Asthma Policy

Contents

1. Background

A child's educational years are the greatest opportunities for investment in the next generation. For years schools and teachers have worked to ensure all children have an equal opportunity in their educational environment. Many issues remain within the sole remit of education. However, key areas which impact on a child's ability to get the most from school, such as health lie outside the remit of education.

The impact of many medical conditions on a child in the classroom can be significant. Some conditions can be severe and are rare such as epilepsy and diabetes. Others particularly asthma are common. Asthma UK (2009) states asthma is the most common long-term childhood medical condition, affecting 1.1 million children in the UK. One in 10 children has asthma. The decision to administer medicines by teachers remains voluntary. This document is designed to support, educate and train school staff to enable them to take on this role if they wish with appropriate input from the local National Health Services (NHS) and Community Health Service (O.C.H.S). This policy is designed to run alongside the risk assessments and care plans schools develop in accordance with the Department for Education and Skills (DfES) documentation.

2. Asthma in the Classroom

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 children 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 children to reliever medication.

Therefore every asthmatic child should carry their own inhaler, wherever possible, both in school at Physical Education (PE) and on school trips. Inhalers and spacer devices should have the children'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 child's name clearly marked.

3. 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 breath. 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 **(See Section 7 management of an acute asthma attack).**

4. 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.

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.
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 young children and those with co-ordination problems, other devices are sometimes used. These devices are breath activated so that the device fires automatically when the child is breathing in.

Some younger children use a spacer device to deliver their aerosol inhaler, this maybe a volumatic or aerochamber. The aerosol is pressed into the spacer and the child breaths slowly and steadily for approximately 10 seconds. If the child 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. **('see section 7 on managing an acute asthmatic attack')**
Irrespective of the type of device, the medicine being delivered is a reliever.

All children who need their relievers should have them in school and readily available at all times. The administration of the reliever to children should be on their own perception of whether or not they need it.

Primary school children may need more help and encouragement with taking their reliever. Inhalers should be kept in an easily accessible place where either child or teacher can reach it with the minimum of difficulty.

For primary school children, it is recommended that an agreement between parents and schools be drawn up and signed so that the parents are fully informed of the school policy on the management of asthma in the classroom for their child. **(See appendix 1 for parental letter)** This should also include a reliever inhaler supplied by the General Practioner (GP) and a spare device and inhaler, which will be held in school. **(See section 7 on managing an acute asthmatic attack)**.

When a primary school child needs a dose of their reliever, it is recommended that this is noted in the provided record sheet and the parent is informed. If a child is using their inhaler three or more times a week, the teacher should inform the parent/carer as the child's asthma care may need reviewing.

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.

5. The Physical Environment

Many environmental aspects can have a profound effect on a child's symptoms at any time. 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 children can have marked acute and chronic symptoms if they are exposed to animals including, mice, rabbits, rats, guinea pigs, hamsters, gerbils, chinchillas and birds. Consideration should be given to the placement of school pets in the classroom, and special vigilance may be needed on trips to farms and zoos where children handle 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. Children may require extra vigilance.

d) Sport
Children with asthma should be encouraged to participate in sports however teachers need to be mindful that exercise may trigger asthma. Children should effectively warm up before exercise

and cool down following exercise. Reliever inhalers should be taken in to P.E. lessons and when the children are playing outside sports the P.E teacher may hold them.

6. Access to Reliever Medication

Asthmatic children must have immediate access to reliever inhalers at all times. If the child does not carry their device it must be immediately accessible if required and school staff and teachers should know where the device is.

At the start of each school year a child should bring in a new reliever device and spacer clearly labelled with his/her name.' It is the responsibility of the parent/carer to ensure that medication provided in school is in date.' This device remains the property of the school for the school year. It can be returned to the child on the last day of the summer term.

All staff must know where the reliever devices are kept.

7. 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

IF THE CHILD HAS WORSENED SEE SECTION 7.

8. 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

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 aeorochamber 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.
4) If you are concerned and need emergency advice ring the NHS direct (111)

9. 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.
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 Head Teacher 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.

10. 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. All parents of children entering the school are issued a Data Checking Sheet to complete which requires parents to indicate if their child is asthmatic. If a child is 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. **(See Appendix 2).** Parents will be asked to sign the consent form.

11. Pupils with Special Educational Needs

Children 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 children 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.

12. 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 they should be stored carefully.

13. 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. Dissemination to all levels within the school is required.

Asthma Policy for Schools Statement

This policy statement outlines staff responsibilities and entitlements and will be reviewed on an annual basis by the Headteacher. It is available for reference in school and also on the schools website.

Signed: Mrs S Marshall Date: 16 January 2015
Headteacher

Appendix 1

Dear 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. This is available to read in school or on our school website. 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 child's asthma treatment.

You may need to ask your child's GP or Practice Nurse to help you.
Please let us know if your child'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 child is likely to need asthma treatment whilst at school, please ensure that your child 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 child's school performance. Please let your child's class teacher know if your child's asthma is being more troublesome than usual, especially if their sleep is being disturbed.

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

Please sign the enclosed form regarding the giving of relievers.

Yours sincerely

Mrs S Marshall
Headteacher

Appendix 2

SCHOOL ASTHMA CARE PLAN

NAME OF CHILD: ……..D.O.B. ……..

ADDRESS: ……..

……

TELEPHONE: a ……b …….

GP's NAME: ……

DESCRIPTION OF TREATMENT: ……

……

I undertake to inform the school immediately if my child's medication/treatment is changed.

I confirm that:

a. My child is able to take responsibility for the self-administration of his/her asthma medication and is able to carry his/her asthma device at school.

b. My child is not able to self-administer his/her asthma medication and will require assistance.

(Please delete a or b as applicable)

c. My child's inhaler is named

Signed: ……Date: ……

I. ..... being the parent or guardian of .....
understand that I am responsible for ensuring that my child is equipped with their asthma medication as required.

I understand my child will be given relief medication using the inhaler held by the school in the event of him or her suffering an asthma attack.

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

Signed: ..... Date: .....
(Parent/Guardian)

Appendix 3
School Record of Asthma Attack

Name of child: ……

Address: ……

……

Class: ……

Action Taken

1. Number of puffs of inhaler administered (via spacer) ……

2. Which of the following were contacted?

   - Ambulance via 999 Yes ☐ No ☐
   - General practitioner Yes ☐ No ☐
   - Parent / Guardian Yes ☐ No ☐
   - Other, give details …….. Yes ☐ No ☐

3. **What was the outcome?** (Please give details of what happened following emergency treatment, e.g. taken to hospital, seen by GP, taken home by parent etc.)

   ……

   ……

Details of person who administered medication and completed this form:

Name: …… Signature: ……

Position: …….. Date: ……..

APPENDIX 4

ASTHMA

USE OF INHALERS DURING AN EMGERGENCY

INTRODUCTION

Asthma is one of the commonest conditions affecting children and young people. This can result in the pupils' inability to fully access learning.

Asthma affects 1.1 million children in the UK. One in 10 children has asthma. Asthma is the commonest reason why medication will have to be given to children 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. Alternatively, Inhalers may be kept for safety in classroom cupboards.
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 Local Authority offer 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.