



Asthma Policy

Adoption Arrangements and Date

Review Body: Headteacher
Responsibility: Deputy Head
Policy Type: Non-statutory

Adopted: November 2017

Bennett is a Church of England school where the principal aim is to provide a Christian framework for learning and development. In this context all students are treated with respect, and the safety and well-being of each individual student in the school's care are of prime importance. This policy sets out the school's procedures for managing asthma safely and appropriately in school.

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.

This school aims to provide all children with asthma the same opportunities as others at school. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

Definitions

Reliever inhaler: This comes in a blue container and is used to relax the muscles around the airways to relieve the symptoms of asthma e.g. Ventolin

Preventer inhaler: These usually come in a brown, beige, orange, red or white container and normally contain corticosteroids. They are usually taken at home and reduce the risk of an asthma attack.

Spacer: A plastic device used to increase the efficiency of delivery of asthma medication.

Nebuliser: A machine that creates a mist of medication that is breathed in through a face mask.

Individual Health Care Plan (IHCP)

This school uses an IHCP (Appendix 1) to record important details about individual children's asthma needs at school, their triggers, signs, symptoms, medication and other treatments. An IHCP, accompanied by an explanation of why and how it is used, is sent to all parents of students with asthma. This is sent:

- at the start of the school year
- at enrolment
- When a diagnosis is first communicated to the school.

The parents, healthcare professional and student with asthma are asked to fill out the student's IHCP together. Parents then return these completed forms to the school nurse.

It is the responsibility of the parents to make the school aware if their child has a diagnosis of asthma.

IHCP's are used by this school to:

- To create a centralised register of students with asthma. The school nurse has responsibility for the register at this school.
- To inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care
- To remind students with asthma to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- To identify common or important individual triggers for students with asthma at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers

- The plan will include details of the asthma medication, how to tell if those students' asthma symptoms are getting worse and what they should do about it and what to do if the student has asthma attack.
- To ensure that all medication stored at school is within the expiry date
- To ensure this school's local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency
- To remind parents of students with asthma to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.
- To provide consent by the parents for staff to administer emergency medication.

Parents at this school are reminded to update their child's IHCP annually, or if their child has a medical emergency, if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Storage and access to IHCPs

- IHCPs are kept in the school nurse's office and in the front office.
- All members of staff who work with asthmatic students have access to the IHCPs of those students in their care.
- When a member of staff is new to a student group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the IHCPs of students in their care.
- This school ensures that all staff protect student confidentiality.
- This school seeks permission from the student and parents before sharing any medical information with any other party, such as when a student takes part in a work experience placement.

Students with asthma in school

- Students with asthma need to keep their reliever inhalers with them, or close at hand, at all times. They should also have a spare inhaler available. All students with asthma will be asked to provide a spare reliever inhaler to be kept with the school nurse. This ensures that if a student forgets or loses their everyday inhaler, a spare is available
- Each asthma inhaler must be clearly labelled with the student's name and expiry date.
- It is the responsibility of the parents to check expiry dates and replace medication as necessary. Asthma inhalers usually last about two years.
- Students must be made aware that their spare reliever inhaler will be stored in an unlocked cupboard in the front office.
- Students should be reminded to take their reliever inhalers to PE lessons, school trips or other activities outside of the classroom.
- If it is noted that the student is using their reliever inhaler more than usual, the parents must be informed.
- Reliever medication is a prescription only medicine. It is not harmful if a student without asthma misuses another student's reliever inhaler. If they take a lot of reliever inhaler, they may experience an increased heart rate or tremor and be a little shaky, but this will pass shortly and will not cause any long term effects.
- Any student misusing a reliever inhaler will be disciplined.
- If a student with asthma needs to use a nebuliser in school, it will be managed by the school nurse.

The use of Emergency Salbutamol Inhalers in school.

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them. However, an Asthma UK survey found that 86% of children

with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out.

Before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available. 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 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.**

At Bennett Memorial 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.

The following protocols must be adhered to when using the emergency inhalers:

- The emergency salbutamol inhalers will be stored in an unlocked cupboard in the front of reception, in a labelled bag. There is a spacer with each emergency kit.
- A register of students in school that have been diagnosed with asthma or prescribed a reliever inhaler, will be kept with the emergency inhaler
- Expiry dates will be checked monthly and replacement inhalers obtained when necessary.
- The plastic spacer will not be reused. Spacers will be replaced following use.
- The inhaler itself can be reused provided it is cleaned after use. The inhaler canister should be removed and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air, in a clean, safe place and the inhaler returned to the designated storage place.
- The emergency inhaler is only used by children with asthma with written parental consent for its use (Appendix 2)
- Appropriate support and training will be provided for relevant staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions.
- The use of an emergency inhaler will be recorded and the parent/guardian informed

All school staff will let children take their medication when they need to

School trips

Students should not usually need to take preventer inhalers during school hours. However, the situation may arise on residential trips. The teacher in charge will be provided with the IHCP and full instructions on the administration of preventer inhalers.

Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the student's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the student manage their condition while they are away. This includes information about medication not normally taken during school hours.

All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the student's IHCP.

All parents of students with asthma attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

The residential visit form also details what medication and what dose the student is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the student manage their condition while they are away.

Staff training

All relevant staff understand and are trained in what to do in an emergency for asthma at this school

- All staff at this school are made aware of which students suffer from asthma.
- Staff at this school understand their duty of care to students in the event of an emergency. In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent. This may include administering emergency medication.
- All staff who work with groups of students at this school receives training and knows what to do in an emergency for the students in their care with asthma.
- Training is refreshed for all relevant staff at least once a year.
- 'Action for staff to take in an asthma emergency' at this school is displayed in prominent locations for all staff including classrooms, kitchens and the staff room.
- This school uses IHCPs to inform the appropriate staff (including supply teachers and support staff) of students in their care who may need emergency help.
- Staff training includes detailed information on how to avoid and reduce exposure to common triggers for common asthma.

All school staff who volunteer or who are contracted to administer medication are provided with training by the School Nurse. The school keeps a register of staff that have had the relevant training.

All staff understand and are trained in the school's general emergency procedures

Relevant staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
- Who to contact within the school.
- Training is refreshed at least once a year.
- Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
- If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the student knows.
- Generally, staff should not take students to hospital in their own car. This school has clear guidance from the local authority on when (and if) this is appropriate.

Exercise and physical activity

Exercise and physical activity is good for everyone, including children and young people with asthma. The majority of students with asthma should be able to take part in any sport, exercise or activity they enjoy, as long as their asthma is under control. For some students exercise is their only trigger (exercise-induced asthma) However, as exercise is part of healthy living, it is one trigger that should be managed, not avoided.

- Students with asthma should be encouraged to participate in all PE and activity based lessons
- Students with asthma should be encouraged to become involved in after school clubs and sport activities
- The school nurse must be informed of any student who appears to have undiagnosed or uncontrolled asthma. The parents will then be notified.

Supervising students exercising with asthma:

- Teachers will be made aware of any students who suffer from asthma.
- If exercise and physical activity makes a student's asthma worse, always ensure that they use their reliever inhaler (usually blue) immediately before they warm up.
- Always start a session with warm up exercises.
- Try to avoid things that trigger asthma during exercise (e.g. dust, cold air, smoke, pollen, cut grass)
- Always make sure they have their reliever inhaler with them.
- If a student has asthma symptoms while exercising, they should stop, take their reliever inhaler and wait at least five minutes or until they feel better before starting again.
- Always end the session with warm down exercises.
- Only unscented and non-aerosol products to be used in the changing room.

A very small minority of students with difficult-to-control asthma may find it difficult to participate fully in exercise because of the nature of their asthma. However, alternative ways of exercising should be sought to enable all students to get involved.

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 IN THE EVENT OF ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better

- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a student with asthma in school. When the student feels better they can return to school activities.

The parents must always be told if their child has had an asthma attack.

Appendix 1

Date Form Completed _____
Date for Review _____
Copies held by _____



Healthcare Plan
For Students with medical conditions at school

1. Pupils information

Name: _____ Date of birth: _____
Named Support in school: _____ Tutor group: _____

1. SEN (Please circle) Wave 1 Wave 2 Wave 3

Comments: _____

3. Contact information

Address: _____

Contact 1: _____	Contact 2: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____
Mobile: _____	Mobile: _____
GP: _____	Phone: _____
Specialist: _____	Phone: _____

4. Medical condition information

Student's medical condition: _____

Signs and symptoms: _____

Does he/she fully understand their condition?

Triggers or things that make this student's condition worse:

5. Routine healthcare requirements (for example, dietary, therapy, nursing needs or before physical activity)

During school hours:

Outside school hours:

Do they require any specialist equipment?

Medication: (Please list all medications that are taken, including dosage and times, side effects, contra-indications. Administered by/self-administered with/without supervision)

6. Arrangements for school trips/visits etc.:

Describe what constitutes an emergency and the action if this occurs:

Who is responsible in an emergency? (state if different for off-site activities)

7. Any other relevant information:

8. Staff training needed/undertaken - who, what, when:

9. Plan developed with:

In the event of an emergency please sign below to give permission to the school to administer prescribed emergency medications.

Signed :

Date:

Diabetes: Please ensure that your child has adequate snacks on their person should they have a Hypoglycaemic attack in class. Please supply spare snacks.

Anaphylaxis: Please ensure that your child has their antihistamine/Epipen with them at all times. You are advised to supply a spare Epipen.

Asthma: Please ensure that your child has an up to date inhaler on them at all times. You are advised to provide a spare inhaler.

If there are any changes in your child's condition or treatment please inform the School Nurse immediately, in writing.

Appendix 2

Bennett Memorial Diocesan School Consent form for the use of emergency salbutamol inhaler

- I can confirm that my son/daughter has been diagnosed with asthma and has been prescribed an inhaler [delete as appropriate].
- My son/daughter has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
- In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Student's Name	
Tutor Group	
Parent/Guardian Name	
Parent/Guardian signature	
Date	