

SHEFFORD LOWER SCHOOL

Asthma Policy



Reviewed: P. Finch, H Sparrow January 2023	Adopted by staff: January 2023	Ratified by governors: May 2023	Next review: 2025
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INTRODUCTION

We are an asthma friendly school and have audited our school practices and procedures in line with the recommendations in this policy. This means we advocate inclusion, are clear on our procedures and have designated Asthma Leads to ensure these are adhered to.

We welcome parents/carers' and students' views on how we can continue to improve and build upon our standards.

The school recognises that asthma is a prevalent, serious but manageable condition and we welcome all students with asthma.

We ensure all staff are aware of their duty of care to students. We have a 'whole school' approach to regular training so staff are confident in carrying out their duty of care, and students know what to do if a child with asthma feels unwell.

Our two School Designated Asthma Leads are:

1 .Lucy Leeson

Role: Office Manager

2 . Donna Pashley

Role: School Administrator

Aims

Shefford Lower School:

- Welcomes all children/young people with asthma
- Will encourage and help children/young people with asthma to participate in all aspects of school life
- Recognises that asthma is an important condition affecting many children/young people of school age
- Recognises that immediate access to inhalers is vital
- Will do all it can to ensure that the school environment is favourable to asthmatic children/young people
- Will ensure that all other pupils understand asthma so that they can support their friends; and so those with asthma can avoid the stigma sometimes attached to this condition
- Where required, we can ensure a semi private area for children who are uncomfortable taking their medication in front of others
- Staff have a clear understanding of what to do in the event of a child having an asthma attack
- Will work in partnership with parents, school governors, health professional,

school staff and children to ensure the successful implementation of a school asthma policy

WHAT IS ASTHMA?

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:

1. the muscles around the walls of the airways tighten so that the airways become narrower
2. the lining of the airways becomes inflamed and starts to swell
3. 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.

In the UK, around 5.4 million people are currently receiving treatment for asthma. That's one in every 12 adults and **one in every 11 children**. Asthma affects more boys than girls. Asthma in adults is more common in women than men. Asthma can sometimes be defined as a type, such as 'occupational'. Approximately five per cent of people with asthma have severe asthma.

Having asthma has implications for a child's schooling and learning. Appropriate asthma care is necessary for the child's immediate safety, long-term well-being, and optimal academic performance. Whilst some older children may be fully independent with their condition younger children, children with learning difficulties or those newly diagnosed are likely to need support and assistance from school staff during the school day, to help them to manage their asthma in the absence of their parents/carers.

The 2010 Children, Schools and Families Act and the Children and Families Act 2014 introduce a legal duty on schools to look after children with medical conditions. This is inclusive of children with asthma and it is therefore essential that all school staff and those who support younger children have an awareness of this medical condition and the needs of pupils during the school day.

Responsibilities:

Head teachers, Governors & Senior Management Team:

- Support school community to implement the policy.
- Signing off of the self-audit.
- Cascade relevant information to school staff and pupils.

Students:

Without asthma

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

With asthma

- Tell someone if you are feeling wheezy or breathless and may need your inhaler.

- Know what things can make your asthma worse and tell a member of staff, so they can help you avoid it.
- Attend school asthma support sessions.

Parents/Carers:

Inform the school if their child has asthma.

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.

Parents need to confirm in writing, where consent is not given to the school, to administer salbutamol in the case of an emergency.

Medicines

- 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.

School Staff:

Knowledge

- Read and understand the school's asthma policy and attend school asthma training yearly (as part of the medicines management training, as directed by the head teacher).
- 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.

Supporting asthma management in your school

- Allow all students to have immediate access to their emergency medicines. All students are encouraged to carry and administer their own inhaler when their parents/carers and health care provider determine they are able to start taking responsibility for their condition. Students, who

do not carry and administer their own inhaler, should know where their inhalers are stored.

- Ensure students have the appropriate medicines with them during activity or exercise and are allowed to take it when needed.
- Ensure students who carry their inhalers and spacers with them, have them when they go on a school trip or out of the classroom.
- All staff attending off site visits should be aware of any students on the visit with asthma. They should be trained about what to do in an emergency.
- Ensure students with asthma are not excluded from activities they wish to take part in.
- Understand asthma and the impact it can have on students. If school identify a pattern or are concerned about an individual student they will inform parent/carer and advise medical advice should be sought.

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.
- Communicate any parental/staff concerns and updates to the designated Asthma Leads.
- Liaise with parents/carers, the student's healthcare professionals, and special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition.
- If an inhaler has been used
- Staff must record the usage in the record of emergency inhaler administered form.
- Staff must inform the designated asthma lead if a school emergency inhaler has been used.
- Parents should be notified when the emergency inhalers has been used.

Designated Asthma Leads:

The Designated Asthma Lead will:

- Attend the Asthma Lead training provided by the School Nursing Service, updating knowledge and skills at least every 3 years.
- Ensure there is an up to date school asthma register.
- All children on the register have opt out consent status recorded for use of emergency salbutamol inhaler, their own inhaler and spacer and personal asthma plan shared with the school.
- Share the asthma register with staff and the School Nursing Service.
- Parents/carers should be notified by the designated asthma lead if a student is using their inhaler an additional 3 times per week, over what is stated on their care plan.
- If a student refuses to use their inhaler or spacer the parent should be informed.
- Arrange school-based asthma support sessions, these can be through assemblies, parent updates, form time or PSHE time.
- Carry out an Asthma Friendly School Audit annually with Senior Team and publish the policy on the school website.

- Be confident to support in an emergency situation.

Medicines

Asthma Leads will ensure that:

- Schools have an adequate supply of Emergency kits and know how to obtain these from their local pharmacy.
- Emergency kits are checked regularly and contents replenished immediately after use.
- The blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant Emergency kit after use.
- Individual spacers are washed regularly according to instructions; washed in warm soapy water and left to dry for approximately 15 minutes.
- Expiry dates of all medicines are checked half termly, and impending expiry date are communicated to parent/carer.

School Nursing Team:

- Provide a rolling programme of Asthma Leads training. Staff to attend every 3 years.
- **Deliver medicines needs training to schools.**
- Ask about asthma in appropriate school nurse contacts.
- Liaise with the child, parent/carer, school and other healthcare professionals to support effective asthma management where required.
- Support schools with the implementation of Bedfordshire Asthma Friendly Schools.
- Keep up to date records of training offered and attended.

Additional Information:

PE and activities

- Children and young people with asthma will have equal access to extended school activities school productions, after school clubs and residential visits.
- PE teachers will be sensitive to students who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents/carers should be made aware so medical help may be sought.
- Staff will have training and be aware of the potential social problems that students with asthma may experience.
- Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of asthma amongst students and to help create a positive social environment and eliminate stigma. School staff understand that pupil's with asthma should not be forced to take part in activity if they feel unwell.
- Staff are trained to recognise potential triggers for pupil's asthma when exercising and in other settings and are aware of ways to minimise exposure to these triggers.
- Physical Education (PE) teachers should make sure students have their inhalers with them during PE and take them when needed, before during or after PE.

- Risk assessments will be carried out for any out of school visit and asthma is always part of this process. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency. We recognize there may be additional medicines, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.
- In an emergency situation school staff will be required under common law duty of care, to act like any reasonable parent. This may include administering medicines. We have posters on display in school that reiterates the steps to take during an emergency.

School environment

- The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack.
- Smoking/Vaping is explicitly prohibited on the school site.
- We are aware that chemicals in science, cookery and art have the potential to trigger an asthma response and will be vigilant to any student who may be at risk from these activities. We will not exclude students who are known to have specific chemical triggers but will endeavour to seek an alternative.
- Cleaning and grass cutting should, where possible, be carried out at the end of the school day. When not possible, staff will reduce exposure where possible by shutting windows and/or offering alternative places for break or lunchtimes to students where this is a trigger.
- Staff will be made aware of high air pollution, high pollen days and reduce exposure or modify student activities/medications accordingly.

Students who miss time off school due to their asthma

- As a school we monitor student absence. If a student is missing a lot of time off school due to their asthma or we identify they are constantly tired in school, staff will make contact with the parent to work out how we can support them.
- The school will liaise with the School Nurse and/or other health professional to ensure the student's asthma control is optimal.

Asthma Attacks

- Staff are trained to recognise an asthma attack and know how to respond. The procedure to be followed is clearly displayed on posters.
- If a child has an asthma attack in school a member of staff will remain with them throughout, and administer their inhaler in accordance with the emergency procedure. **(No student will ever be sent to get their inhaler in this situation, the inhaler will be brought to the student).**
- Emergency services and parents/carers will be informed.
- A member of staff will accompany the student to hospital until their parent/care giver arrives.

Safe Storage and Disposal

- All inhalers are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the student'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 students at the end of the school year. Medicines are not stored in school over the summer holidays.

Emergency medicine

- Emergency medicines are readily available to students who require them at all times during the school day whether they are on or off site.
- Students who are self-managing are reminded to carry their inhalers and spacers with them at all times.

Disposal

- Parents/carers are responsible for collecting out of date medicines from school.
- A named member of staff is responsible for checking the dates of medicines and arranging for the disposal of those that have expired. This check is done at least 3 times a year/termly.
- 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>).

OUT OF HOURS SPORT/AFTER SCHOOL CLUBS INVOLVING SPORTS

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

Classroom teachers and out of school hours sport coaches are made aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

Parents can access more information about the benefits of sport from the Asthma UK advice line on 08457 01 02 03 or on line at www.asthma.org.uk

DISCLAIMER

Shefford Lower School cannot accept responsibility for any child whose parent/guardian has not provided an inhaler for use by their child during the school day.

The school will contact parents/guardians of those children whose inhaler has not been provided if/when the individual has an asthma attack during the school day. If a School Asthma Card has been completed the school emergency inhaler will be used and the school will telephone for an ambulance and parents/guardians will need to accompany their child to the hospital in the ambulance where possible; in all other cases a member of staff will be present.