Asthma Guidance Policy for Staff

**Key Points**

**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.**

**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.**

**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.**

**Environment**

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.

**Access to Reliever Medication**

* 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.
* Students should all carry their own devices and self-administer their reliever medication.
* At the start of each school year a student should bring in a spare new reliever device (and spacer if required) clearly labelled with his/her name. This will be kept in the main school office). 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.
* All staff must know where the reliever devices are kept.

**PROCEDURE: 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.

**If symptoms have improved but not disappeared then:**

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

**PROCDEURE: What to do if the Student has Worsened**

1. **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

1. **MANAGEMENT OF A SEVERE ASTHMA ATTACK**

* STAY WITH THE STUDENT
* Call 999 or send someone else to call 999 immediately - Inform them the student is having a SEVERE ASTHMA ATTACK AND REQUIRES IMMEDIATE ATTENTION.
* Using the student’s reliever and a 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 breath 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.
* Contact the parents/carers and inform them what has happened.

**Staff Responsibilities**

All school staff have a responsibility to:

• know which students they come into contact with have asthma

• know what to do in an asthma attack

• allow students with asthma immediate access to their reliever inhaler

• tell parents/carers if their student has had an asthma attack

• tell parents/carers if their student is using more reliever inhaler than they usually would

• ensure students have their asthma medicines with them when they go on a school trip or out of the classroom

• ensure students who have been unwell catch upon missed school work

• be aware that a student may be tired because of night-time symptoms

• keep an eye out for students with asthma experiencing bullying

• inform Form Tutors or Head of House if a student is falling behind with their work because of their asthma.

**Specific Responsibilities for PE teachers**

PE teachers have a responsibility to:

• understand asthma and the impact it can have on students. Students 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 students have their reliever inhaler with them during activity or exercise and are allowed to take it when needed

• if a student 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 students with asthma should wait at least five minutes)

• remind students with asthma whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up

• ensure students with asthma always warm up and down thoroughly.

**Special Areas for Concern**

1. Some 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. Some 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.