Homer First School and Nursery
Asthma Policy

Headteacher & Asthma Lead: Mrs Sharma
Asthma Champion: Mrs Mirfin
School Nursing Team: Paediatric Respiratory Team, Wexham Park Hospital (Frimley NHS Foundation Trust)

Mission Statement:

At Homer First School & Nursery we believe in an ethos that values the whole child. We strive to enable all children to achieve their full potential academically, socially and emotionally.

Aims

The aims of this policy are:

To ensure that we provide all our children with the best quality of care we can; that they are safe, healthy, happy and therefore able to learn to the best of their ability.

To ensure the safe and legal use of medication in the school environment;

To ensure that pupils, staff and parents understand how our school will support pupils with medical conditions;

To ensure that pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

Introduction

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 pupils.

Asthma

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger),

the muscles around the walls of the airways tighten so that the airways become narrower, and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

Homer First School & Nursery recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school 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, their employers (the local education authority) and pupils. We endeavour to do this by ensuring we have:

- An asthma register
- An up-to-date asthma policy
- An asthma lead and champion
- All pupils with immediate access to their reliever inhaler at all times
- All pupils have an up-to-date asthma action plan
- Two emergency salbutamol inhalers
- All staff regularly receiving asthma training
- Promote asthma awareness to pupils, parents and staff

Supply teachers and new staff are also made aware of the policy.

Legislation

Local authorities, schools and governing bodies are all responsible for the health and safety of pupils in their care. This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

This also meets the requirements of:

The Disability Discrimination Act 1995 (DDA),

The Special Educational Needs and Disability Act 2001 (SENDA) and

The Special Educational Needs and Disability Act 2005 and Equality Act (2010).

These acts make it unlawful for service providers, including schools, to discriminate against disabled people.

Other relevant legislation includes:

The Education Act 1996,

The Care Standards Act 2000,

The Health and Safety at Work Act etc. 1974,

The Management of Health and Safety at Work Regulations 1999

The Medicines Act 1968.

Asthma Register

We have an asthma register of children within the school, which we update annually or when circumstances change. When parents/carers inform us that their child is asthmatic or has been prescribed a rescue inhaler we ensure that the pupil has been added to the asthma register and has:

• an up-to-date copy of their personal asthma action plan,
• their rescue device (salbutamol inhaler and spacer / Symbicort turbohaler) in school,
• permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

Asthma Lead & Champion

This school has an asthma lead who is named above. It is the role of the Asthma Lead to facilitate the resources required to implement and maintain the school's Asthma Friendly Status. These resources include the provision of time for staff to complete required training and implement the Asthma Friendly Schools programme. This school has an Asthma Champion who is named above. The Asthma Champion has attended specific Asthma Champion training provided by the Frimley Health Respiratory Nursing Team and continue to attend yearly training updates. It is the responsibility of the asthma champion to implement the Asthma Friendly School programme, including management of the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) and ensure measures are in place so that children have immediate access to their inhalers.

Medicines

As from October 2014 the Human Medicines (Amendment) (N0.2) Regulations 2014 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

To conform with the above, Homer First School & Nursery will be operating an Opt Out policy for permission to use the emergency inhaler when required.

Parents wishing to opt out, must contact the school in writing, and ensure that their child has suitable medication to cover all eventualities.

Children who are known to suffer from Asthma are requested to have ONE reliever, either salbutamol (usually blue) or their Symbicort Turbohaler (white and red) at all times, and a spacer.

Some children may have a Maintenance and Reliever Therapy (MART) Symbicort Turbohaler. This inhaler is taken morning and night as a preventer inhaler and used as needed to relieve symptoms rather than the blue salbutamol inhaler.

Preventers, (brown inhalers) are not permitted under any circumstances unless we are advised by the Asthma Nurses that there has been a change in the recognised way that Asthma is treated in schools.

All children are encouraged and trained in using their inhalers themselves. However, where there are problems, staff have been trained to help administer where needed. Although school staff are under no legal requirement to administer any medication in school, staff at Homer First School & Nursery who have undergone training are happy to assist if a child needs help.

The inhaler and spacer are kept in plastic wallets stored in a clear plastic box for the sole use of asthma and anaphylaxis medication. Reliever inhalers are immediately accessible and are kept in classrooms. Each time a child uses their inhaler, it is logged electronically via the First Aid app which communicates details directly to parents, as well as to the school asthma lead.

All children who are on the Asthma register know where to find their inhaler and have been trained in how to use it.

Class teachers are responsible for ensuring that Asthma bags are taken wherever the class goes e.g. the hall for P.E. and out on school trips to enable children have immediate access should they require an inhaler.

The Staff are also aware that only inhalers, spacers, epi-pens and antihistamine are allowed in these bags and know to record any usage as and when it occurs. If there is excessive use of an inhaler, the class teacher will inform the Headteacher. The Headteacher in turn will advise the child's parents accordingly. If any member of staff thinks that an inhaler is being used too often, or is any doubt about the usage of an inhaler, they will ensure that the Headteacher is notified and they will contact the parent to advise them. (It could be that the preventer medication is not working as it should be).

All Asthma bags are checked ½ termly. Letters or texts reminding parents that an inhaler is about to expire are sent out approximately 4 weeks prior to the inhaler going out of date.

Out of date inhalers are returned home with a subsequent request for a new one if one hasn't been sent in by this time. Ultimately it is the parents' responsibility to ensure that all reliever inhalers are in date and are on school premises.

All inhalers in class have the child's name clearly adhered to them (the actual inhaler and the box), so there is no chance of it being used by the wrong child.

A register is kept of all children with inhalers. An annual audit it taken each September and letters are sent out to all parents of children who are on the Asthma Register to remind them of current inhalers held in school. These letters advise whether action is required or not.

Staff Training

In order to maintain our asthma friendly school status a minimum of 85% of staff are required to complete training via Education for Health Supporting Children's Health and Young People with Asthma (educationforhealth.org). This training provides a 2-year certificate.

Asthma Attacks

The school 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. All staff will receive regular asthma updates, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition, guidance will be displayed in all classrooms and common areas.

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 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)

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below.

However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

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

It goes on to explain that 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
- *Shake the inhaler and remove the cap
- *Place the mouthpiece between the lips with a good deal, 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 school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child 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 child 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
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all external PE teachers at the school are made aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers and TAs will remind pupils whose asthma is triggered by exercise, to thoroughly warm up and down before and after the lesson. As stated before, the class teacher will ensure that the child's medicine bag is brought to the hall or outside depending on where the activity is taking place. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

When asthma is affecting a pupil's education

The school is aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting on their life as a pupil and they are unable to take part in activities, are tired during the day or falling behind in lessons, we will discuss this with parents/carers, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review their inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, the school recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010 and therefore may have additional needs because of their asthma.

Offsite Visits

Children with Asthma going off school premises for any reason must be in a group led by a member of staff. The only exception to this rule is if the child's own parent is helping.

Emergency Salbutamol Inhalers in school

As a school we are aware of the guidance (The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015) which gives guidance on the use of emergency salbutamol inhalers in schools.

The school has two Emergency Asthma Inhaler Kits in school. One is located in the First Aid area and the other in the school office. Staff are aware that the kit in the school office is the one to be taken to off-site trips and activities as an emergency back-up and that it must be returned to the school office after the event.

Each kit contains:-

- a salbutamol metered dose inhaler
- two aerochambers with flow vu spacers
- instructions on using the inhaler and spacer
- instructions on cleaning and storing the inhaler
- manufacturer's information
- a checklist of inhalers, identified by their batch number and expiry date, with half termly checks recorded
- a note of the arrangements for replacing the inhaler and spacers
- a list of children permitted to use the emergency inhaler
- a record of administration

Following the use of an emergency inhaler, the plastic housing which holds the canister of the inhaler will be washed and dried as per manufacturers instructions and can be used again. Once the plastic spacer has been used this should be sent home with the child with a request that the family replace it. It should not be used by another child. In the meantime, the school should replace the spacer. Alternatively, if able to do so, use the child's personal spacer to administer the school's emergency inhaler.

The Salbutamol inhaler has 200 puffs , so when it gets to 150 puffs having been used, we will order a replacement. Any puffs should be documented so that it can be monitored when the inhaler is running out.

Those who are on a Symbicort (white and red) MART regime can safely be administered the school emergency salbutamol in the event of their devise being empty, not being available or broken.

These are checked and recorded quarterly.

Audits are undertaken by the School Nurse attached to Homer First School & Nursery and support given where required.

We endeavour to have a meeting with all children diagnosed with Asthma once a term to enable children to meet each other and ask questions about what Asthma means to them.

References

- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines
- BTS/SIGN asthma guidelines
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools