

Thriplow Church of England (Aided) Primary School
ASTHMA POLICY

Background

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

Thriplow School:

- Recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Ensures that children with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children and adults with asthma and that a no smoking policy is applied to all areas to which children have access
- Ensures that adults understand asthma and staff know what to do in the event of an asthma attack
- Works in partnership with all interested parties including all school staff, parents, governors, asthma nurse and children to ensure this policy is implemented and maintained successfully
- Will notify parents of any symptoms or problems with medication and will advise them to contact their General Practitioner or asthma nurse at the Health Centre

Asthma is an important condition affecting many school children. This asthma policy is available to school staff, club leaders and parent helpers. All supply teachers, students and new staff are also made aware of the policy in the staff handbook. All staff who come into contact with children with asthma may be given asthma education by nurses from the Health Centre. Training may be updated annually if required.

Children with asthma will be clearly identified on the daily register of attendance and lists are kept in the school office. All staff, parent helpers and club leaders who come into contact with children with asthma should know what to do in the event of an asthma attack.

The school acknowledges that asthma can affect schooling if the child is:

- Having to take time off school or spending time out of the classroom
- Unable to participate fully in sport
- Having disturbed nights which results in tiredness and inattention.

Staff are taught to be aware that asthma is poorly controlled if the child is:

- Not receiving appropriate medication
- Using poor inhaler technique and therefore not benefiting from the medication
- Not taking their asthma medication.

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/carers are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. *School Asthma Cards* are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

Roles and Responsibilities

Head teacher

Head teachers have a responsibility to:

- plan an individually tailored school asthma policy with the help of school staff, school nurses, local education authority advice and the support of their employers
- plan the school's asthma policy in line with devolved national guidance
- liaise between interested parties – school staff, school nurses, parents/carers, governors, the school health service and pupils
- ensure the plan is put into action, with good communication of the policy to everyone
- ensure every aspect of the policy is maintained
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the school asthma policy
- regularly monitor the policy and how well it is working
- delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register
- report back to their employers and their local education authority about the school asthma policy.

School staff

All school staff have a responsibility to:

- understand the school asthma policy
- know which pupils they come into contact with have asthma
- should not force pupils to take part in an activity if they feel unwell. However, pupils should not be excluded from activities that they wish to take part in if their asthma is well controlled
- remind pupils with asthma whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up
- know what to do in an asthma attack . 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 activity. Most pupils with asthma should wait at least five minutes.
- allow pupils with asthma immediate access to their reliever inhaler
- tell parents/carers if their child has had an asthma attack
- tell parents/carers if their child is using more reliever inhaler than they usually would (see Appendix 2).
- ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
- ensure pupils who have been unwell catch up on missed school work
- be aware that a pupil may be tired because of night-time symptoms
- keep an eye out for pupils with asthma experiencing bullying
- liaise with parents/carers, the school nurse and special educational needs coordinators or Learning Support & Special Educational Needs Department if a child is falling behind with their work because of their asthma.

Parents/carers

Parents/carers have a responsibility to:

- tell the school if their child has asthma
- complete a the Local Authority Medical Consent Form (Appendix 1) together with an *Asthma UK School Card*. All information will also be stored in the child's personal school file and in the Special Needs File.
- ensure the school has a complete and up-to-date school asthma card for their child
- inform the school about the medicines their child requires during school hours

- inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
- tell the school about any changes to their child's medicines, what they take and how much
- inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name
- provide the school with a spare reliever inhaler labelled with their child's name
- ensure that their child's reliever inhaler and the spare is within its expiry date
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)
- ensure their child has a written personal asthma action plan to help them manage their child's condition.

Pupils

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 a member of staff is called
- tell their parents/carers, teacher or PE teacher when 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 asthma medicines.

Treatment for Asthma

There are two types of treatment, both of which come in an inhaler.

Preventers

These medicines are taken twice daily on a regular basis. They contain a small amount of steroid which reduces inflammation in the airways and dries up excessive mucus. The inhalers may be *brown, orange or purple* and should NOT be brought to school.

Relievers

These medicines, sometimes called bronchodilators, quickly open up narrowed airways and are used for acute symptoms such as wheeze, cough or shortness of breath. Reliever inhalers (salbutamol or terbutaline) are crucial for the successful management of asthma. They work within a few minutes but the effect may only last 3-4 hours. They may also be used during any exacerbation of asthma symptoms on a regular short term basis. Some of these devices have a dose counter, which is a useful guide to the parents as to how much, if any, the child has needed at school in any one day. They should not, therefore, be left at school. These inhalers are usually, but not always, *blue*.

Children are usually aware when they need their reliever inhaler though younger children, or those with newly diagnosed asthma, may need guidance with their use.

Staff should not be concerned about children carrying relief medication. Experimenting may occur but it is very unlikely to be harmful, though should be discouraged. It is not possible to overdose on an inhaler.

Children's inhalers must be kept near them, and we ask that they are kept in labelled plastic containers. Delay in taking reliever treatment can lead to a severe attack, and in rare cases, has proved fatal. We ask that parents provide a spare named inhaler to be kept in the office cupboard.

Children are encouraged to carry their reliever inhaler as soon as the parent, doctor or asthma nurse feels they are mature enough to do so. In the case of young children, the reliever inhalers should be kept by the class teacher in a known location. *Reliever inhalers should be taken home at the end of each day.* This allows the parents to monitor their daily use. It is the parents' responsibility to ensure that there is sufficient medication in the inhaler.

At the beginning of each school year, or when a child joins the school, the parents of children with asthma will be required to complete the Local Authority Medical Consent Form (Appendix 1) together with an *Asthma UK Card*. All information will also be stored in the child's personal school file and in the Special Needs File. Should a child's medication alter at any time during the school year, *it is the parents' responsibility to inform the school.*

School staff are not required to administer medication to children, except in an emergency or when it has been individually agreed between parent and school. All medication administered by school staff is recorded in the First Aid Book. School staff who agree to administer medication are insured by the local education authority when acting in accordance with this policy. All school staff will let pupils take their own medicines when they need to.

Dealing with Asthma in School

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. The child's parents should be informed of the episode, either by a member of staff or by Notification of Asthma Attack form (Appendix 3). For educational visits and residential trips, a reminder to bring inhalers should be added to the permission slip which parents/guardians are asked to sign prior to the visit.

Most children will experience a gradual deterioration in their asthma such as repeated cough, increase in breathlessness, and/or wheeze or increase use of their relief medication. Staff, parent helpers, club leaders who notice any of these signs should inform the parents.

Mild-moderate asthma attack:

The child may feel breathless, have an audible wheeze (whistles when breathing out) or a persistent cough BUT they look well and are able to talk.

Action:

- Let the child take their own BLUE reliever inhaler. Allow the child to find the most comfortable sitting position for breathing. There should be a return to normal for that particular child within 10 minutes.
- If the child is better after 10 minutes they may return to the classroom.
- If the child is still unwell 10 minutes after treatment then the attack is probably more severe than first thought. Give a second dose of the blue reliever inhaler. The Health Centre and the child's parents should be notified. If a child is using their inhaler more than every four hours, staff should notify the parents, who should in turn seek medical advice. If at any time any member of staff, parent helper, club leader is unsure of the child's condition they should contact the Health Centre and the child's parents.

Severe Asthma Attack:

Some children may become very ill quickly and treatment should not be delayed. Cough and wheeze may be absent. The signs to look for to suggest the child needs immediate emergency care are:

- the usual reliever does not work very well, or at all
- and/or the child cannot speak for more than two or three words due to the symptoms
- and/or child cannot walk around due to breathlessness
- and/or the child may have a blue tinge around the lips.

Action:

- Let the child take their own Salbutamol (blue) reliever inhaler. If their own medication is unavailable and the parents are not contactable use a Salbutamol (or Ventolin) reliever metered dose inhaler (MDI) up to 10 sequential puffs through the large volume spacer (Volumatic) in accordance with Local Education Authority Code of Practice. Document the time this emergency treatment was administered in the first aid book.

- Allow the child to find their own comfortable sitting position. Do not move the child to a colder/hotter environment.
- ASK FOR HELP FROM ANOTHER MEMBER OF STAFF AND CALL 999 FOR AN AMBULANCE. State the child is having a "SEVERE ASTHMA ATTACK" and needs emergency treatment.
- Contact the Health Centre (01223 727555) who may be able to send assistance before the arrival of the ambulance.
- Contact the parents and inform them of the situation.

Ensure a member of staff stays with the child and if parents are not available they should also go in the ambulance with the child.

Resources

Legal issues

England – *Managing Medicines in Schools and Early Years Settings*.

www.publications.teachernet.gov.uk

Visit **asthma.org.uk** and download specialist information on every aspect of asthma.

- Use interactive, educational tools.
- Email an asthma nurse specialist.
- Plus much more about asthma and Asthma UK.

kickasthma.org.uk is the new website for children and young people with asthma. Join Suki, Bex, Connor, Woody and the rest of the Kick-A Crew to learn what it is like to have asthma. To explore their world visit **kickasthma.org.uk**

Interactive resources

How to Use your Inhaler: gives examples of inhalers and the techniques for using them.

Look Inside your Body: find out more about the respiratory system.

Both available at: **asthma.org.uk**

This policy Reviewed June 2009.

To be revised June 2011

Appendix 1

CAMBRIDGESHIRE LOCAL EDUCATION AUTHORITY
MEDICAL INFORMATION AND CONSENT

Name of Child

Date of Birth

Name of Parents/Carers

Home TelephoneWork Telephone (1)

Work Telephone (2)

Name of GPTelephone

Hospital Consultant

I consent to my child receiving the following medication in school.

- a)
- b)
- c)

I undertake to ensure that the school has adequate supplies of this/these medication(s). In the case of an asthma inhaler I agree to provide a spare inhaler to be kept in the office, as well as an inhaler to be kept in my child's book bag on a daily basis.

I undertake to ensure that this/these medication(s) supplied by me and prescribed by my child's doctor is/are correctly labelled, in date, with storage details attached and that the school will be informed of any changes.

I understand that the medication will be given by a member of staff who has received appropriate training in accordance with the Local Education Authority code of practice.

(Parent/guardian)

Appendix 2:

Thriplow Church of England (Aided) PRIMARY SCHOOL

Notification of asthma episode

Dear Parents,

..... has experienced symptoms of asthma at school today.
(cough / wheeze / shortness of breath)

The blue reliever inhaler was used at

Additional information:

Signed:

Date:

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Signed:

Date:

Appendix 3:

Thriplow Church of England (Aided) PRIMARY SCHOOL

Dear Parent/Carer,

Re: The School Asthma Card

Thank you for informing us of your child's asthma on his/her registration form. As part of accepted good practice and with advice from the Department for Education & Skills, Asthma UK and the school's governing bodies, our school has recently established a new School Asthma Policy for use by all staff.

As part of this new policy, we are asking all parents and carers of children with asthma to help us by completing a school asthma card for their child/children. Please take this card to your child's doctor/asthma nurse to fill in and return it to the school.

The completed card will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand your child's individual condition.

Please make sure the card is regularly checked and updated by your child's doctor or asthma nurse and the school is kept informed about changes to your child's medicines, including how much they take and when.

I look forward to receiving your child's completed school asthma card.

Thank you for your help.

Yours sincerely

Head teacher