

# SHEFFORD LOWER SCHOOL

## Asthma Policy



### INTRODUCTION

Shefford Lower School recognises that asthma is a widespread, serious, but controllable condition affecting many pupils. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, parents and pupils. New staff members are made aware of the policy at induction.

### Aims

*Shefford Lower School:*

- Welcomes all children/young people with asthma
- Will encourage and help children/young people with asthma to participate in all aspects of school life
- Recognises that asthma is an important condition affecting many children/young people of school age
- Recognises that immediate access to inhalers is vital
- Will do all it can to ensure that the school environment is favourable to asthmatic children/young people
- Will ensure that all other pupils understand asthma so that they can support their friends; and so those with asthma can avoid the stigma sometimes attached to this condition
- Where required, we can ensure a semi private area for children who are uncomfortable taking their medication in front of others
- Staff have a clear understanding of what to do in the event of a child having an asthma attack
- Will work in partnership with parents, school governors, health professional, school staff and children to ensure the successful implementation of a school asthma policy

### WHAT IS ASTHMA?

Asthma is a condition that affects the airways – the small tubes that carry air into and out of the lungs. Asthma symptoms include coughing, wheezing, tightness of the chest and shortness of breath – however not every child/young person will get these symptoms. Asthma sufferers have airways that are almost always red and sensitive (inflamed). Their airways can react badly when the individual has a cold or other viral infection or comes into contact with an asthma trigger. A trigger is anything that irritates the airways and causes the symptoms of asthma to appear. There are many triggers including, colds, viral infections, house-dust mites, pollen, cigarette smoke, furry or feathered pets, exercise, air pollution, laughter and stress. Asthma is different in each individual and children/young people should try to get to know their own triggers and stay away from them or take precautions. When someone with asthma comes into contact with a trigger that affects their asthma the airways do three things.

1. The airway lining begins to swell
2. It secretes mucus
3. The muscles surrounding the airways begin to get tighter

These three effects combine to make the tubes very narrow, making it difficult to breathe normally. This results in asthma symptoms such as coughing, wheezing, shortness of breath and tightness in the chest – an asthma attack. It is at this point that the child/young person will need to take their reliever inhaler medication.

Asthma varies in severity with some children/young people experiencing an occasional cough or wheeze whereas for others the symptoms may be much more severe. Avoiding known triggers where appropriate and taking the correct medication can usually control asthma effectively. However some children/young people with asthma may have to take time off school or have disturbed sleep due to their symptoms, making them tired in class and perhaps resulting in a lack of concentration.

### **ASTHMA MEDICINES**

Immediate access to reliever medicines is essential. When in school relievers are kept in a designated place in each classroom, which both staff and pupils are aware of.

Parents/Carers are asked to ensure that the school is provided with a reliever inhaler in its prescription box with the prescribed label intact. It is the parent's responsibility to check the inhalers held in school to ensure that they are in date. Parents are also asked to provide a spacer.

School staff are not required to administer asthma medicines to pupils (except in an emergency), although staff are able to assist with very young children who may need assistance with the use of a spacer for instance. All school staff will let older children take their own medicines when they need to under observation.

### **EMERGENCY SCHOOL INHALER**

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The School has agreed to keep an emergency inhaler on premises. Shefford Lower School hold two emergency salbutamol inhalers, one in each Medical Room.

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. Staff must check with Jo Robinson/ the office that this is in place before using.

The inhaler will be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). Jo Robinson and the Headteacher/ Deputy Headteacher must be informed when the emergency inhaler has been used.

### **RECORD KEEPING**

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.

All Parents/carers of children with asthma are consequently sent an Asthma UK School Asthma card to give to their child's doctor or asthma nurse to complete.

Parents are asked to return them to the school. From this information the school updates its medical register which is available to all school staff (in the school office and in the class medical files)

### **EXERCISE AND ACTIVITY- PE AND GAMES**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma.

Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If necessary labelled inhalers will be taken to the site of the lesson where they can be made easily accessible if medicines need to be administered.

Classroom teachers follow the same principles as described above for games and other activities involving physical activity.

### **Severe Asthmatics**

Where a child is known to have severe symptoms the teacher and/or coaches will discreetly check, prior to the activity, how the individual is feeling and how much activity they feel they can participate in. Lessons will be organised, as far as possible, so that the individuals can partake. If the individual cannot partake in the activity the teacher/coach will attempt to include them in other roles such as referee, coach, collection of equipment etc.

### **OUT OF HOURS SPORT/AFTER SCHOOL CLUBS INVOLVING SPORTS**

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

Classroom teachers and out of school hours sport coaches are made aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

Parents can access more information about the benefits of sport from the Asthma UK advice line on 08457 01 02 03 or on line at [www.asthma.org.uk](http://www.asthma.org.uk)

### **SCHOOL ENVIRONMENT**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathered animals and does not allow dogs on site. The school also has a definitive no smoking policy. The school does not use chemicals which may be likely to trigger an asthma attack. All classrooms are regularly wet dusted and cleaned to reduce dust and house dust mites.

Rooms are well ventilated to help prevent the build-up of mould through condensation. Any damp and mould areas are treated quickly. During the autumn months, leaves are swept up on a regular basis and removed from site. Piles of leaves are kept in areas where pupils do not have access. During thunderstorms windows will be closed.

### **ASTHMA ATTACKS**

All staff who comes into contact with pupils with asthma knows what to do in the event of an asthma attack. In the event of an asthma attack the school follows the procedure outlined in the appendix 1 to this policy. This procedure is also displayed in locations around the school.

### **WHEN A CHILD IS FALLING BEHIND IN LESSONS**

If a child is missing a lot of time in school or is always tired because their asthma is disturbing their sleep at night, the Key Stage Lead will initially talk to the parents/guardians to work out how to prevent their child from falling behind with their schoolwork. If appropriate, the Key Stage Lead will then talk to the school nurse and special education needs coordinator about the pupil's needs. Shefford Lower School recognises that it is possible for children/young people with asthma to have special educational needs

### **EDUCATIONAL VISITS**

Class teachers will be responsible for ensuring that inhalers and spacers are taken out on day trips. For residential trips new inhalers in their boxes will be requested from the parents prior to the trip.

### **DISCLAIMER**

Shefford Lower School cannot accept responsibility for any child whose parent/guardian has not provided an inhaler for use by their child during the school day.

The school will contact parents/guardians of those children whose inhaler has not been provided if/when the individual has an asthma attack during the school day. If a School Asthma Card has been completed the school emergency inhaler will be used and the school will telephone for an ambulance and parents/guardians will need to accompany their child to the hospital in the ambulance where possible; in all other cases a member of staff will be present.

### **ROLES AND RESPONSIBILITIES**

#### ***Role of the Head teacher***

The Headteacher has a responsibility to:

- Plan an individually tailored asthma policy with the help of school staff, Local Authority Guidance and the School Health Department.
- Plan the school's asthma policy in line with devolved national guidance.
- Liaise between interested parties- school staff, school nurses, parents/carers, governors and pupils.
- Ensure the plan is implemented, communicating the policy to everyone.
- Ensure every aspect of the policy is maintained.
- Assess the training needs of staff and ensure that these are met via the school CPD co-ordinator.
- Ensure that all supply staff and new staff are aware that the school has an asthma policy.
- Regularly monitor the policy and report to governors,

### ***Role of school staff***

All school staff has a responsibility to:

- Understand the school has an asthma policy and be familiar with it.
- Know which pupils they come into contact with have asthma.
- Know what to do if a pupil has an asthma attack.
- Allow pupils with asthma immediate access to their asthma reliever.
- Inform parents/carers if their child has had an asthma attack.
- Inform parents if their child is using more reliever inhaler than they normally would
- Ensure pupils have their asthma medicines to hand when they go on a school trip or out of the classroom.
- Ensure pupils who have been unwell catch up on missed school work, where possible.
- Be aware that a pupil may be tired because of night time symptoms.
- Keep an eye out for pupils with asthma who might experience bullying.
- Liaise with parents/carers, the school nurse and the Special Educational Needs Coordinator if a child is falling behind due to their asthma.

### ***Role of the School Nurse***

School Nurses have a responsibility to:

- Help plan/update the school asthma policy.
- Where the nurse holds adequate training or asthma qualifications, deliver training for school staff in managing asthma. Alternatively provide information on where such training can be accessed.

### ***Role of the GP or Asthma Nurse***

Doctors and asthma nurses have a responsibility to:

- Complete the school asthma card provided to them by the parent.
- Ensure the pupil knows how to administer their own medication/inhaler/spacer effectively.
- Provide the school with information and advice if a child in their care has severe asthma symptoms (with the consent of the young person and/or their Parent/Carer).
- Offer the parent/carers of every child a written personal asthma action plan.

### ***Role of the pupil***

Pupils have a responsibility to:

- Treat other pupils with and without asthma equally.
- Let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure that a member of staff is alerted.
- Tell their Parent/Carers, teacher or other adult if they are not feeling well.
- Treat asthma medicines with respect.
- Know how to gain access to their medicine in an emergency.
- Know how to take their own medication.

## ***Role of Parents/Carers***

Parents/Carers have a responsibility to:

- Tell the school if their child has asthma.
- Ensure the school has a complete and up to date school asthma card for their child.
- Inform the school about the medicines their child will require during school hours.
- Inform the school of any medicines their child will need while taking part in visits, outings or field trips and other out of school activities such as school sports activities.
- Inform the school about any changes to their child's medicines, what they take and how much.
- Inform the school about any changes to their child's asthma e.g. if their symptoms are getting worse, or if they are sleeping badly due to their asthma.
- Ensure that their child's reliever (and spacer where relevant) is labelled with their name and is within the expiry date.
- Keep their child at home if they are not well enough to attend school.
- Ensure that their child catches up on any work they have missed.
- Ensure that their child undertakes regular asthma reviews with the GP or asthma nurse and has, where necessary, a personal asthma action plan to help them manage their condition.

## **ASTHMA ATTACK ACTION PLAN**

It is essential that those members of staff working with or teaching children/young people with asthma can recognise the signs of an asthma attack and know what to do.

### **Common signs of an asthma attack:**

- Coughing and Wheezing
- Shortness of breath
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Tummy ache (sometimes in young children)
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### **What to do**

- Keep calm
- Encourage the child or young person to sit up, leaning slightly forward – do not hug or lie them down
- Make sure the child or young person takes two puffs of their reliever inhaler (usually blue) IMMEDIATELY (preferably through a spacer)
- Ensure tight clothing is loosened
- Reassure the individual

**NOTE:** It is not possible to overdose on reliever medication, side effects such as increased heart rate or feeling shaky, will soon pass.

### **IF THERE IS NO IMMEDIATE IMPROVEMENT**

Continue to make sure the child/young person takes one puff of their reliever inhaler every minute for five minutes or until their symptoms improve (preferably through a spacer).

### **CALL 999 OR A DOCTOR IMMEDIATELY IF:**

- Symptoms do not improve within 5 –10 minutes
- The child or young person is too breathless or exhausted to talk
- The child or young person's lips are blue
- You are in any doubt
- Whilst waiting for the ambulance or doctor, ensure the individual continues to take one puff of the reliever inhaler every minute
- Contact Parents/Guardians

### **After a minor asthma attack**

- Minor attacks should not interrupt the involvement of the individual with asthma in school. When they feel better they can return to school activities
- Parents/guardians must always be informed if their child has suffered an asthma attack – however minor the attacks.