



ASTHMA POLICY

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. 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. The National Asthma Campaign estimates that as many as one in seven children aged 5-15 could have asthma. In a school of 300 children, this will equate to 40 affected individuals.

The decision to administer medicines by teachers remains voluntary. The 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 NHS Trust and Health Authority.

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.

3. Asthma Symptoms

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

3.1 Types of Treatment

There are two types of treatment for asthma:

a) 'Relievers'

These treatments give immediate relief and are called bronchodilators because they cause the narrowed air passages to open up. It is these relievers that children will have in school with them. The most commonly used reliever is Salbutamol.

b) 'Preventers'

Preventers are a group of treatments that are designed to prevent the air passages narrowing so that if an attack occurs it will only be mild, or will prevent it altogether. These medicines should be taken regularly usually morning and evening. There is no need for children to bring these devices to school.

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

- #### 3.2
- The best way for people to take their asthma medication is to inhale them. There are a variety of devices available. Most inhaled medicines are given through small pressurised aerosols. These 'puffers' deliver a small puff of medication into the mouth which is then inhaled.



- 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 children use a spacer device. The aerosol is passed into the spacer and then the child breathes in and out of the spacer device. This is very useful for those who have difficulty co-ordinating their breathing and inhaler actuation. The spacer device is also very useful in the case of an acute asthmatic attack.
- 3.5 All children who need their relievers should have them in school and readily available at all times. For all children, the primary objective is that their reliever inhaler will be nearby, eg in the same room, at all times. Administration of the reliever by these children should be on their own perception of whether or not they need it. It may be necessary for younger children to give the reliever to the class teacher for safe keeping.

Some children may need more help and encouragement with taking their reliever. Inhalers should be kept in an easily accessible place where both child or teacher can reach it with the minimum of difficulty, for example a 'spice rack' system.

- 3.6 All children who have asthma and have inhalers should have a spare one to be kept in school. This should be labelled with the child's name. Parents are required to keep the inhaler up-to-date. If an inhaler expires, parents should be reminded that they need to supply one.
- 3.7 Record Keeping: If a child takes an asthma spray during the school day the class teacher must ensure that this is recorded in the planner. The parents are expected to know the name of the medicine and the dosage (number of sprays/puffs). If a teacher feels that a child maybe over using the device in the classroom, the parents should be alerted to the fact that the asthma may be unstable.

4. Special areas of concern

1. Asthmatic children must have immediate access to reliever inhalers at all times. All teachers and staff must be kept informed as to where inhalers are stored. Storage must have a First Aid sign on the box.
2. Many people are concerned that an unsupervised child with an inhaler may result in the medication being taken by the peer group. This does not pose a danger to the health of other children.
3. If a child has exercise-induced asthma, they should use their reliever prior to joining in exercise, games or P.E. etc.

Children with well-controlled asthma are able to participate fully in all school activities.

An asthmatic child should not be forced to participate in physical recreation if they feel they are too wheezy to continue.

Reliever inhalers and spacer devices should be added to the first aid kit and routinely taken to sports events, cross country, team games and educational visits (including residential visits) out of school, and used according to need.

4. Self-administration of the reliever is the usual and best practice. Any concerns about inappropriate use or abuse of the devices should be reported to the Headteacher, and the parents or guardians informed.



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

a) Passive Cigarette Smoke

There is now substantial medical literature on the adverse effects that inhaling cigarette smoke has on asthmatic children. It is suggested that as part of the schools 'No Smoking Policy' there is consideration given to children inadvertently inhaling cigarette smoke from adults and teachers, and their peers.

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.

c) Grass Pollen

Cutting the grass releases large amounts of pollen into the air. This is one of the most commonly recognised provoking agents of acute asthmatic attacks. If the grass is being cut in school time children may require extra vigilance, but should not be excluded from normal school activities.

d) Fumes

Fumes from science experiments may trigger asthma in some children. As for all children involved in such experiments, exposure to chemical fumes and vapours should be kept to a minimum.

5. Information to parents and guardians

As part of the school policy, it is proposed that all parents are made aware of how the school will manage a child who has symptoms due to their asthma whilst they are in school. The school will hold its own reliever inhaler and spacer devices. All parents of children entering the school will receive a routine letter, consent form and questionnaire. The consent form and questionnaire must be signed and returned to school along with a named spare device for the school to keep.

6. Pupils with special educational needs

Children who are statemented under Part III of the Education Act 1996 receive a statement of special educational needs. It is possible for any of these children to have asthma. The administration of their medicine in the event of an acute attack should be made explicit by the medical team responsible for giving the medical advice input to the statement.

7. Care of the spacer devices

After use they should be washed in warm soapy water and dried in the air. Once dry they should be stored carefully.

8. Governors will:

- seek to ensure the health and safety of all staff and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips
- 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 pupils with asthma who need help.

Appendix

GUIDANCE IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

THE SCHOOL WILL CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

This policy must be read in partnership with Asthma UK – Asthma awareness for School Staff.

Date: September 2022

Date of next review Autumn 2023