

Nanpean Community Primary School
Nurturing Children's Passion to Succeed



Asthma Policy
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Approved by Governors (Date): 28/09/2021
Next Review (Date): September 2024

1. Background

A child's educational years are the greatest opportunities for investment in the next generation. For years schools and teachers have worked to ensure all children have an equal opportunity in their educational environment. Many issues remain within the sole remit of education. However, key areas which impact on a child's ability to get the most from school, such as health, lie outside the remit of education.

The impact of many medical conditions on a child in the classroom can be significant. Some conditions can be severe and are rare such as epilepsy and diabetes. Others, particularly asthma, are common. Asthma UK states asthma is the most common long-term childhood medical condition, affecting 1.1 million children in the UK. This means that 1 in 10 children has asthma. The decision to administer medicines by teachers remains voluntary. This document is designed to support, educate and train school staff to enable them to take on this role if they wish with appropriate input from the local National Health Services (NHS). This policy is designed to run alongside the risk assessments and care plans schools develop in accordance with the Department for Education (DfE) documentation.

2. Asthma in the Classroom

Asthma is a common condition, but its severity varies considerably. People can be affected to greater and lesser degrees. For any one individual the occurrence of the condition can be episodic. This means that children can be well for long periods of time and then have sudden acute, and at times severe relapses (Asthma U.K.)

The major principle underlying the policy is immediate access for all children to reliever medication.

Therefore, it is preferable for every asthmatic child to carry their own inhaler, wherever possible, both in school and on every school trip. For KS1 children this generally is not practical. In Eden and Hendra Class, a member of staff in each classroom will be responsible for accounting for children's inhalers, using a system that all members of staff and the children are aware of to ensure safe and ready access to inhalers. Inhalers and spacer devices should have the children's names clearly marked. In the event of an inhaler being lost or becoming out of date parents / carers are asked to bring in another inhaler which will have the child's name clearly marked. Regular checks will be carried out across the school to ensure that asthmatic children have their inhaler in school and if they do not have their inhaler, during one of these checks, parents will be asked to send in a spare inhaler for their child to have with them at school.

We DO NOT have emergency inhalers in school, therefore, it is imperative that any Asthma sufferer has an emergency inhaler that can be kept in school.

3. Asthma Symptoms

Asthma is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air both in and out as you breathe. The symptoms of asthma occur when the muscles around the airways tighten and the lining of the airway becomes inflamed and start to swell; this leads to a narrowing of the airways. The usual symptoms of asthma are:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children will express the feeling of tightness in the chest as a tummy ache.

The symptoms however are rapidly reversible with appropriate medication. Only when symptoms fail to be reversed medical attention must be sought (See Section 8 related to management of an asthma attack).

3.1 Types of Treatment

There are two types of treatment for asthma:

a) 'Relievers'

Every child with asthma should have access to a reliever in school. The reliever inhaler is commonly blue, but may come in different colours, and they come in different shapes and sizes. It is the parents' responsibility to provide the correct reliever inhaler. These treatments give immediate relief and are called bronchodilators because they cause the narrowed air passages to open up by relaxing the airway muscle. They do not however reduce the inflammation.

b) 'Preventers'

Preventers are a group of treatments that are designed to prevent the narrowing and inflammation of the airway passages. The ultimate objective is to reduce asthma attacks of any kind. These medicines should be taken regularly, usually morning and evening. There is therefore no need (normally) for them to come to school with the child.

Even if they are taken during an attack, they will not have an immediate effect.

THIS POLICY REFERS ONLY TO RELIEVERS.

3.2 The best way for people to take their asthma medication is to inhale them directly into the lungs. There are a variety of devices available and the asthma medication needs to be breathed in steadily and deeply.

3.3 For young children and those with co-ordination problems, other devices are sometimes used. These devices are breath activated so that the device fires automatically when the child is breathing in.

3.4 Some younger children use a spacer device to deliver their aerosol inhaler, this maybe a volumatic or aerochamber. The aerosol is pressed into the spacer and the child breaths slowly and steadily for approximately 10 seconds. If the child is using an aerochamber and it whistles they are inhaling too quickly. Spacers are very useful for those who have difficulty co-ordinating their breathing and inhaler. The spacer device is also very useful in the case of an acute asthmatic attack. (See Section 8 related to management of an asthma attack).

Irrespective of the type of device, the medicine being delivered is a reliever.

3.5 All children who need their relievers should have them in school and readily available at all times. Inhalers should be kept in an easily accessible place where either child or teacher can reach it with the minimum of difficulty. If symptoms of an asthma attack begin, children are encouraged to use their medication to relieve these symptoms.

3.6 When the school is informed of a child being asthmatic, they are given a copy of Nanpean School's asthma statement and an asthma management plan is agreed upon. The details of the Asthma management plan are given to the class teacher to bring to the attention of each member of staff in their class.

3.7 When a child needs a dose of their reliever during school hours, it is recommended that parents are informed either by telephone, face to face or via a note handed to the parent at the end of the day. If a child is using their inhaler three or more times a week, the teacher should inform the parent / carer as the child's asthma care may need reviewing.

It remains the responsibility of the parent to seek medical attention and to liaise with the school on the frequency with which inhalers are taken.

4. Pupils with special educational needs

Children who are statemented under Part III of the Education Act 1996 receive a statement of special educational needs, known as an Education Health Care Plan (EHCP). It is possible that for any of these children who may have asthma they will have special requirements to ensure that they take their asthma medication appropriately and that they are appropriately treated in the event of an acute attack. This will be made explicit by the medical team responsible for giving the medical advice input in to the EHCP.

5. The Physical Environment

Many environmental aspects can have a profound effect on a child's symptoms at any time. The four key points for schools are:

- a) **Materials**: The school should, as far as possible, avoid the use of art and science materials that are potential triggers for asthma.
- b) **Animal Fur and Hair**: Some children can have marked acute and chronic symptoms if they are exposed to animals including, mice, rabbits, rats, guinea pigs, hamsters, gerbils, chinchillas and birds. Consideration should be given to the placement of school pets in the classroom, and special vigilance may be needed on trips to farms and zoos where children handle animals.
- c) **Grass Pollen**: Grass pollens are common triggers in provoking an exacerbation of asthma. Consideration should be given to grass being cut in school time. Children may require extra vigilance.
- d) **Sport**: Children with asthma should be encouraged to participate in sports however teachers need to be mindful that exercise may trigger asthma. Children should effectively warm up before exercise and cool down following exercise. Reliever inhalers should be taken to P.E. and swimming lessons.

6. Access to Reliever Medication

1. Asthmatic children must have immediate access to reliever inhalers at all times. If the child does not carry their device, it must be immediately accessible if required and all school staff and teachers should know where the device is and know where to access the child's asthma management information.
2. At the start of each school year a child should bring in a new reliever device and spacer clearly labelled with his/her name. It is the responsibility of the parent/carer to ensure that medication provided in school is in date. This device remains the property of the school for the school year. It can be returned to the child on the last day of the Summer Term.

7. What to do if a Child has an Asthma Attack

If an asthmatic pupil in your class becomes breathless or wheezy or starts to cough:

1. Keep calm, it's treatable. If the treatment is given at an early stage the symptoms can be completely and immediately reversible.
2. Let the child sit in a position they find most comfortable. Many children find it most comfortable to sit forwards with their arms crossed on the table.
3. Ensure the child has 2 puffs of their usual reliever, or takes the inhaler as prescribed in their asthma management plan.

If the pupil has forgotten their reliever inhaler or their device is out of date or empty then:

- i) Give 2 puffs of the school reliever inhaler provided by the parents, preferably via their spacer or aero chamber.
- ii) **STAY WITH THE CHILD**. The reliever should work in 5 – 10 minutes.
- iii) If the symptoms disappear, the pupil can return to the lesson as normal.
- iv) If symptoms have improved but not disappeared then:
Give 1 puff of the reliever inhaler every minute for 5 minutes

4. Stay with the child

IF THE CHILD HAS WORSENEED SEE SECTION 7.

8. Management of a Severe Asthma Attack

HOW TO RECOGNISE A SEVERE ATTACK

- The reliever has no effect after 5-10 minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts about the child's condition

STAY WITH THE CHILD

- 1) Call 999 or send someone else to call 999 immediately - Inform them the child is having a SEVERE ASTHMA ATTACK AND REQUIRES IMMEDIATE ATTENTION.
- 2) Using the child's reliever and spacer device give one puff into the spacer. Allow the child to breathe the medicine from the spacer. If the spacer device is an aerochamber and it whistles, ask the child to breathe more slowly and gently. After one minute give another puff and allow the child to breathe the medicine. Repeat at not more than one minute intervals until the ambulance arrives.
- 3) Contact the parents and inform them of what has happened.

9. Special Areas for Concern

1. Although it does not pose a danger to the health of the majority of children, children using other children's inhalers is actively discouraged at Nanpean School and should any member of staff become aware of a child using another child's inhaler, the Class Teacher and Headteacher must be informed immediately so appropriate action can be taken.
2. However, should an asthmatic child need to use an inhaler and does not have their own or an emergency inhaler to hand, staff are reminded that they owe the children in this school a duty of care and either taking no action or not permitting a child to use another child's inhaler as a last resort, could be interpreted as a failure of that care.
3. Reliever inhalers and spacer devices should always be taken to swimming lessons, sports, cross country, team games and educational visits out of schools, and used according to need. Children with known exercise induced asthma will need to take their reliever immediately prior to exercise.
4. Any concerns about inappropriate use or abuse of the devices should be reported to the Head Teacher.
5. In an event of uncertainty about a child's symptoms, and the possibility that these could be asthmatic symptoms, TREAT AS FOR ASTHMA. This will not cause harm even if the final diagnosis turns out to be different.

10. Care of the Spacer Devices

After use they should be washed in warm soapy water, and allowed to dry naturally in the air. The spacer device (once dry) should be stored carefully.

12. Training

Nanpean School will ensure that an appropriate number of staff are trained in supporting asthmatic children and recognising the symptoms of, and dealing with an asthma attack.

Policy reviewed: September 2021

Approved by Governors: 28.9.2021

Date of next review: September 2024