Stephenson Academy

On Track to Success

Asthma Policy

At Stephenson (MK) Trust the protected characteristics have been considered in the design of this policy. This policy has been obtained through a review of best policies and The Key.

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1. Introduction

Asthma is a long-term condition that affects your airways - the tubes that carry air in and out of your lungs. You could say that someone with asthma has 'sensitive' airways that are inflamed and ready to react when they come into contact with something they don't like.

Asthma tends to run in families, especially when there's also a history of allergies and/or smoking. When a person with asthma comes into contact with something that irritates their sensitive airways even more (an asthma trigger), it causes their body to react in three ways:

- 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
- sticky mucus or phlegm sometimes builds up, which can narrow the airways even more.

These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to asthma symptoms, such as chest tightness, wheezing, or coughing.

This policy sets out how we, as a school, support students with asthma. We work closely with students, parents/carers and health colleagues to ensure we have robust procedures in place to support asthma management.

All staff have a responsibility to provide a safe environment in which children can learn, and school staff are in a position to identify concerns early and provide help for children.

To enable schools to effectively manage children and young people with asthma in a school setting and be an Asthma Friendly School:

- The school should have an up-to-date asthma policy that is self-audited regularly
- The school will maintain a register of children and young people with asthma that will be shared with school staff and the School Nursing Service if required
- Every child with asthma should have a personal asthma plan from their doctor or specialist healthcare professional, which is shared with school staff and the School Nursing Service
- There will be whole school training around asthma, signs, and symptoms and what to do in an emergency as part of Medical Needs Training
- Children and young people should have easy access to their inhalers and spacers. These may be kept by the child, in the classroom or in the main office as deemed appropriate by the child, parent/carer and school. Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers, and it will be reflected in their IHPs.

2. Legislation and Guidance

This policy takes into account the responsibilities laid out in:

- Supporting Pupils with Medical Conditions (DfE) (December 2015)
- Children and Families Act 2014
- Equality Act 2010
- SEND Code of Practice (2015)
- Department of Health (2015), Guidance on the use of emergency salbutamol inhalers in schools

Asthma is considered a disability under the Equality Act 2010 when it has a substantial and long-term effect on normal day-to-day activities.

3. Roles and Responsibilities

3.1 Principal, Governors & Senior Management Team:

- Support school community to implement this policy.
- Ensure enough trained staff are available to implement this policy, including in contingency and emergency situations, and that staff are competent before they are responsible for supporting children with asthma.
- Ensure all appropriate staff are aware of a pupil's medical condition.
- Ensure all pupils with asthma have an individual healthcare plan (IHP).
- Cascade relevant information to school staff and pupils.

3.2 School Staff:

Knowledge

- Read and understand the school's asthma policy and attend school asthma training yearly.
- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- Know which students have asthma.
- Be aware that asthma can affect a student's learning and provide extra help when needed.
- Be aware of children with asthma who may need extra support.
- Know where to locate inhalers.

Supporting asthma management in your school

- Allow all pupils to have immediate access to their emergency medicines. All pupils are encouraged to carry where possible and administer their own inhaler when their parents/carers and health care provider determine they can start taking responsibility for their condition. Pupils, who do not carry and administer their own inhaler, should know where their inhalers are stored.
- Ensure pupils have the appropriate medicines with them or nearby during activity or exercise and are allowed to take it when needed.
- Ensure pupils who carry their inhalers and spacers with them, have them when they go on a school trip or out of the classroom.
- Staff to ensure they are aware of any asthma action plans and risk assessments for children they are taking on trips or to off-site activities.
- All staff attending off site visits should be aware of any pupils on the visit with asthma. They should be trained about what to do in an emergency.
- Ensure pupils with asthma are not excluded from activities they wish to take part in.
- Understand asthma and the impact it can have on pupils. If school identify a pattern or are concerned about an individual pupil, they will inform parent/carer and advise medical advice should be sought.
- Get involved in the whole school training around asthma and use opportunities such as Personal Social Health Education (PSHE) to raise pupil awareness about asthma (see link for materials) www.asthma.org.uk

Communication and record keeping

- Maintain effective communication between parents/carers and the school including:
- Informing parents/carers if their child has been unwell at school or if there is a pattern of

asthma symptom.

- Liaise with parents/carers, the pupil's healthcare professionals, and special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition.
- Staff must record the usage.
- Parents should be notified when the emergency inhalers have been used.

3.3 The First Aid Appointed Person:

- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Support the development of IHPs, ensuring they are signed and recorded correctly.
- Maintain the school asthma register.
- Ensure that information about a child's medical needs is kept up to date.
- Ensure that written records are kept of all medicines administered to pupils.

3.4 Pupils (Without asthma):

- Learn about asthma, the signs, and symptoms and what to do in an emergency.

3.5 Pupils (With asthma):

- Be fully involved in discussions about their medical needs and their IHP.
- Tell someone if they are feeling wheezy or breathless and may need their inhaler.
- Know what things can make their asthma worse and tell a member of staff, so they can help them avoid it.

3.6 Parents/Carers:

- Inform the school if their child has asthma.
- Be involved in developing and reviewing their child's IHP.
- Ensure their child has an up-to-date personal asthma plan from their doctor or specialist healthcare professional which is shared with the school.
- Inform the school of any changes to their child's condition.
- Ensure their child has regular reviews with their doctor or specialist healthcare professional.
- Provide evidence of appropriate prescription and written permission for medicines to be administered by school staff.
- Inform the school about the medicines their child requires during school hours.
- Provide the school with one inhaler and spacer, labelled with their full name and date of birth, in the original packaging detailing the prescription.
- Even when students carry their own inhalers and spacer it is essential parents/carers provide the school with a spare.
- It is the parent's responsibility to ensure new and in date medicines come into school on the first day of the new academic year. Ensure that their child's medicines are within their expiry dates and dispose of out-of-date medicines.
- Inform the school of any medicines the child requires while taking part in visits, outings, field trips and other out-of-school activities such as school sports events.
- Parents need to confirm in writing, where consent is not given to the school, to administer salbutamol in the case of an emergency.
- Ensure that they or a nominated adult is contactable at all times.

4. Asthma Register and Individual Health plans

- All pupils diagnosed with asthma will be recorded on the school IHP master register and the

school asthma register.

- Pupils with complex needs, frequent attacks, or additional SEMH/SEND needs will have an Individual Healthcare Plan (IHP).
- IHPs will outline triggers, symptoms, medication, emergency procedures, and support strategies.

5. How to recognise an asthma attack

The Academy recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully, prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur as all staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack.

The Department of Health guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

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

6. How to respond to an asthma attack

If the pupil is showing the symptoms listed above, it is important that all staff know how to manage the pupil experiencing the asthma attack. They should follow the guidance below for responding to the 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
- Shake the inhaler and remove the cap
- Place the mouthpiece between the lips, or place the mask securely over the nose and mouth
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths)
- If there is no improvement, repeat these steps 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 Academy activities when they feel better.
- If you have had to treat a pupil for an asthma attack in the Academy, it is important that the parents/carers are informed and advised that they should make an appointment with the GP
- If the pupil has had to use 6 puffs or more in 4 hours the parents should be made aware, and they should be seen by their doctor/nurse.
- If the pupil does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

Parents will be contacted to meet the ambulance at the Academy to accompany their child, however

if this is not possible a member of staff will accompany the pupil to hospital by an ambulance and stay with them until a parent or carer arrives.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE PUPIL:

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

7. Safe storage and disposal

- All inhalers are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the pupil's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medicines are stored in accordance with instructions paying particular note to temperature.
- All inhalers and spacers are sent home with pupils at the end of the school year.

Emergency Medicine

- Emergency medicines are readily available to pupils who require them at all times during the school day whether they are on or off site. The inhaler should only be used for children who have a diagnosis of asthma and are prescribed a reliever inhaler. In this instance there should be a separate parental consent form. This inhaler can only be used if the pupil's own inhaler is not available to them. To avoid possible risk of cross infection the plastic spacer is NOT to be reused. School to return the inhalers to the community pharmacy for safe disposal. School to obtain a new spacer as per guidance on obtaining an inhaler and spacer.
- The asthma register should be kept with the emergency inhaler, along with confirmation of parental consent to use the emergency inhaler.
- Schools can buy inhalers and spacers from a pharmaceutical supplier, such as a local pharmacy, without a prescription. Schools can buy inhalers in small quantities provided it is done on an occasional basis. Please note that pharmacies are not required to provide inhalers or spacers free of charge to schools, the school must pay for them as a retail item.

A supplier will need a request signed by the Principal (ideally on appropriately headed paper) stating:

- the name of the school for which the product is required;
- the purpose for which that product is required,
- the total quantity required.

Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler.

https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

Pupils who are self-managing are reminded to carry their inhalers and spacers with them at all times.

7.1 Disposal

- Parents/carers are responsible for collecting out of date medicines from school.
- The first aid appointed person is responsible for checking the dates of medicines and arranging for the disposal of those that have expired. This check is done at least once a month. The check

should ensure that the inhaler and spacers are present, in working order, have enough doses and are in date.

- Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years (https://www.gov.uk/waste-carrier-or-broker- registration).

8. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Equality information and objectives
- First Aid
- Supporting Pupils with Medical Conditions
- Health and Safety
- Child Protection (and Safeguarding)
- SEN information report and policy