

Asthma Guidance

On average 1 in 10 children has asthma. Kingstone Academy Trust (KAT) recognises that asthma is a widespread, serious but controllable condition, and the schools welcome all students with asthma

1. Introduction and Context

- KAT ensures that students with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out of hours school activities
- KAT recognises that students with asthma need immediate access to reliever inhalers at all times
- KAT keeps a record of all students with asthma and the medicines they take
- KAT ensures that the whole school environment, including the physical, social, sporting and educational environment, is a favourable to students with asthma
- KAT ensures that all students understand asthma
- KAT ensures that all staff (including supply teachers and support staff) who come into contact with students with asthma know what to do in an asthma attack
- KAT understands that students with asthma may experience bullying and has procedures in place to prevent this
- KAT will work in partnership with all interested parties including the all school staff, school nurses, parents/carers, doctors, nurses and students to ensure the policy is planned, implemented and maintained successfully.

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. Definition

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 students can be well for long periods of time and then have sudden acute and at times severe relapses (Asthma U.K. 2012).

Record Keeping

At the beginning of each school year, or when a student joins the school, parents are asked if their student has asthma or other relevant medical conditions. If medication changes in between times, parents are asked to inform the school immediately.

Physical Education

Taking part in sports is an essential part of school life. Students with asthma are encouraged to participate fully in PE. Teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson. If a student needs to use their inhaler during the lesson they will be encouraged to do so.

When a Student is Falling Behind in Lessons

If a student is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the Form Tutor will initially talk to the parents. If appropriate the teacher will then talk to the School Nurse, Pastoral Leader and / or Special

Educational Needs Co-ordinator about the situation. The school recognises that it is possible for students with asthma to have special educational needs.

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 breath. 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 students will express the feeling of tightness in the chest as a tummy ache.

The symptoms however are rapidly reversible with appropriate medication.

3. Aims

The major principle underlying the policy is immediate access for all students to reliever medication. Therefore every asthmatic student should carry their own inhaler, wherever possible, both in school at Physical Education (PE) and on school trips. Inhalers and spacer devices should have the student's names clearly marked. In the event of an inhaler being lost parents/carers are asked to bring in a spare which will have the student's name clearly marked.

School staff are not required to administer medication to a student except in an emergency; however, many of our staff are happy to do this. School staff who agree to do this are insured by KAT when acting in accordance with this policy.

3.1 Medication

Immediate access to reliever inhalers is vital and students are encouraged to carry their reliever inhaler with them.

Parents are asked to ensure that the school is provided with a labelled spare reliever for this purpose, to be kept in the main office.

3.2 Asthma Attacks

Many environmental aspects can have a profound effect on a student'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 materials that are potential triggers for asthma. This includes curriculum materials in art, DT and science, cleaning materials and personal items such as aerosol sprays (perfumes and deodorants).

b) Animal Fur and Hair

Some students 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 students 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. Students may require extra vigilance.

d) Sport

Students with asthma should be encouraged to participate in sports however teachers need to be mindful that exercise may trigger asthma. Students should effectively warm up before exercise and cool down following exercise. Reliever inhalers should be taken in to P.E. lessons and when the students are playing outside sports the P.E teacher may hold them.

3.3 Access to Reliever Medication

1. Asthmatic students must have immediate access to reliever inhalers at all times. If the student does not carry their device it must be immediately accessible if required and school staff and teachers should know where the device is.
2. Students should all carry their own devices and self-administer their reliever medication.
3. At the start of each school year a student 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 student on the last day of the summer term.
4. In addition to the reliever device held by the school every student should have their own reliever that they keep with them.
5. All staff must know where the reliever devices are kept.

3.4 What to do if a Student has an Asthma Attack

If an asthmatic student 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 student sit in a position they find most comfortable. Many students find it most comfortable to sit forwards with their arms crossed on the table.
3. Ensure the student has 2 puffs of their usual reliever.

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

1. Give 2 puffs of the school reliever inhaler provided by the parents, (preferably via their spacer or aero chamber if supplied).
2. STAY WITH THE STUDENT. The reliever should work in 5 – 10 minutes
3. If the symptoms disappear, the student can return to the lesson as normal.
4. If symptoms have improved but not disappeared then:

- Give 1 puff of the reliever inhaler every minute for 5 minutes
- Stay with the student

After the Attack

- Minor attacks should not interrupt a student's involvement in school. When they feel better they can return to school activities.
- The student's parents must be told about the attack.

3.5 What to do if the Student has Worsened

Only when symptoms fail to be reversed medical attention must be sought

HOW TO RECOGNISE A SEVERE ATTACK

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

MANAGEMENT OF A SEVERE ASTHMA ATTACK

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

4. Actions and Responsibilities

The **Board of Trustees** will ensure that:

- the asthma policy is effectively monitored and regularly updated

The **Headteacher** will ensure that:

- the school's asthma policy is planned in line with devolved national guidance
- the plan is put into action, with good communication of the policy to everyone
- every aspect of the policy is maintained
- the training and development needs of staff are assessed and arrange for them to be met
- ensure all supply teachers and new staff know the school asthma policy
- regularly monitor the policy and how well it is working
- delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register

5. Notes to the Policy

Special Areas for Concern

1. Many teachers are concerned that an unsupervised student 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 students.

2. Many teachers are concerned that using the device of another student will leave them vulnerable to legal action or criticism. Teachers are reminded they have a duty of care to the students in school. Taking no action or not using another device 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. Students with known exercise induced asthma will need to take their reliever immediately prior to exercise.

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 or the parents/guardian.

5. In an event of an uncertainty about a student's symptoms being due to asthma, TREAT AS FOR ASTHMA. This will not cause harm even if the final diagnosis turns out to be different.

Students with Special Educational Needs

Students who are statemented under Part III of the Education Act 1996 receive a statement of special educational needs. It is possible that for any of these students 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 statement.