box with the register for fire drills;
- PE teachers need to encourage those with exercise-induced symptoms to take their reliever just before activity, warm up with a few short sprints over 5 minutes, take it again during exercise if they get symptoms and take a rest until they feel better;
- Encourage children with asthma to participate in all school activities.

### **Other Medication and School Trips:**

**As well as relievers, children may use preventer inhalers (brown, orange or purple) although use in school time would be unusual.**

Preventers reduce airway swelling and are usually taken twice daily, even when the child appears well. Some children may also take long-acting relievers (green or purple). These are again taken twice daily. Any of these inhalers may be needed during residential or long day trips along with any oral medication. School letters about trips etc should include a reminder to pack inhalers.

## Staff Awareness in Asthma Emergencies:

- **All staff need to be able to manage attacks.**

The Children's Services Health and Safety manual states that 'staff will do what a "reasonable parent" would do in the circumstances prevailing at the time';

- Triggers such as dust or cold air can cause breathing difficulty, sometimes accompanied by **coughing or wheezing. This is an asthma attack**, when reliever inhalers are needed;

- **For mild attacks** children should take their usual reliever inhaler;

- **For severe attacks** a Metered Dose Inhaler (MDI or puffer) fitted into a spacer, should help. An MDI alone is too difficult to use during a severe attack;

- **Classroom posters** which contain emergency information should be displayed in key areas throughout the school.

Most attacks are mild and will resolve quickly (within 5-10 minutes) by the child using their own reliever inhaler.

If the attack is more severe, i.e. the child feels no better in 5-10 minutes, is distressed or exhausted, is unable to talk in sentences, has blueness around the lips, or you have any doubts, then their usual reliever may not be effective.

An emergency spacer is available (in the first aid cupboard, in the staffroom), where the child has a compatible reliever metered dose inhaler. It can be used whilst waiting for an ambulance. Use of the spacer will be covered in training. An emergency inhaler is also available (in cupboard in office), for use where parents have completed the consent form for use.

### **Forgotten or Lost Inhaler?**

If the child's condition does not indicate the need to dial 999, i.e. not a severe attack as defined above, contact the child's parents to bring the inhaler or collect their child. If they are experiencing a severe attack, call 999 and follow the procedure for using an emergency spacer and the child's reliever metered dose inhaler.

## **Cough... wheeze... tight chest...**

**1.** Ensure child's usual reliever inhaler (usually blue) is taken immediately. Stay calm. Encourage relaxation. Forgotten or lost inhaler -see section above. The inhaler usually works in 5-10 minutes. They can resume normal activities as soon as they feel better.

If they are no better in **5-10 minutes** or they are:

- distressed or exhausted
- unable to talk in sentences
- blue around the lips

or you have any doubts about their condition, this is a severe attack requiring immediate action. (NB the child may not wheeze).

**2.** Give another dose of reliever inhaler, preferably via a spacer.

**3.** Another adult dials 999 for an ambulance. Say that the child is 'having a severe asthma attack requiring immediate attention.' Staff should not take the child to hospital in their car, as they may deteriorate quickly.

**4.** Continue to give reliever inhaler until help arrives. The emergency spacer can be used, where the child has a compatible metered dose inhaler (if not compatible follow all steps except 5 until they recover or help arrives).

**5.** Give one puff per minute with 5 breaths per puff for up to 10 puffs. If the child has not recovered, continue for up to 20 puffs in total or until help arrives.

**6.** Inform parents of the situation and actions taken.

**7.** After the event the asthma link person should help you to document the incident, inform the school nursing staff and clean the spacer.

## **The School Environment**

### **Training**

- Headteachers are responsible for assessing and arranging for training needs to be met. Ideally all staff should have asthma management knowledge.

### **Asthma Link People**

- Each school should have identified asthma link people (ALP's); Claire Davies.
- Training and updates will be arranged by school nursing staff.

### **Home/School Liaison**

- Inform parents about the school's policy;
- Ask parents to complete and update asthma records;
- Remember that absence of parental consent should not stop staff from acting appropriately in emergencies;
- ALP's should report concerns to parents and school nursing staff about:
  - frequent inhaler use
  - lack of attention in class
  - unusual tiredness

These signs may indicate potentially undiagnosed or poorly controlled asthma.

### **Minimising Triggers.**

#### **Minimise exposure to potential triggers.**

Avoid:

- feathery and furry school pets;
- pollen producing plants;
- fumes -use fume cupboards where possible and allow affected children to leave the room;
- smoking -a completely smoke free environment is strongly recommended.

### **Positive Attitude**

- Help children to develop a positive attitude towards asthma;
- Include asthma in National Curriculum key stages 1 and 2 in science, design and technology, geography, history and PE, with such activities as discovering how inhalers work or looking at air quality.

**Sample Letter B**

**(for annual updates of asthma records)**

Dear Parent

**Re: Annual Update of School Asthma Record**

Your child's asthma record for last year is enclosed. Please fill out a new form this year and return it as soon as possible. Could I also remind you to check that your child has enough inhalers and that all inhalers are in dated and labelled by your pharmacist with your child's name and dosage details.

Yours sincerely



## Roles and Responsibilities

### Headteachers/Policy Operation Person

- be responsible for overall implementation;
- communicate, maintain and monitor policy;
- assess staff training needs and arrange for these to be met;
- nominate and support link person/people;
- ask parents to update records.

### School Staff

- understand the policy;
- allow immediate access to relievers;
- report concerns;
- ensure pupils have inhalers on school trips and pre-exercise.

### Pupils

- treat children with and without asthma equally;
- allow the blue inhaler to be used when appropriate (ensure a staff member is called);
- treat medication with respect.

### Pharmacy

- Label inhaler, not just the box.

### School Governors

- approve policy;
- monitor and report on effectiveness.

### GP's and Practice Asthma Nurses

- Prescribe suitable device for child's ability;
- Prescribe metered dose inhaler compatible with school spacer for use in severe attacks, labelled 10-20 puffs via spacer;
- Prescribe preventers twice daily -check parents understand this is even if dose is doubled;
- Help to complete school records.

### Parents

- Inform school if a child has asthma, medication required and changes as they happen;
- Complete and return asthma record;
- Ensure inhalers are in date and pharmacy have labelled them with child's name and dosage;
- Take inhalers home at the end of the school year;
- Keep child at home if he/she is too ill to attend school.

### School Nursing Staff

- liaise with and support link person, asthma practice nurses and GP's;
- get more spacers;
- offer initial training and annual updates.

### Local Authority/Independent School Bodies

- support the policy;
- provide indemnity for staff who administer medication.

### School Asthma Link People

- Distribute information;
- Maintain emergency spacer kit;
- Record asthma concerns and relay to school nursing staff;
- Identify pupils newly diagnosed with asthma and send parents record to complete;
- Update records annually;
- Promote positive asthma messages.

## **The Last Word**

A final word for everyone using this policy. It is hoped that this policy will enable children with asthma to lead a normal, active life within school. It should provide a framework to guide all professionals, teaching, medical, nursing and others, towards current best practice. It is important that this is not seen as the end of the process. We need to go out and act upon these excellent recommendations and make sure the policy becomes active and evolving. Feedback is therefore essential and welcome.