



L.E.A.D. Academy Trust

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# Supporting pupils with asthma.

**Review frequency:** October 2017 – October 2020

## Policy Statement

### Introduction

Academies have a responsibility to make sure that safety measures cover the needs of all pupils at the academy. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Pupils with special medical needs have the same right of admission to the academy as other children and cannot be refused admission or excluded from the academy on medical grounds alone.

Teachers and other academy staff in charge of pupils have a common law duty to act *in loco parentis* and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the academy site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and should supply the academy with information. The academy takes advice and guidance from the local authority and Department for Education. The L.E.A.D. Academy Trust defines the policy expectation, but the responsibility for implementation of the policy rests with the Headteacher of each academy.

### Legal Framework

The statutory guidance document Supporting Pupils At School With Medical Conditions – last updated December 2015 – can be accessed here:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/350640/guidance\\_on\\_use\\_of\\_emergency\\_inhalers\\_in\\_schools\\_September\\_2014\\_3.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/350640/guidance_on_use_of_emergency_inhalers_in_schools_September_2014_3.pdf) states that schools are allowed to keep a salbutamol inhaler on the premises for use in emergencies.

[Children and Families Act 2014 section 100](#) places a duty on proprietors of academies to make arrangements for supporting pupils at their academies with medical conditions.

[The Health and Safety at Work Act 1974: Sections 2\(3\), 3 and 4](#) makes employers responsible for the health and safety of employees and anyone else on the premises.

[Medicines Act 1968, Legislation.gov.uk](#) specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration. The following link covers the 2014 amendment: Page 14 of the DH's guidance recommends inhalers should only be used by children who have been diagnosed with asthma and prescribed a reliever inhaler, or children who have been prescribed a reliever inhaler. However, a DH representative confirmed that even without a prescription, inhalers can be used for any person in the school who needs them.

<http://www.legislation.gov.uk/uksi/2014/1878/regulation/27/made>

Section 3, the Children Act 1989 <http://www.legislation.gov.uk/ukpga/1989/41/section/3> provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

## **Policy for supporting pupils with asthma.**

Uplands Junior L.E.A.D. Academy recognises that asthma is the most common chronic condition affecting one in eleven children. On average there are two children with asthma in every classroom in the UK, yet a recent Asthma UK survey showed that 86% of children with asthma have at some point been without their inhaler.

The school positively welcomes all pupils with asthma. Our school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, parents and pupils. Supply teachers and new staff are also made aware of the policy. Staff who come into contact with pupils with asthma are provided with training from the school nurse.

### **Asthma medicines**

**Immediate access to reliever medicines is essential. In primary school inhalers should be kept in the pupil's individual classroom. Reliever inhalers must never be locked up, left in cupboards or kept away from the pupil with asthma. Pupils with asthma are aware where their inhaler is kept and are encouraged to carry their reliever inhaler with them when they are not in the classroom.**

Parents are asked to ensure that the school is provided with a labelled reliever inhaler. All inhalers must be labelled with the child's name by the parent. The inhaler, together with a spacer if one is provided/required, will be placed into an individual bag that will be accessible in the child's classroom.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will ensure that pupils take their own medicines when they need to.

### **Record keeping**

At the beginning of each school year or when a child joins the school, parents are asked if their child has any medical conditions including asthma, for their SIMS record. All parents of children with asthma are consequently invited into school to meet with the SENCo and an asthma plan is completed. School asthma cards are then sent to parents of children with asthma on an annual basis to update. Parents are also asked to provide the school with new information if medication is changed during the school year. The asthma plan will be kept in the child's asthma kit in order that staff are fully aware of how much medication is required.

From this information the school keeps a whole school asthma register, which is available to all school staff in: [T:\Academic year 2017-18\Asthma Register](#). In addition each classroom will have an asthma register for the pupils in the class, which is displayed by the class computer so that new or supply staff are aware of children's needs. A copy of the complete asthma register is kept in the SENCo's room, the main office and the P.E. teacher has a copy. Miss Martin (SEnCo) and Mrs Shaikh (school secretary) are the named people with responsibility for ensuring that the asthma register is complete and that parents are informed if their child requires a new inhaler.

### **PE, games and activities**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all teachers at the school are aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers will remind pupils whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. If a child is participating in a P.E. lesson then they will need to ensure that their asthma kit is with them and returned to their classroom after the session. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

### **Out-of-hours sport**

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. If a child is participating in an after school club they will need to ensure that their asthma kit is with them and returned to their classroom after the session.

### **The school environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definite no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

### **Asthma attacks**

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. This procedure is visibly displayed in every classroom.

#### **HOW TO RECOGNISE AN ASTHMA ATTACK**

##### **The signs of an asthma attack are:**

Persistent cough (when at rest)

A wheezing sound coming from the chest (when at rest)

Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)

Nasal flaring

Unable to talk or complete sentences. Some children will go very quiet.

May try to tell you that their chest 'feels tight'.

#### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

Appears exhausted

Has a blue/white tinge around lips

Is going blue

Has collapsed

#### **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

Keep calm and reassure the child

Encourage the child to sit up and slightly forward

Use the child's own inhaler – if not available, use the emergency inhaler

Remain with the child while the inhaler and spacer are brought to them

Immediately help the child to take two separate puffs of salbutamol via the spacer

If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs

Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better

If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.

If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

### **Administration of medication and parental record forms.**

If a child uses their reliever inhaler in line with the guidance on the asthma plan parents will not need to be informed. However if school staff notice that the use of the inhaler has become more frequent then parents will need to be informed. In addition to this parents will need to be informed if the emergency asthma procedure needs to be followed, even if an ambulance is not called.

### **Disposal of inhalers that have expired and spacers.**

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. In order for school to comply with this they hold a lower-tier waste carrier certificate a copy of which is in [T:\Academic year 2017-18\Asthma Register](#) .

### **Guidance for the use of an emergency inhaler in school.**

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Keeping an inhaler for emergency use has many benefits; it could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life and parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

## **ROLES AND RESPONSIBILITIES (taken from Asthma UK recommendations for developing an asthma policy)**

### **Employers/Governors** who have a responsibility to:

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips. Employers therefore have a responsibility to ensure that an appropriate asthma policy is in place
- Make sure the asthma policy is effectively monitored and regularly updated
- Report to parents, pupils, school staff and local health authorities about the successes and failures of the policy
- Provide indemnity for teachers who volunteer to administer medicine to pupils with asthma who need help

### **Head teachers** who have a responsibility to:

- Plan an individually tailored school asthma policy with the help of school staff, school nurses, local education authority advice and the support of their employers
- Plan the school's asthma policy in line with devolved national guidance
- Liaise between interested parties – school staff, school nurses, parents, governors, the school health service and pupils
- Ensure the plan is put into action, with good communication of the policy to everyone
- Ensure every aspect of the policy is maintained
- Assess the training and development needs of staff and arrange for them to be met
- Ensure all supply teachers and new staff know the school asthma policy
- Regularly monitor the policy and how well it is working
- Delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register
- Report back to their employers and their local education authority about the school asthma policy

### **School staff** who have a responsibility to:

- Understand the school asthma policy
- Know which pupils they come into contact with have asthma
- Know what to do in an asthma attack
- Allow pupils with asthma immediate access to their reliever inhaler
- Tell parents if their child has had an asthma attack and if they used their reliever medicines
- Ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
- Ensure pupils who have been unwell catch up on missed school work
- Be aware that a pupil may be tired because of night-time symptoms
- Keep an eye out for pupils with asthma experiencing bullying
- Liaise with parents, the school nurse and SENCO if a child is falling behind with their work because of their asthma

**PE teachers** who have a responsibility to:

- Understand asthma and the impact it can have on pupils. Pupils 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 pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when they need to
- If a pupil 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 pupils with asthma should wait at least five minutes)
- Remind pupils with asthma whose symptoms are triggered by exercise, to use their reliever inhaler a few minutes before warming up
- Ensure pupils with asthma always warm up and down thoroughly

**School nurses** who have a responsibility to:

- Help plan/update the school asthma policy
- The school nurse will provide regular training for school staff in managing asthma

**Individual doctor/nurse of a child with asthma** who have a responsibility to:

- Ensure the child or young person knows how to use their asthma inhaler (and spacer) effectively
- Provide the school with information and advice if a child or young person in their care has severe asthma symptoms (with the consent of the child or young person and their parents)

**Parents/carers** who have a responsibility to:

- Tell the school if their child has asthma
- Ensure the school has a completed and up-to-date school asthma card for their child
- Inform the school about the medicines their child requires during school hours
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out of school hours activities such as school team sports
- Tell the school about any changes to their child's medicines. What they take and how much
- Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- Provide the school with a reliever inhaler (and spacer where relevant) labelled with their child's name
- Ensure that their child's reliever inhaler is within its expiry date

**Pupils** who have a responsibility to:

- Treat other pupils with and without asthma equally
- Let any pupil having an asthma attack take their blue inhaler and ensure a member of staff is called
- Tell their parents, teacher or PE teacher when they are not feeling well
- Treat asthma medicines with respect
- Know how to gain access to their medicine in an emergency
- Know how to take their own asthma medicines

## **COMPLAINTS**

In the unlikely event that parents or pupils become dissatisfied with the support provided they should discuss their concerns directly with the academy. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the academy's Complaints Procedure.

## **MONITORING**

This policy is monitored by the Headteacher Danny Bullock and SEN coordinator Gillian Martin on behalf of the governing body.

Staff receive the full support of the Senior Leadership Team and governing body.

## **FREQUENTLY ASKED QUESTIONS**

### ***Q - Where should the school keep reliever medicines?***

A - Immediate access to reliever medicines is essential. Delay in taking a reliever inhaler, even for a few minutes, can lead to a severe attack and in very rare cases has proved fatal

Pupils must keep their reliever inhaler with them at all times.

Keep younger children's inhalers in an accessible place in the classroom such as in the class first aid box. Make sure they are clearly marked with the pupil's name. At break time, in PE lessons and on school trips make sure the inhaler is still easily accessible to the pupil.

In primary school spare inhalers should be kept in the pupil's individual classroom. Reliever inhalers must never be locked up, left in cupboards or kept away from the pupil with asthma.

### ***Q - What happens if a child or young person takes too much reliever medicine?***

A - Relievers are a very safe and effective medicine and have very few side effects. Some children and young people do get an increased heart rate and may feel shaky if they take a lot of reliever. However, they cannot overdose on reliever medicines and these side effects pass quickly

### ***Q What happens if a child or young person without asthma experiments with another child's reliever inhaler?***

A - It is not harmful for a child or young person without asthma to try another child or young person's reliever inhaler. If they take a lot of reliever inhaler, they may experience an increased heart rate or tremor and be a little shaky, but this will pass shortly and will not cause any long-term effects.

It is important, however, to talk firmly with the child or young person who has tried somebody else's medicine so that they learn to treat all medicines with respect

### ***Q - Do inhalers have an expiry date?***

A - Yes all relievers have an expiry date. Parents should be responsible for ensuring that their child's medicines are within the expiry date. Reliever inhalers and preventers usually last about two years



A named staff member should be responsible for checking the expiry dates of all spare reliever inhalers kept at school

***Q - What happens if a child or young person forgets their reliever inhaler?***

A - Parents should be asked to provide a spare reliever inhaler labelled with their child's name. Parents should be contacted to see if they are able to provide a spare inhaler and notified of the situation. If the child's need increases then a call to 999 must be made.

***Q - Should a child or young person with asthma use another child or young person's inhaler if they are having asthma symptoms and their reliever is not to hand?***

A - Reliever inhalers are prescribed for individuals only and they should not be used by anyone else.

If pupils with asthma have immediate access to their reliever inhaler this situation should not occur.

Remember, in an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent

***Q - Why is an asthma register at school important?***

A - It is important to identify all pupils at school with asthma so that all school staff and supply teachers are aware of the pupils with asthma and their asthma triggers. An asthma register will:

- Help staff to remind the right pupils to keep their reliever inhalers with them at all times
- Help inform staff and supply teachers about the individual needs of pupils with asthma
- Allow important contact details for pupils with asthma to be kept in one central location
- Assist the school and parents to keep asthma medicines kept at school, within the expiry date
- Help the school identify common asthma triggers they can reduce or control in the school environment
- Allow pupils with asthma to participate more fully in all aspects of school life

***Q - How often should the school asthma register be updated?***

A - An identified member of school staff should have responsibility for the school asthma register. Part of this responsibility should be to ensure that the expiry dates of all spare reliever inhalers at school are checked every six months. This member of staff should also ensure that all parents are asked every year if their child has asthma. This could be part of their registration form

This member of staff should ensure a follow up letter is sent to all parents of children and young people with asthma

It is the responsibility of parents to provide the school with details of what medicines their child is taking during the school day.

***Q - What should happen if a child or young person with asthma is falling behind with work because of time off school?***

A - Many children and young people do miss school because of their asthma or are tired in class because they have had a disturbed night's sleep. This could be because:

The child or young person has severe asthma symptoms or

The asthma is not well controlled because the child or young person:

- has not been prescribed the right medicine for their needs
- is not using the correct inhaler technique
- is not taking their medicines as prescribed
- is not avoiding, or able to avoid, their asthma triggers

If a teacher is worried about a pupil they should first talk to the parents, then the school nurse or Special Educational Needs Coordinator (SENCO).

***Q - What are the most common things that trigger asthma symptoms in the school environment and what can be done to minimise their impact?***

A - Asthma triggers commonly found in schools include furry or feathery animals, chemicals or fumes, mould, chalk dust, pollen, grass and cigarette smoke.

Taking the following steps in the school environment can go some way to preventing asthma attacks in pupils:

- Adopt a complete non-smoking policy on the school premises and for school activities and ensure it is upheld and maintained
- Ensure all staff and adults leading school activities taking place off site, such as sport training, school visits, outings and field trips adhere to a complete non-smoking policy
- Do not keep furry or feathery pets in classrooms or in the school
- As far as possible avoid fumes that trigger pupils's asthma in science and craft lessons. If fumes are known to trigger a child or young person's asthma, allow them to leave the room until the fumes are no longer in the classroom
- Wet dust chalk boards
- Ensure rooms are regularly wet dusted and cleaned to reduce dust and house-dust mites.
- Ensure classrooms are well aired.
- Remove any damp and mould in the school quickly.
- Avoid condensation as this will help reduce house-dust mites and mould spores.
- Ensure piles of autumn leaves (that may contain mould spores) are kept in areas away from pupils and are regularly removed from the school grounds.
- Be aware that some chemicals in cleaning products may trigger asthma symptoms for some pupils. Check the list of triggers on the school asthma cards and stop using those identified.

***Q - Do school staff need training?***

A - It is important that all school staff who come into contact with pupils with asthma are trained and that the training is updated regularly. School staff cannot be expected to be responsible for a particular condition without training.