

# Asthma Policy

**Date Policy due to be reviewed:** July 2017

**Committee Responsible for Policy:** Finance and Operations Committee

## **Hillcrest School:**

- recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma;
- ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities;
- recognises that pupils with asthma need immediate access to reliever inhalers at all times;
- keeps a record of all pupils with asthma and the medicines they take;
- ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma;
- ensures that all pupils understand the causes and potential consequences of asthma;
- ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack;
- ensures training and information for staff is updated on an annual basis;
- understands that pupils with asthma may experience bullying and has procedures in place to prevent this;
- will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

The Hillcrest 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, governors, parents and pupils.

## **Roles and Responsibilities**

### **Deputy Head teacher (Pastoral)**

The Deputy Head teacher has a responsibility to:

- ensure there is a school asthma policy with the help of school staff, school nurses, local education authority advice and the support of school governors;
- ensure the school policy is planned in line with devolved national guidance;
- ensure the policy is put into action, with good communication of the policy to everyone;
- assess the training and development needs of staff and arrange for them to be met;
- co-ordinate annual training opportunities for staff and ensure relevant documentation is shared;
- 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 governors to review and update the school asthma policy.

### **School staff**

All school staff have a responsibility to:

- read and understand the school asthma policy;
- attend designated training sessions and updates on asthma;
- know which pupils they come into contact with have asthma;
- know what to do in an asthma attack in accordance with the guidance outlined in this policy;
- allow pupils with asthma immediate access to their reliever inhaler;
- 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.

**Our student receptionist has a responsibility to:**

- keep accurate records of pupils suffering from asthma and update information shared with staff;
- inform parents/carers if their child has had an asthma attack;
- inform the pupil's Learning Co-ordinator if a child is using their reliever inhaler more than they usually would;
- call parents/carers to remind them of the importance of having spare inhalers in school in case of emergencies;
- record message about replacement medication in the pupils' planner and inform the relevant Learning Co-ordinator and School Nurse if the pupil fails to bring spare medication into school;
- if spare medication is in school, ensure pupils have their asthma medicines with them when they go on a school trip;
- provide accurate health information for staff when taking a pupil with asthma on a school trip and ensure the member of staff has appropriate medication and administration guidance with them prior to the visit;
- regularly check (every month) of student inhalers and spare inhalers stored in school to ensure they are in date and notify parents of their responsibility to provide replacement inhalers.

**Our Senior Learning mentor has a responsibility to:**

- liaise with parents/carers and the school nurse as necessary to discuss individual concerns.

**School nurses**

School nurses have a responsibility to:

- help plan/update the school asthma policy;
- provide information about where schools can get training if they are not able to provide specialist training themselves.

**Pupils**

All pupils have a responsibility to:

- treat other pupils with asthma equally;
- let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called.

**Pupils with asthma have a responsibility to:**

- tell their parents/carers, teacher or PE teacher when they are not feeling well;
- treat asthma medicines with respect;
- know how to administer their own asthma medicines;
- carry spare inhalers / medication with them at all times in case of emergencies in and out of school;
- bring a spare inhaler to school to be kept safely in student reception in case of emergencies;
- know how to gain access to their medicine in an emergency in school.

**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 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;

- inform the school of any specific diagnosis during admissions meetings, confirm the type of inhaler used and provide permission for the child to be placed on the school medical list
- 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 carries a reliever inhaler with them to and from school;
- provide the school with a spare reliever inhaler and replace as necessary;
- ensure that their child's reliever inhaler and the spare is within its expiry date;
- ensure their child catches up on any school work they have missed if absent through asthma;
- 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.

### **Asthma medicines**

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler at all times.
- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. This will be stored in a cupboard in student reception in case the pupil's own inhaler runs out, or is lost or forgotten.
- All inhalers must be labelled with the child's name by the parent/carer.
- A termly check will be made of the spare medication stored in school and any medication that is out of date will be disposed of.
- The medication should be in the container as prescribed by the doctor and as dispensed by the pharmacist with the child's name, dosage and instructions for administration printed clearly on the label.
- Should the medication need to be changed or discontinued before the completion of the course or if the dosage changes, school should be notified in writing immediately. A fresh supply of correctly labelled medication should be obtained by parents / carers and taken into school as soon as possible.
- School staff are not required to administer asthma medicines to pupils (except in an emergency)
- Unless it is an emergency asthma medication should only be administered by first aid trained staff.
- All school staff will let pupils take their own medicines when they need to.

### **Emergency inhalers**

- The school has purchased a number of emergency inhalers (blue inhaler / reliever) that are stored appropriately in school and replaced with new inhalers as necessary.
- One inhaler / spacer is stored in the staffroom next to the asthma medical list. If staff are required to use one of the emergency inhalers they will be required to record the name of the student and the date / time of administration. The use of spacers means that we will not be required to dispose of the blue inhaler each time they have been administered. Spacers will be disposed of after single use. Regular checks will be carried out on the emergency inhaler in the staffroom and the inhaler and spacer will be replaced as necessary.
- Two other emergency inhalers and spacers will be stored in student reception and administered as necessary as outlined above.
- The school will only administer an emergency inhaler if we do not have a spare inhaler in school (that has been sent from home) or if the student is not carrying their own personal inhaler. However, the school is not allowed to administer the emergency inhaler without prior parental consent in writing. Parents / carers must complete a consent form giving the school permission to use the emergency inhalers if their child is suffering from asthmatic problems.

- This consent form will cover the student from years 7-13 meaning parents will not be required to give consent on an annual basis. Parents / carers do have the right to withdraw their consent at any stage of their child's school career at Hillcrest. The school must receive written confirmation from the parent / carer if they wish for their child to no longer be eligible to use the emergency inhalers.
- The school reserves the right to invoice parents / carers for the cost of new emergency inhalers if we feel their child is unnecessarily using the emergency inhalers. The school emergency inhalers should only be used in emergency situations. However, it is expected that students suffering from asthma should not need to use the emergency inhalers as parents / carers should ensure that a spare inhaler is sent into school and students will carry their own personal inhalers on a daily basis.

### **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 admissions form. Parents / carers must provide full details of child's medical conditions, regular medication, emergency medication, emergency contact numbers, name of family doctor, details of hospital Consultants, allergies, special dietary requirements.
- From this information the school produces a medical list, which is available to all school staff.
- The medical list is updated regularly and shared with staff as necessary.
- Medical guidance and specific information about individual pupils is posted on the staff noticeboard in the staffroom and updated as necessary throughout the year.

### **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 and all PE teachers at the school are aware of which pupils have asthma from the school's medical list.
- Pupils with asthma are encouraged to participate fully in all PE lessons.
- PE 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.
- Pupils should carry an inhaler with them in all lessons that require physical exertion as it may not always be possible to swiftly access their spare medication stored in student reception.
- If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

### **Out-of-hours activities**

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.

- PE teachers, classroom teachers and out-of hours school sport coaches are 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.
- All staff are required to complete an annual asthma training session delivered by the school nurse.
- Emergency inhalers will be taken on all school trips but will only be administered if the parent / carer has given written permission for their child to use the school-based emergency inhalers.

### **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 feathery animals and has a definitive no-smoking policy.

- As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.
- Pupils with asthma are encouraged to leave the room and go and sit in the student reception if particular fumes trigger their asthma.

### **Training for staff**

- The policy for working with pupils with asthma will be reviewed each year and staff will receive full training on this policy
- The school nurse will train all staff every year on asthma. All staff have a responsibility to attend this safeguarding training
- School policy and procedures form part of staff induction at Hillcrest School

### **Specific guidance on asthma**

#### **Common trigger factors**

The most common triggers that affect children at school are:

- Exercise
- Viral infections
- Sudden changes in temperature such as damp, cold air
- Pollen and mould spores
- Stress/excitement/distress
- Chemicals ( including cleaning products and toiletries)
- Smoking (passive and active)

#### **Main treatments**

Reliever inhalers are usually blue devices. They work almost immediate and are normally effective for up to four hours. They work on the tightness in the airways that occur during an asthma attack. Reliever inhalers should be used whenever a pupil is experiencing asthma symptoms. They can be used prior to exercise and must be available during exercise if needed. Reliever inhalers must be taken with the pupil on all off site activities.

Preventer Inhalers are usually brown/orange/cream. These inhalers need to be used regularly morning and evening. They do not work during an asthma attack. Regular usage is designed to reduce the number and frequency of asthma attacks.

#### **Assessing an asthma attack**

The three typical symptoms in an asthma attack are breathlessness, wheezy breath and cough. As asthma varies from pupil to pupil it is impossible to provide guidelines to suit every child. However, the following guidelines may be helpful:

- Mild: may involve an increase in coughing, slight wheeze but the child has no difficulty in speaking and is not distressed.
- Severe: the pupil is in distress and anxious, gasping or struggling to breath and is unable to complete a sentence; they may be pale and sweaty and may have blue lips

#### **Treating an asthma attack**

In any asthma attack the child must have immediate access to their reliever (blue) inhaler. If the pupil is not carrying their own inhaler the teacher should send another pupil to student reception to request first aid support and access to the pupils' spare inhaler stored in student reception.

During an asthma attack members of staff should:

- Stay calm and reassure the pupil
- Help the pupil to breathe slowly, sit upright or lean forward, offer a drink of water, ventilate the room and loosen tight clothing.
- Staff should not, under any circumstances, allow the pupil to lie down
- Listen carefully to what the pupil is saying throughout the attack
- Help the pupil to take their reliever (blue) inhaler (usually 2-4 puffs are enough to bring mild attacks under control but more if necessary)
- Repeat reliever inhaler as required until symptoms resolve
- Stay with the pupil until the attack has resolved
- Encourage the pupil to gentle activity when recovered

In the event of a severe asthma attack the school will call for an ambulance if any of the following occur:

- The reliever has no effect after 5-10 minutes
- The pupil is distressed, unable to walk, very pale, gasping for breath or blue around the lips
- The pupil is getting exhausted
- The pupil cannot complete a sentence
- The pupil is exhibiting a reduced level of consciousness
- There are any doubts about the child's condition.

While waiting for the ambulance to arrive:

- Stay calm and continue to reassure the pupil
- The pupil should continue to take puffs of their reliever inhaler as needed until the symptoms resolve
- If the pupil has a spacer device and a reliever inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff)
- If the pupil's condition is not improving and the ambulance service has not arrived this process may be repeated
- The pupil's parent/carer should be notified immediately.

## Asthma Attack Flow Chart

