Asthma Policy

Approved by Governors: Spring 2019
Review Date: Spring 2022
Person Responsible: SENCO – Mrs McGowan
1. **Policy Statement:**

- This school is an inclusive community that aims to support and welcome pupils with medical conditions.
- This school aims to provide all pupils with all medical conditions the same opportunities as others at school.

**We will help to ensure the young people that attend Sedgefield Community College can:**

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being
- the school ensures all staff understand their duty of care to children and young people in the event of an emergency
- all staff feel confident in knowing what to do in an emergency
- this school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood
- this school understands the importance of medication being taken as prescribed
- all staff understand the common medical conditions that affect children at this school
- Staff receive training on the impact medical conditions can have on pupils.

2. **What is asthma?**

Asthma is a long-term medical condition that affects the airways – the small tubes that carry air in and out of the lungs. Children and young people with asthma have airways that are almost always red and sensitive (inflamed). Asthma triggers then irritate these airways, causing them to react.

When a child or young person with asthma comes into contact with an asthma trigger the mucas around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. These reactions lead to the symptoms of asthma.

3. **Location of Medication:**

All asthma medication stored by the school can be found in the medical cupboard at student services along with medical care plans for each individual. Please note that for many students the child takes responsibility for the storage of their inhaler (and where necessary spacer device) ensuring that it is readily available when required.
4. Commitment

**Sedgefield Community College will:**

- Identify students with asthma during the enrolment process and by the annual completion of data collection records
- Provide parents / carers with a School Asthma Care Plan which they are to complete and return promptly to school. Where parents do not do so, the school will make all reasonable efforts to follow this up to ensure the required information is received.
- Make available to all staff a copy of the Asthma policy.
- Ensure that all reasonable and practical steps are taken to safeguard the health and safety of students when they are authorised to be on school or other educational premises or where they are engaged in authorised activities elsewhere.
- Raise awareness of asthma amongst those involved with Sedgefield Community College through training opportunities
- Provide an environment where students with asthma can participate in all activities to their full potential
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma – please see attached appendix.
- Where provided, spare inhalers for individual pupils will be kept in student services along with their individual care plans. To ensure students are encouraged to carry their own inhaler (spacer) with them, we will not routinely ask parents to provide a spare device for their own child. However, should any parents wish us to store their child’s own spare inhaler, we will do so.
- Spare inhalers and spacers will be provided by the school to keep in line with government procedures in case of emergencies
  
  ‘From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has 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).’
  
- Keep a register of all asthmatic students which will include details of the treatment that each student uses and in particular any inhalers which need to be used at school.
- Emergency asthma inhaler kit will be available in school, it will contain:
  - A salbutamol metered dose inhaler
  - At least two single – use plastic spacers compatible with the inhaler

**Asthma Policy**

_Sedgefield Community College_
- A list of children permitted to use the emergency inhaler as detailed in their individual care plan
- A record of administration.

**Staff Responsibilities:**

- SENCo and support staff to check inhalers half termly
- Replacement inhalers are obtained before the expiry date
- Replacement spacers are re-ordered and replaced after use
- Empty out of date inhalers are disposed of appropriately by the SEN team
- It is a whole staff responsibility to provide support during an asthma attack. Training for how to manage asthma takes place on a biennial basis, although often with greater frequency than this.

**Staff will:**

- Ensure they are aware of students in their care with asthma
- In consultation with the parents / carers, optimise the health and safety of each student through supervised management of the student’s asthma
- Administer emergency asthma medication if required according to the student’s School Asthma Care Plan
- Promptly communicate, to management and parents / carers, any concerns about the student’s asthma limiting his / her ability to participate fully in all activities
- Encourage students to carry their reliever medication and use their medication as soon as symptoms develop
- Identify and, where possible, minimise asthma triggers
- Encourage open communication between parents / carers and staff regarding the status and impact of a student’s asthma
- Liaise with parents/carers, the school nurse, year manager and special educational needs coordinator if a child is falling behind with their work because of their asthma.

**PE Teachers will have a responsibility to:**

- Understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in an 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
- Ensure pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when needed
- 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 their activity. Most pupils may need at least five minutes to maintain their breathing again
- Remind pupils with asthma whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up
- Ensure pupils with asthma always warm up and down thoroughly.

**School Nurse has a responsibility to:**

- Help plan/ update the school asthma policy
- Provide training or organise training on at least a biennial basis and potentially with greater frequency if this is deemed to be appropriate.
Individual doctor/asthma nurse of a young person with asthma will have a responsibility to:

- Complete school asthma cards provided by parents/carers
- Ensure the young person knows how to use their inhaler (and spacer) effectively
- Provide the school with information and advice if a young person in their care has severe asthma symptoms (consent must be given by the young person and/or parents/carers for this support to take place).

Parents/Carers will:

- Inform the school, either upon enrolment or on initial diagnosis, that their child has a history of asthma
  - Provide all relevant information regarding the child’s asthma via the School Asthma Care Plan
  - Notify the school, in writing, of any changes to the School Asthma Care Plan during the year
  - Ensure that their child has an adequate supply of appropriate medication (reliever) in school at all times. Wherever possible, this will be carried by the student themselves, but where parents wish the school to store their child’s own spare inhaler, we will do so.
  - Ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months).

Students will:

- Treat other pupils with and without asthma equally
- Carry their own inhalers with them at all times and be responsible for them. Reliever inhalers (usually blue) are of particular importance. Relievers commonly used are: Salbutamol, Ventolin, Salamol, Aerolin, Bricanyl, Terbutaline.

5. Considerations:

This policy is correct at the time of publication.

This policy should be read in conjunction with Durham County Council’s Medicines in School Handbook and Resource file.

Nebulisers

Any student with severe asthma may use an electric compressor called a nebuliser to deliver their asthma drugs. The school nurse or the student’s GP should liaise with the school to give correct management advice for these children.

Sports

Sports teachers are made aware that students with asthma may need to take a dose of their reliever inhaler before exercise, and may need to use their inhaler again on the sports field. If a student seems over-reliant on their inhaler then this concern should be
communicated to the child's parent / carer as this may mean that the student’s asthma is poorly controlled.

**Trigger Factors**

Many things can trigger an asthma attack. This may be because of allergy to e.g. pollen or animal hair but just as important are irritants such as cigarette smoke or chemical fumes. Every attempt will be made to ensure that asthmatics are not exposed to anything that may aggravate their condition. Similarly it is good practice to use fume cupboards in science rooms to avoid fume inhalation.
Parents of
Address
Address

Parents/Guardian of

Re:

School Asthma Care Plan

This letter has been sent to you as the parent / carer of an asthmatic child. You will be pleased to know that the school takes its responsibilities to students with asthma very seriously. The school has an Asthma Policy to enable all staff members to help your child.

I would be grateful if you would fill in the requested details on the attached School Asthma Care Plan. If you are in any doubt about the treatment details then please take the sheet to ......’s doctor or nurse who will explain ......’s asthma treatment to you, this will enable you to complete the attached form.

The completed record will have details of ......’s treatment and what steps need to be taken if .... has an asthma attack at school. It is very important that the record is updated if the treatment is changed at a future date.

We wish to encourage all of our students to carry their own inhaler (and where necessary spacer device) so that in the event that it is required, it can readily be accessed. As a school, we do have a number of spare inhalers / spacers that are available to all students who have an asthma care plan. In the event of your child requiring asthma medication and not having this with them, we would use the school spare medication if we have your permission to do so. As long as your child has their own device on their person, we do not require you to send in a spare device to the school. However, should you wish to do so, we will store these devices securely.

I look forward to receiving this important record and thank you in advance for your co-operation in this important matter.

Yours sincerely,

Amy McGowan
SENCO

Asthma Policy
Sedgefield Community College
To be completed by the Child’s Parent / Carer

SCHOOL ASTHMA CARE PLAN

Name of Child: ___________________________ Date of Birth: ___________________________

Tutor Group: ___________________________ ___________________________

Address: _______________________________________________________________________

Tel. No: ___________________________ Parental Work: ___________________________

Home: ___________________________ ___________________________

General Practitioner: ___________________________ Tel. No: ___________________________

Name: ___________________________ ___________________________

Regular treatment to be taken in school time:

N.B. We ask that all students with asthma carry their own medication on their person. If this is not possible, please contact the school to discuss this further. Legislation now means that schools can purchase spare reliever inhalers and in the event that your child’s own medication is not available, a school spare device will be used with your consent.

Name of Treatment (and Device) _______________________________________________________________________

When is it taken? _______________________________________________________________________

How is it taken? _______________________________________________________________________

Treatment to be taken before exercise:

For sudden shortness of breath, wheeze, cough or chest tightness

Name of Treatment: ___________________________

How is it taken: _______________________________________________________________________

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) In the event of an emergency and my child not having their own asthma medication with them, I consent to a school spare inhaler being used.

If you do wish the school to store your child’s own spare device, please tick the box.
Please note that it is your responsibility to provide this device and check when it will be reaching its expiry date, providing a replacement before this.

Parental Signature ___________________________ Date ________________

Asthma Policy
Sedgefield Community College
HOW TO RECOGNISE AN ASTHMA ATTACK

THE SIGNS OF AN ASTHMA ATTACK ARE

• PERSISTENT COUGH (WHEN AT REST)
• A WHEEZING SOUND COMING FROM THE CHEST (WHEN AT REST)
• DIFFICULTY BREATHING (THE CHILD COULD BE BREATHING FAST AND WITH EFFORT, USING ALL ACCESSORY MUSCLES IN THE UPPER BODY)
• NASAL FLARING
• UNABLE TO TALK OR COMPLETE SENTENCES. SOME CHILDREN WILL GO VERY QUIET.
• MAY TRY TO TELL YOU THAT THEIR CHEST ‘FEELS TIGHT’ (YOUNGER CHILDREN MAY EXPRESS THIS AS TUMMY ACHE)

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 if a student has an asthma attack at school

How to deal with an asthma attack

Step 1: Help the child to take their usual dose of reliever inhaler (usually blue) immediately, preferably through a spacer.

Step 2: Sit the child upright.
- Get them to take slow steady breaths.
- Keep calm and reassure them.
- Do not leave them alone.

Have the symptoms improved immediately?

Yes

Continue to sit with the child until they are feeling completely well and can go back to previous activity.

No

Step 3: Continue to give two puffs of reliever inhaler (one puff at a time) every two minutes, up to ten puffs.

Step 4: If the child does not start to feel better after taking the reliever inhaler as above or if you are worried at any time call 999.

Step 5: If an ambulance does not arrive within ten minutes repeat step 3 while you wait.

Contact their parents or carers and inform them about the situation.

Contact their parents or carers and inform them about the situation.

Common signs of an asthma attack include any one or more of the following:
- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- lips are blue.

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Asthma Policy
Sedgefield Community College
WHAT ARE THE TREATMENT DEVICES?

There is a large and growing array of inhalation delivery devices. The expiry dates is stamped on each device.

1. Metered Dose Inhaler

The pressurised aerosol (metered dose) inhaler (MDI) is the most commonly used device. It is cheap but requires very good co-ordination during the breathing in of the drug.

Under the age of four and until a child can differentiate between sucking and blowing, a MDI is often used together with a spacer device (e.g. Volumatic, Nebuhaler, Fisonair). Spacer devices may also be used by older children for inhalation of topical steroids or of a "reliever" during an acute attack.

Most children up until the age of ten (and many thereafter!) have difficulty acquiring the necessary technique. The Autohaler is a special MDI which overcomes co-ordination problems as the drug is released automatically upon breathing in through the mouthpiece.

2. Dry Powder Device

These do not require co-ordination as the drug is breathed in as a dry powder. There are various devices available: e.g. Accuhaler, Aerohaler, Cyclohaler, Diskhaler, Rotahaler, Spinhaler, Turbohaler.

3. Nebuliser

A nebuliser is a machine which breaks up liquid drugs into tiny droplets, forming a mist which is breathed in. It is an effective way of delivering treatment for children with severe asthma. When children who use nebulisers are admitted to school and when children at school start to use nebulisers, Head Teachers should liaise with the school doctor or school nurse with regard to management with and administration of the nebuliser. This should include how the nebuliser is used, how often it should be used and when to seek help. Electric nebulisers need to be serviced from time to time.