



Balby Central Primary School

Policy for Asthma

Date of Policy: September 2014

Approved by the Governing Body:

Review Date: September 2017

Section 1 - Introduction

Balby Central Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. Balby Central 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 and pupils. Supply teachers and new staff are also made aware of the policy.

Section 2 - Policy

Asthma medicines

- Immediate access to reliever medicines is essential. Inhalers should be in an accessible cupboard in the classroom, kept in a blue box with a book to record when any medication is taken/given. Children should know where their Inhaler is kept and be able to access it at any point. The expiry date of all asthma medicines should be checked every six months.
- Parents are asked to ensure that the school is provided with a labelled reliever inhaler. All inhalers must be labelled with the child's name.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this.

All school staff will let pupils take their own medicines when they need to; this is in accordance with each child's medical guidance.

In emergency situations, school staff are required under common law, duty of care, to act like any reasonably prudent parent. This may include administering medicines

Record keeping

At the beginning of each school year or when a child or young person joins the school, parents are asked on the data collection form which records any medical needs including asthma. Parents are then required to complete an administration of medication form for any child who has asthma. **Details of all children's medical needs are displayed in each classroom and teachers check in the medical file in the school office what medication is required.**

PE, games and activities involving physical activity

Taking part in sports, games and activities involving physical activity are an essential part of school life for all pupils. All teachers know which children in their class have asthma and all practitioners leading PE sessions at the school are aware of which pupils have asthma **from the class medical lists in each classroom.**

Pupils with asthma are encouraged to participate fully in all PE lessons. Practitioners leading 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. It is agreed with practitioners that each pupil's inhaler will be labelled and kept in a box at the site of the lesson. 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.

The school environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. If animals are kept in school the teacher responsible ensures that this is not a trigger for any of the children in their care. The school has a definite 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.

When a child or young person is falling behind in lessons

If a child or young person is missing a lot of time from school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the Special Education Needs Lead Practitioner or the inclusion team about the pupil's needs. If needed a health care plan will be completed for a child with severe asthma

The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Asthma attacks

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. See Guidelines for teachers (appendix I)

Section 3 – Policy into Practice

All school staff have a responsibility to:

- Understand the school asthma policy
- Know which pupils they come into contact with have asthma
- Know what to do in an asthma attack
- Allow pupils with asthma immediate access to their reliever inhaler
- Tell parents if their child has had an asthma attack and if they used their reliever medicines
- Ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
- 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 and Special Educational Needs Lead Practitioner (SENDCO) or the inclusion team if a child is falling behind with their work because of their asthma

Practitioners leading PE sessions have a responsibility to:

- Understand asthma and the impact it can have on pupils. Pupils 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 pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when they need to

- 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)
- Remind pupils with asthma whose symptoms are triggered by exercise, to use their reliever inhaler a few minutes before warming up
- Ensure pupils with asthma always warm up and down thoroughly

Parents/carers have a responsibility to:

- Tell the school if their child has asthma
- Ensure the school has a completed and up-to-date medical needs form 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 hours 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)
- Provide the school with a reliever inhaler (and spacer where relevant) labelled with their child's name
- Ensure that their child's reliever inhaler is within its expiry date

Pupils have a responsibility to:

- Treat other pupils with and without asthma equally
- Let any pupil having an asthma attack take their blue inhaler and ensure a member of staff is called
- Tell their parents, 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

Appendix I – Guidelines for teachers

Appendix II- What is asthma?

Appendix III- Asthma medicines.

Appendix I

Guidelines for teachers

WHAT TO DO IN AN ASTHMA ATTACK

Common signs of an asthma attack

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Tummy ache (sometimes in younger children)

What to do

- 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 (blue) inhaler immediately (preferably through a spacer)
- Loosen tight clothing
- 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
- Or if you are in doubt

Continue to give the child one puff of their reliever inhaler every minute until the ambulance or doctor arrives

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities
- The parents/carers must always be told if their child has had an asthma attack

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil 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 pupil overdosing
- Send another pupil to get another teacher/adult if an ambulance needs to be called
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor

- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives
- Generally staff should not take pupils 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 pupil having an asthma attack to emergency services

Appendix II

WHAT IS ASTHMA?

Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. Asthma symptoms include coughing, wheezing, a tight chest and feeling short of breath. Each child or young person with asthma may have different symptoms.

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

Asthma triggers

A trigger is anything that irritates the airways and causes asthma symptoms. There are many asthma triggers. Common triggers include colds, viral infections, house-dust mites, pollen, cigarette smoke, furry or feathery animals, exercise, outdoor air pollution, laughter, excitement and stress. Everybody's asthma is different and everyone will have different triggers, most have several. It is important that children and young people with asthma get to know their own triggers and try to stay away from them or take precautions.

What happens during an asthma attack?

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 begins to swell, making it difficult to breathe and leading to symptoms of coughing, wheezing, shortness of breath or feeling tight in the chest. It is at this point that the child or young person with asthma will need to take a dose of their reliever medicine.

What does asthma feel like?

Children and young people who have asthma tell us that:

- 'It feels like someone is standing on my lungs'
- 'It feels like I am being squashed'
- 'When I'm having an attack it feels like a rope is being slowly tightened around my chest'

Every child and young person's asthma is different

Asthma varies in severity from person to person. Some children and young people will experience an occasional cough or wheeze, while for others, the symptoms will be much more severe.

Appendix III

ASTHMA MEDICINES

Reliever inhalers

Every child and young person with asthma should have a reliever inhaler.

Relievers are medicines that can be taken immediately when asthma symptoms start. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again. However, relievers do not reduce the swelling in the airways.

- Relievers are essential in treating asthma attacks
- Reliever inhalers are usually blue
- They come in different shapes and sizes
- It is very important that a pupil with asthma has a reliever inhaler that they can use reliably and effectively (that is, one that a health professional has demonstrated and checked their technique). In a school setting where there may be many pupils with asthma it is important that it is known which reliever belongs to which pupil
- Pupils with asthma need to keep their relievers with them or close at hand at all times. You never know when they might need it
- Although relievers are a very safe and effective medicine and have very few side-effects, some children and young people do get an increased heart rate and may feel shaky if they take a lot. However, children and young people cannot overdose on reliever medicines and these side effects pass quickly
- Some children and young people only get asthma symptoms once or twice a week (often after exercise or activity). The rest of the time their asthma causes them no problems

Preventer inhalers

Preventers protect the lining of the airways. They help to calm the swelling in the airways and stop them from being so sensitive. Taking preventer medicines means that a child or young person with asthma is less likely to react badly when he/she comes into contact with an asthma trigger. However, not all children and young people with asthma will need a preventer. Preventers are usually prescribed for children and young people using their reliever inhaler three or more times a week.

- Preventers reduce the risk of severe attacks
- Preventer inhalers are usually brown, orange, red or white
- The protective effect of preventer medicines builds up over time, so preventers need to be taken every day (usually morning and evening), even if the child or young person is feeling well

Normally, pupils should not need to take preventer inhalers in school hours. If they are needed, they may need to be reminded to take them.

Spacers

A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other. Spacers are used to help deliver medicine to the lungs. They make inhalers easier to use and more effective

Spacers may often be needed and used at school, especially by pupils under 12.

- Each pupil with asthma should have their own individually labelled spacer that is kept with their inhaler, or if this is impractical, with their spare inhaler

Steroid tablets

A short course of steroid tablets (usually 3-5 days) is sometimes needed to treat a child's asthma after an asthma attack. They are very effective at bringing severe asthma symptoms under control quickly.

- Steroid tablets are usually taken in the morning, before school. They give a much higher dose of steroid than a steroid preventer inhaler. However, children and young people should not experience any side effects from the occasional course of steroid tablets
- Please note it is rare for a pupil with asthma to have steroid tablets at school

Nebulisers

A nebuliser is a machine that creates a mist of medicine that is then breathed in through a mask or mouthpiece. Nebulisers are sometimes used to give high doses of medicine in an emergency. However, research shows that spacers work as well as nebulisers in most asthma attacks. Use of nebulisers in emergency situations is becoming far less common

- Some children and young people with asthma have nebulisers at home. However, normally pupils with asthma should not need to use a nebuliser in school.
- If a doctor or nurse does advise that a child or young person needs to use a nebuliser in school, **the staff involved will need training by a health professional.**