



Crompton House School



Asthma Policy & Guidelines

Loving God – Caring for Each Other – Achieving Excellence



This policy is based on clinical guidance from Oldham Community Health Service (Document No. CG/SHA/11/2020.)

It is circulated to all staff following annual training for teaching and support staff.

All staff complete online training and record of this training is found on BlueSky

All children and adults will be treated without prejudice.

1. Background

A child's years in education are the greatest opportunities we have for investment in the next generation. For years, schools and teachers have worked to ensure all children have an equal opportunity in their educational environment. Many issues remain within the sole remit of education. However, key areas which impact on a child's ability to get the most from school, such as health lie outside the remit of education.

The impact of many medical conditions on a child in the classroom can be significant. Some conditions can be severe and are rare such as epilepsy and diabetes. Others, particularly asthma are common. Asthma UK (2020) states that asthma is the most common long-term childhood medical condition, affecting 1.1 million children in the UK. One in 10 children has asthma. The decision to administer medicines by teachers remains voluntary. This document is designed to support, educate and train school staff to enable them to take on this role if they wish, with appropriate input from the local National Health Services (NHS) and Community Health Service (O.C.H.S). This policy is designed to run alongside the risk assessments developed in school.

2. Asthma in the Classroom

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 children can be well for long periods of time and then have sudden acute and at times severe relapses (Asthma U.K. 2020).

The major principle underlying this policy is immediate access for all children to reliever medication.

Therefore, every asthmatic child should carry their own inhaler, wherever possible, in school, Physical Education (PE) and on school trips. In the event of an inhaler being lost, parents/carers are asked to bring in a spare with the child's name clearly marked on it.



3. 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 the person breathes. The symptoms of asthma occur when the muscles around the airways tighten and the lining of the airway becomes inflamed and starts 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 children will express the feeling of tightness in the chest as a tummy ache.

The symptoms however are rapidly reversible with appropriate medication. Only when symptoms fail to be reversed should medical attention must be sought (See Section 7 - Management of an acute asthma attack).

3.1 Types of Treatment

There are two types of treatment for asthma:

a) 'Relievers'

Every child with asthma should have access to a reliever in school. The reliever inhaler is commonly blue, but may come in different colours, shapes and sizes. It is the parents/carers' responsibility to provide the correct reliever inhaler. These treatments give immediate relief and are called bronchodilators because they cause the narrowed air passages to open up by relaxing the airway muscle. They do not however reduce the inflammation.

b) 'Preventers'

Preventers are a group of treatments that are designed to prevent the narrowing and inflammation of the airway passages. The ultimate objective is to reduce asthma attacks of any kind. These medicines should be taken regularly usually morning and evening. There is therefore no reason for them to come to school with the child under normal circumstances. Even if they are taken during an attack, they will not have an immediate effect.

THIS POLICY REFERS ONLY TO RELIEVERS

- 3.2 The best way for people to take their asthma medication is to inhale them directly into the lungs. There are a variety of devices available and the asthma medication needs to be breathed in steadily and deeply.



3.3 For young children and those with co-ordination problems, other devices are sometimes used. These devices are breath activated so that the device fires automatically when the child is breathing in.

3.4 Some younger children use a spacer device to deliver their aerosol inhaler; this may be a Volumatic or Aerochamber. The aerosol is pressed into the spacer and the child breathes slowly and steadily for approximately 10 seconds. If the child is using an Aerochamber and it whistles, they are inhaling too quickly. Spacers are very useful for those who have difficulty co-ordinating their breathing and inhaler.

The spacer device is also very useful in the case of an acute asthmatic attack. (See section 7 - Managing an acute asthmatic attack').

Staff are made aware that there is an Aerochamber available for use in the Hub, the Main reception and Medical room.

Irrespective of the type of device, the medicine being delivered is a reliever.

3.5 All children who need their relievers will carry their own inhaler in school and on school activities so that they are readily available at all times.

3.6 The administration of the reliever to children should be on their own perception of whether or not they need it.

3.7 Parents/carers should read and sign the letter/consent form so that they are fully informed of the school policy on the management of asthma in the classroom for their child. (See Appendix 1). They should also send in a spare reliever inhaler supplied by the General Practitioner (GP) (See section 7 - Managing an acute asthmatic attack).

It remains the responsibility of the parent/carer to seek medical attention and to liaise with the school on the frequency with which inhalers are taken.

4 The Physical Environment

Many environmental aspects can have a profound effect on a child's symptoms at any time. The four key points for schools are:

a) Materials

The school will, as far as possible avoid the use of art and science materials that are potential triggers for asthma.

b) Animal Fur and Hair

Some children 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 will be given to the placement of animals in the classroom, and special vigilance will be needed on trips to places such as farms and zoos, where children 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. Children may require extra vigilance.

d) Sport

Children with asthma should be encouraged to participate in sports, however teachers need to be mindful that exercise may trigger asthma. Children should effectively warm up before exercise and cool down following exercise. Reliever inhalers should be taken in to P.E. lessons and when the children are playing sports, the P.E teacher should keep possession of them.

Consideration should be given to others when using aerosols, including deodorant sprays, as these can trigger an attack. If an alternative is unavailable, they should only be used sparingly and in appropriate areas such as PE changing rooms.

5 Access to Reliever Medication

- 1 Asthmatic children must have immediate access to reliever inhalers at all times. Staff are made aware that spares are held in the Hub, Main Reception & Medical room.
- 2 Children should all carry their own devices and self-administer their reliever medication. (See section 8 - Special concerns)
- 3 At the start of each school year, a child should bring in a new reliever device and spacer (if required) clearly labelled with his/her name. This device remains the property of the school for the school year. Parents/carers must check the expiry date of the medication to ensure that it remains in date throughout the academic year. It can be returned to the child on the last day of the summer term on request. School Matron does checks on this at the start of the year. As inhaler near date of expiration an email will be sent home to request in date medication
- 4 In addition to the reliever device held by the school, every child should have his/her own reliever that they keep with them, preferably in their blazer pocket.

6 WHAT TO DO IF A CHILD HAS AN ASTHMA ATTACK

If an asthmatic pupil 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 child sit in a position they find most comfortable. Many children find it most comfortable to sit forwards with their arms crossed on the table.
- 3 Do not take the child to Matron but send someone else to **Hub** with information about whether that child suffering the attack has an inhaler or not, so that Matron can be contacted and come to you prepared.
- 4 Ensure the child has 2 puffs of their usual reliever.

If the pupil has forgotten his/her reliever inhaler or his/her device is out of date or empty, then:

- i) Give 2 puffs of the school reliever inhaler provided by the parents/carers, via their spacer or aero chamber (if required) - an aero chamber is available from the Hub, Main reception & Medical room.
- ii) **STAY WITH THE CHILD.** The reliever should work in 5 minutes.
- iii) If the symptoms disappear, the pupil can return to the lesson as normal.
- iv) If symptoms have improved but not disappeared, then:

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

IF THE CHILD HAS WORSENEDED OR FAILS TO IMPROVE - SEE SECTION 7.

7 Management of a severe asthma attack

How to recognise a severe attack:

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

STAY WITH THE CHILD

- 1) Send someone else to call an ambulance immediately - Inform them the child is having a SEVERE ASTHMA ATTACK- RED ALERT
- 2) Using the child's reliever and spacer device (if required), give one puff of the reliever. Allow the child to breathe the medicine. If an aero chamber is used and it whistles, ask the child to breathe more slowly and gently. After one



minute, give another puff and allow the child to breathe the medicine. Repeat at no more than one-minute intervals until the ambulance arrives.

- 3) Contact the parents/carers and inform them of what has happened.
- 4) If you are concerned and need updated advice ring 999

8 Special Areas for Concern

1 Many teachers are concerned that an unsupervised child with an inhaler may result in the medication being taken by members of their peer group. This does not pose a danger to the health of other children.

2 Many teachers are concerned that using the device of another child will leave them vulnerable to legal action or criticism. Teachers are reminded they have a duty of care to the children in school. Taking no action, or not using another device could be interpreted in 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. Children 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 Head Teacher or the parents/guardian.

5 In an event of an uncertainty about a child's symptoms being due to asthma, TREAT FOR ASTHMA. This will not cause harm even if the final diagnosis turns out to be different. **(If the child has undiagnosed Asthma or has not been diagnosed with Asthma, then they will not have an inhaler-follow see pt. 2 above)**

9 Information to parents and guardians and carers

All parents/carers will be contacted and, in collaboration via an IHCP, made aware of how the school will manage a child who has symptoms due to their asthma whilst they are in school. The school will hold a metered dose inhaler reliever and spacer (if required) prescribed by the child's GP to be kept in school. All parents/carers of children entering the school will receive a routine letter and questionnaire asking about medical conditions. If a child is identified from this as having asthma, then parents/carers will be asked to complete and sign an IHCP to advise on treatment and what constitutes an emergency. This will outline the remedial course of action needed, whilst maintaining a duty of care. (See Managing Medicines Policy)



10 Pupils with special educational needs

Children who are statemented under Part III of the Education Act 1996 or in receipt of an EHC (Education & Health Care Plan). Any of these children who have asthma will have special requirements in place 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 into the statement, it will also be listed in the IHCP.

11 Care of the Spacer Devices

After use they will be washed in warm soapy water and allowed to dry naturally in the air. The spacer device, once dry will be stored carefully in the Hub/medical room & Main reception

12 Training

Training to support the policy will be provided and will require commitment from the Health Authority, Local Hospital Trust and Education Authority. Training will be disseminated at all levels within the school. All staff receive training annually.

13 Indemnity

The Local Authority offers full indemnity to its staff against claims for late negligence, providing they are acting within the scope of their employment and have received adequate training and are following appropriate guidelines.

14 Audit

This policy will be reviewed by the Pupil Admissions & Support sub-committee of the Governing body each year.

Document APS-SPAMC&MM2021/Nov 2024 adopted by Admissions & Pupil Support committee.

Date 19th November 2024

Signed (Chair)..... J Swift.....

Print NameJonathan Swift.....

Date of next review..... November 2025.....

Links to other policies: SEND, Safeguarding, Trips

Reviewed: Nov 2024 D Dunkley: Deputy Headteacher