

ROTHWELL VICTORIA PRIMARY LEARNING PARTNERSHIP

Asthma Policy

July 2013

Every Child Matters

Enjoy and
Achieve



Be Healthy

Be Safe

Rothwell Victoria Infant School



CARE SHARE
HELP SMILE



Signed _____

Date _____

Rothwell Victoria Primary Learning Partnership Asthma Policy

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 children.

This school recognises that asthma is a widespread, serious but controllable condition affecting many children at the school. The school positively welcomes all children with asthma. This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers and children.

Supply teachers and new staff (including outside providers) are also made aware of the policy. All permanent staff who come into contact with children with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is provided regularly.

What is Asthma?

Asthma is a condition that affects the airways- the small tubes that carry air in and out of the lungs.

When a child or young person with asthma comes into contact with an asthma trigger, the muscles 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. All these reactions cause the airways to become narrower and irritated - leading to the symptoms of asthma.

Children and young people with asthma have airways that are almost always red and sensitive (inflamed). These airways can react badly when they come into contact with something that irritates their airways (an asthma trigger).

Asthma Medicines

- Immediate access to reliever medicines is essential. Children with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom in a labelled class asthma box which has a sealed lid.

- Parents/carers are asked to ensure that the school is provided with a labelled reliever inhaler. This will be kept in the labelled class asthma box in the child's classroom. All inhalers must be labelled with the child's name by the parent/carer. Inhalers in the labelled class asthma are to be in prescribed box, with child's details on.
- School staff are not required to administer asthma medicines to children (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority (MCLP from Sept 2013) when acting in agreement with this policy. All school staff will let children take their own asthma medicines if this has been agreed by all relevant parties.

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.

Exercise and Activity – PE, games and swimming

- Taking part in sports, games and activities is an essential part of school life for all children. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which children have asthma from the school's asthma register.
- Children with asthma are encouraged to participate fully in all PE lessons, including swimming. Teachers will remind children 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. It is agreed with all staff that each child's inhaler will be labelled and kept in the class asthma box at the site of the lesson. If a child 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 sport

- 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 children with asthma as much as possible in after school clubs.
- All teachers and out-of hours school sport coaches are aware of the potential triggers for children with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. It is the responsibility of outside providers to ensure that their staff have the appropriate medical training.
- This information is also provided on the *Asthma UK Out There & Active* poster, which is displayed in several locations around the school. The poster helps to encourage children with asthma to be active and get more involved in PE and exercise and has tips to help them do this.

School Environment

- The school does all that it can to ensure the school environment is favourable to children with asthma. The school has a definitive no-smoking policy.

When a child is falling behind in lessons

- If a child is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the child's needs.
- The school recognises that it is possible for children with asthma to have special education needs due to their asthma.

Asthma Attacks

- All staff who come into contact with children with asthma know what to do in the event of an asthma attack.

• In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its *School Asthma Pack*. This procedure is visibly displayed in the staffroom and every classroom.

Common signs of Asthma Attack

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache.

What to do in case of an Asthma Attack

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

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

If there is no immediate improvement

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in 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 doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

Important things to remember in an Asthma Attack.

- Never leave a child having an asthma attack.
- If the child does not have their inhaler and/or spacer with them, send another teacher or child to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a child overdosing.
- Send another child to get another teacher/adult if an ambulance needs to be called.
- Contact the child's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Generally staff should not take children to hospital in their own car. However, in some situations it may be the best course of action.
- Another adult should always accompany anyone driving a child having an asthma attack to emergency services.

After a minor Asthma Attack

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

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

Roles and Responsibilities.

Asthma UK recommends the following roles in developing an asthma policy:

Employers

Employers have a responsibility to:

- ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes children). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips. Employers therefore have a responsibility to ensure that an appropriate asthma policy is in place
- make sure the asthma policy is effectively monitored and regularly updated
- provide indemnity for teachers who volunteer to administer medicine to children with asthma who need help.

Head teachers

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 children
- 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 coordinate the check the expiry date of spare reliever inhalers and maintain the school asthma register
- report back to their employers and their local education authority (MCLP from Sept 13) about the school asthma policy.

School Staff

All school staff have a responsibility to

- record inhaler use in record book which is kept in the labelled class asthma box.
- understand the school asthma policy
- know which children they come into contact with have asthma
- regularly check the expiry date of spare reliever inhalers
- know what to do in an asthma attack
- allow children 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
- ensure children have their asthma medicines with them when they go on a school trip or out of the classroom.
- ensure children who have been unwell catch up on missed school work
- be aware that a child may be tired because of night-time symptoms
- keep an eye out for children with asthma experiencing bullying
- liaise with parents/carers, the school nurse and special educational needs coordinators if a child is falling behind with their work because of their asthma.

When teaching PE, games and swimming.

When teaching PE, games and swimming teachers have a responsibility to:

- understand asthma and the impact it can have on children. Children with asthma should not be forced to take part in 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 children have their reliever inhaler with them during activity or exercise and are allowed to take it when needed
- if a child 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 children with asthma should wait at least five minutes)
- remind children with asthma whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up
- ensure children with asthma always warm up and down thoroughly.

School Nurses

School nurses have a responsibility to:

- help plan/update the school asthma policy
- if the school nurse has an asthma qualification it can be their responsibility to provide regular training for school staff in managing asthma
- provide information about where schools can get training if they are not able to provide specialist training themselves.

Individual doctor/asthma nurse of a child or young person with asthma

Doctors and asthma nurses have a responsibility to:

- complete the school asthma cards provided by parents/carers
- ensure the child or young person knows how to use their asthma inhaler (and spacer) effectively

- provide the school with information and advice if a child or young person in their care has severe asthma symptoms (with the consent of the child or young person and their parents/carers)

- offer the parents/carers of every child a written personal asthma action plan. Every young person should also be offered a written personal asthma action plan themselves.

Children

Children have a responsibility to:

- treat other children with and without asthma equally
- let any child having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called
- tell their parents/carers, teacher or support staff 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.

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
- 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.

This policy needs to be read in association with the appropriate appendices contained within the school's Health & Safety Policy

Monitoring and Review

This policy will be monitored and reviewed every 2 years by the School's Health & Safety Committee.