Melrose Education
SCHOOL

Asthma Policy

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This policy has been developed in accordance with:

- Children and Families Act 2014, Section 100
- Equality Act 2010
- Special Educational Needs and Disability (SEND) Code of Practice
- DfE Statutory Guidance: Supporting Pupils with Medical Conditions at School
- Human Medicines (Amendment) (No. 2) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- First Aid Policy
- Medication Policy
- Educational Visits Policy

Melrose Education and its subsidiaries are committed to supporting the uninterrupted education in its schools of learners with asthma. This policy provides basic information about asthma and how we support learners with this condition. Melrose Education recognises that asthma may constitute a disability under the Equality Act 2010. Reasonable adjustments will be made to ensure learners with asthma can participate fully in school life.

It is estimated that one in ten children in the UK suffer from asthma. That equates to around 1.1 million children, around two in every classroom.

This briefing is intended to provide basic information for school staff. Details of more comprehensive guidance are listed in the Further Guidance section at the end of this document.

All learners attending our schools who have an asthma diagnosis will have an individual Education and Health Care Plan in place, prior to their start date, and this will be reviewed termly, or more frequently if required. The school will then create and Individual Health Care Plan (IHP) and put in place a suitable risk assessment.

What is Asthma?

Asthma is a condition of the air passages, the small tubes that carry air in and out of the lungs. When a child or young person comes into contact with an asthma trigger the muscles around the small air passages tighten and the linings of the air passages become inflamed and irritated, making it difficult to breathe. Often thick sticky mucous is produced. Learners with asthma may have airways that are always sensitive and easily irritated.

Individual learners are affected by asthma in different ways. Some may have very occasional symptoms such as coughing, shortness of breath or a feeling of tightness in the chest, whereas others may suffer these symptoms more frequently and some may even have symptoms every day (or night). Learners with asthma that is not under control may cough at night which interrupts their sleep and can make them tired during the school day.

What is an Asthma Trigger?

A trigger is anything that irritates the airways and leads to asthma symptoms. There are many triggers and people may have different triggers because nobody's asthma is the same. Some common triggers are:

- viral infections
- dust (house dust mite)
- pollen and moulds
- smoking (including second hand tobacco smoke)
- furry and feathery animals
- exercise
- pollution
- emotion (laughter, excitement, stress)

- chemicals and fumes/perfumes
- changes in temperature

Supporting Learners with Asthma in School
Our school staff are willing to help learners to take their inhaler. This is nevertheless voluntary, except in an emergency. Where information or training is needed this will be provided by Melrose Education for staff to be able to carry out their role.

At our schools, most learners will only need to take their inhaled medication. Every learner with asthma should have their own named reliever inhaler in school, prescribed by their doctor or asthma nurse (with a prescribing qualification). Learners with asthma should always have their inhaler either on them or nearby. Inhalers should never be kept in a locked cupboard or drawer.

All staff will receive asthma awareness training at induction and at least annually thereafter. Staff responsible for administering medication shall receive additional practical training. Schools should keep a spare inhaler for use in an emergency where a child's/learner's own inhaler is not available, provided parental consent has been given.

Asthma Register
All schools will maintain an Asthma Register of learners within the school, which will be updated annually through parent /carer information. Where parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler school will ensure that the learner has been added to the asthma register and has:

- Gained consent to use the school's emergency inhaler if the learner does not have their own inhaler with them.
- Where appropriate, request for a reliver inhaler to be in school with an appropriate spacer.
- Request a copy of the personal asthma action plan (PAAP) for each learner with asthma.

Asthma Medication
Most learners with asthma will use an inhaler to take their medication. There are different types of inhalers – relievers and preventers.

Reliever Inhalers (usually blue) - the most common asthma medications seen in school are blue reliever asthma inhalers, used by the majority of children. Blue reliever inhalers give immediate relief from asthma symptoms by dilating the small airways, opening up the air passages, and making it easier to breathe.

Preventer inhalers (usually brown but can be orange) - these types of inhalers prevent inflammation and swelling in the airways and mean that people will be less likely to react to their asthma triggers. Unlike reliever inhalers, they do not give immediate or quick relief when someone is breathless, and their protective effect builds up over time. They need to be taken every day as prescribed (normally morning and evening), even if the person is feeling well. Learners who use a preventer inhaler still need to always carry their blue reliever inhaler because this is the inhaler which acts quickly to relieve symptoms when they come on.

If learners do not have their emergency reliever inhaler to hand the chances of a medical emergency developing increase. Inhalers must therefore be always readily accessible.

If the learner is not able to carry their inhaler themselves it should be stored in an easily accessible place and clearly marked with the learner's name, in the original box and the learner and staff must know where it is stored. Inhalers should also be rapidly accessible to learners when they are doing PE or other activities which might trigger an attack.

At our schools, we insist on provision of a spare inhaler (provided by the parent) which is kept in the school office or medical room in case of emergencies, or in case the school is evacuated. The school will maintain an emergency salbutamol inhaler and spacer(s) where appropriate.

Asthma Attacks
An asthma attack can cause severe distress to the learner and can be a frightening experience for all those involved.

Asthma UK advise that all staff that come into contact with learners should be able to recognise an asthma attack and know what they can do to help or get help.

In cases of emergency, teachers must, of course, always be prepared to help as they and other school staff in charge of learners have a general legal duty of care to act as any prudent parent would. In such emergencies however, teachers should do no more than is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.

When a learner has an asthma attack, they should be treated according to their individual care plan.

Common signs of an asthma attack
The learner may be:

- coughing
- short of breath
- wheezing
- complaining of a tight feeling in the chest
- unusually quiet
- having difficulty speaking/completing sentences
- complaining of tummy ache (younger children)

What to do if a learner is having an asthma attack:

- keep calm and reassure the learner
- encourage the learner to sit up
- make sure the learner takes two puffs of their reliever inhaler immediately (preferably through their spacer)
- Staff will follow the individual healthcare plan where one exists. In an emergency, staff will follow current NHS/Asthma + Lung UK guidance and the school's emergency inhaler protocol.
- Call 999 immediately if symptoms worsen.
- Do not leave the learner alone.
- Record all interventions.
- Inform parents immediately after emergency services have been contacted

A spacer is a plastic holding chamber with a mouthpiece or mask at one end and a hole for the aerosol inhaler at the other. Spacers help because they help to deliver the inhaled medication to the lungs. They also make the inhaler easier to use and reduce the likelihood of side effects.

Formal Record Keeping

- Schools are responsible for updating the following records following an asthma incident:
- Asthma register.
- Healthcare plans.

- Medication administration records.
- Asthma attack records.
- Emergency inhaler usage logs.
- Staff training records.

After a Minor Asthma Attack
If the learner feels better after taking their reliever inhaler their normal activities should continue. The parent should always be informed if their learner has had an asthma attack or has been asking for their inhaler more than usual. The administration of the inhaler must be recorded in accordance with the Medication Policy.

Key Messages
- Never leave a learner who is having an asthma attack or send them away. Remember – bring the inhaler to the learner, not the learner to the inhaler.
- In an emergency school staff are required under the common law, duty of care to act as any prudent parent.
- Contact the parent immediately **AFTER** calling 999.

Participation In School Activities
The DfE advises that learners with asthma should participate in all aspects of the school day, including physical activities. Having asthma should not normally prevent the sufferer from taking part in sports and games. Some learners may need to take their reliever medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Care may be necessary in cold or wet weather. However, learners who feel unwell should never be compelled to take part in physical activities. In all cases where a learner's condition is adversely affecting their schoolwork, the issue should be discussed with the learner's parents.

School Trips and Visits
Asthmatic learners need to take their reliever inhaler with them on all out-of-school activities, whatever activities are involved. We require staff to take the spare inhaler with them on any school trip or visit. Learners on residential trips may need to bring their brown preventative inhaler with them, clearly labelled, so our staff are trained in correct use of the different types of inhalers.
- All staff - especially those involved with PE activities - have training or receive information about asthma at least once a year. They are trained to recognise symptoms of an attack, know about asthma medications and what needs to be done in the event of a learner having an attack.
- Comprehensive and regularly updated individual health care plans are implemented for each learner with asthma in our schools. All staff are fully aware of which learners suffer from asthma in the school and have ready access to their individual health care plans.
- Our school environments are as 'asthma friendly' as possible, with as many potential asthma triggers removed as possible.
- medication carried by supervising staff.
- spare inhaler taken on visits.
- healthcare plans available.
- identified trained staff attending.
- emergency contact arrangements.
- asthma risks considered within trip risk assessments.

Asthma Champion (Lead)
This school has an Asthma Champion (or Asthma Lead). It is the responsibility of the Asthma Champion to manage the Asthma Register, update the Asthma Policy, manage the emergency salbutamol inhalers (referring to the Department Of Health Guidance on the Use

of Emergency Salbutamol Inhalers in School, March 2015), and ensuring measures are in place so that learners have immediate access to their inhalers. The Asthma Champion will communicate to parents/carers regarding any deterioration, in a child's condition whilst at school (or on a school activity). This may be delegated to other members of staff as appropriate.

Staff Training
Staff will access training for CYP asthma at least every two years. The training will be accessed by the NHS England CYP asthma e-learning suitable for school staff. The school commits to training as many staff as possible to ensure learners with asthma are supported in school.

Governance by Directors
- Ensuring compliance with statutory duties.
- Monitoring implementation.

Principal
- Day-to-day implementation.
- Oversight of healthcare plans.
- Ensuring staff training.

First Aid Lead
- Monitoring inhaler availability.
- Maintaining emergency inhalers.
- Recording incidents.

Staff
- Following healthcare plans.
- Recognising symptoms.
- Responding appropriately.

Parents/Carers
- Providing up-to-date medical information.
- Ensuring medication remains in date.

Learners
- Carrying inhalers where appropriate.
- Reporting symptoms promptly

Following any serious asthma incident, emergency inhaler administration, ambulance attendance, hospital admission, near miss or medication error, the school will undertake a review to identify lessons learned and update risk controls where required.

Monitoring and Reviewing
The Principal will review termly:
- numbers of learners with asthma.
- asthma attacks requiring intervention.
- emergency inhaler use.
- staff training completion.
- healthcare plan compliance.
- lessons learned from incidents.

Further Guidance
Additional information can be found at Asthma UK.

School asthma cards, information, and posters for young people to encourage them to be active with their asthma can be downloaded from Asthma UK. Asthma UK helpline on 0300 222 5800. This helpline is staffed by fully trained nurses from Monday to Friday, 9.00 a.m. – 5.00 p.m.