



# **Asthma Policy**

# Asthma Policy

## Contents

- Statement of Policy
- Indemnity
- What is Asthma?
- Medication
- Record Keeping
- Physical Education
- School Trips/Residential Visits
- Training
- Concerns
- Emergency Procedures
- Responsibilities

## 1 Statement of Policy

- 1.1 This policy has been written with advice from Asthma UK and the Department for Children, Schools and Families in addition to advice from healthcare and education professionals.
- 1.2 Sirius Trust recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. The Trust welcomes students with asthma.
- 1.3 This Trust encourages all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by; staff, parents/carers and students.
- 1.4 All staff who have contact with these children are given the opportunity to receive training from the school nursing team/specialist nurses. Updates for training are offered at regular intervals and this school will ensure attendance by staff. This will take place at least every two years and more often if there are students within the Trust who have significant asthma symptoms, or there are significant changes to the management of asthma in children.
- 1.5 Sirius Trust recognises that the developing and implementing of an asthma policy is essential.

## 2 Indemnity

Trust staff are not required to administer asthma medication to students except in an emergency. However, many staff may be happy to give routine medication on the advice of an appropriate healthcare professional. Trust staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement of this policy.

All Trust staff will allow students **immediate** access to their own

asthma medication when they need it.

### 3 What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include: cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler, but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

### 4 Medication

Only reliever inhalers should be kept in school. Usually these are blue in colour.

**Immediate access to reliever inhaler is vital.**

Students are encouraged to carry their own inhaler with them, at the discretion of the parent/carer and teacher. Otherwise the inhaler must be kept wherever the child is at the time e.g. classroom, hall, playground etc.

N.B inhalers should not be stored in the offices or similar as this will not allow quick enough access in an emergency.

In accordance with guidelines from Asthma UK:

- KS3 and KS4 students will carry their own inhalers with them at all times. Parents/carers will be asked to supply a spare, for use if the students own runs out or is lost. **Students who are able to identify the need to use their medication, will be allowed to do so, as and when they feel it is necessary.**

### 5 Record Keeping

When a child with asthma joins the Trust, parents/carers will be asked to complete a form, giving details of the condition and the treatment required. Information from this form will be used to compile an 'Asthma Register' which is available for all Trust staff. This register will be updated at least annually or more frequently if required using the information supplied by the parent/carer.

## **6 Physical Education**

The Trust recognises that taking part in sports is an essential part of school life and important for the health and well-being and children with asthmas are encouraged to participate fully. Symptoms of asthma are often brought on by exercise and therefore, each student's labelled inhaler will be available at the site of the lesson. Certain types of exercise are potent triggers for asthmas e.g. cross country running and field activities. Any student who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be encouraged to warm up prior to participating and cool down afterwards.

## **7 School Trips/Residential Visits**

The Trust will ensure that no student will be denied the opportunity to take part in Trust trips residential visits because of asthma, unless so advised by their GP or consultant.

The student's reliever inhaler will be readily available to them throughout the trip, being carried by the student themselves. For residential visits, staff will be trained in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Additionally, parents/carers must be responsible for ensuring an adequate supply of medication is provided.

Group Leaders will have appropriate contact numbers with them.

## **8 Training**

On a bi-annual basis, all staff will receive training on signs and symptoms of asthma and how to treat it.

## **9 Asthma Education for Students**

The Trust will ensure that information and education about asthma is available to all students through the Trust Nursing Service and the Trust Nurse.

## **10 Concerns**

If a member of staff has concerns about the progress of a student with asthma which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or Trust Nurse.

## **11 Storage of Inhalers**

The Trust will follow these good practice guidelines for the storage of inhalers:

- Inhalers will **never** be locked away or kept in the school office
- All students with asthma will have rapid access to their inhalers as soon as they need them
- Devices will always be taken with the child when moving out of the classroom for lessons, trips or activities

N.B in the unlikely event of another student using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

## 12 Colds/Viruses

When a student has a cold it is sometimes necessary for him/her to have regular Ventolin for a few days. Therefore, a parent/carer may ask Trust staff to support students in using the blue inhaler every lunchtime for approximately 1 week. The number of puffs will be advised by the parent/carer and may be anything between 2 and 8 puffs. It is the responsibility of the parent/carer to inform the Trust of these circumstances and request such support. This does not replace using the inhaler as and when needed, it is in addition to this. Children should not be taking Ventolin every break/lunchtime 'just in case' of symptoms.

## 13 Emergency Procedures

A flow chart is issued with this policy outlining the action to be taken in an emergency. Good practice suggests that copies are printed and displayed in the school office, staff room and relevant locations including classrooms where a student is known to have severe asthma.

**In an emergency, where a child, who is a known asthmatic is experiencing significant symptoms and has not got their own blue inhaler with them or it is found to be empty, it is acceptable to use the school's emergency inhaler and spacer. The emergency inhaler will be kept centrally in a place where staff can access it with ease and will be used as per the asthma flow chart.**

This should then be recorded in the child's records and the parent/carer informed.

To obtain an emergency inhaler and spacer the school should write a letter to a local pharmacy on headed notepaper requesting the purchase of a Ventolin/Salbutamol Metered Dose Inhaler and a Volumetric Spacer (with mask). This letter should be signed by the Head of School. An example of a letter can be found at the end of this policy.

## 14 Responsibilities

### **Parents/Carers have a responsibility to:**

- tell the school that their child has asthma
- ensure the school has complete and up to date information regarding their child's condition
- inform the school about the medicines their child requires during school hours
- inform the school of any medicines their child requires while taking part in visits, outings or field trips and other out of school activities
- inform the school of any changes to their child's medication
- inform the school if their child is, or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms
- ensure their child's inhaler (and spacer where relevant) is labelled with their child's name
- provide the school with a spacer inhaler labelled with their child's name
- regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date

### **All Trust staff (teaching and non-teaching have a responsibility to:**

- understand the Trust Asthma Policy
- 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
- inform parents/carers if a student has had an asthma attack
- inform parents/carers if they become aware of a student using more reliever inhaler than usual
- ensure inhalers are taken on external trips/outings
- be aware that a student may be more tired due to night time symptoms
- liaise with parents/carers, Trust Nurse, SENCO etc. if a student is falling behind with their work because of asthma

Review data (at least bi-annually)

## Signs of Asthma Attack

Signs of Asthma Attack

Administer 2 puffs of **blue reliever** medication  
**STAY CALM**

After 2-3 minutes

Improved

Return to normal activities.

Document episode in the child's medical record.

Dose may be repeated if symptoms return.

Inform parent/carer at end of day.

If at **any** stage, the symptoms appear to be worsening i.e. more breathless, difficulty in speaking, more distressed, change of skin colour dial 999 for an ambulance immediately. Continue to use the **blue inhaler** whilst waiting for help.

No Improvement

Administer up to a further 8 puffs of **blue reliever** medication (through spacer device if available) 1 puff every minute.

Improved

Contact Parent/Carer

No Improvement/Difficulty Talking/Obvious Distress/Pale Skin/Dusky/Collapse  
**DIAL 999 IMMEDIATELY**

Remain with child reassure and keep calm. Administer up to a further 10 puffs **blue reliever** medication whilst waiting for help.

### Signs & Symptoms

Cough  
Wheezing  
Tight Chest  
Shortness of Breath  
Tummy ache  
(younger child)

**NB Not all symptoms need to be present for a child to be having an asthma attack**

### Further Information/Contact Details:

**Name of School:** Sirius Academy West

**Name of Coordinator:** Rachel Moulding

**Role of Coordinator:** Deputy Head of School responsible for Safeguarding and Inclusion

**Sirius Academy West: Nurse** Diane Searby

**Contact Details:** 01482 352939 (Reception)

### **Asthma UK**

[www.asthma.org.uk](http://www.asthma.org.uk)

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