



THE NELSON THOMLINSON SCHOOL

ASTHMA POLICY

Signed by Headmaster:

Signed by Chair of Governors:

Reviewed by Behaviour, Safeguarding and Wellbeing Committee:

19 November 2020

Next review date:

November 2022

Background

The school recognises that asthma is a widespread, serious, but also manageable condition affecting many children and young people in school. We positively welcome all children/young people with asthma and encourage them to achieve their potential in all aspects of school life by having clear policies and procedures that are understood by school staff, their employers (the local authority or governing body) and all pupils and students. All new teachers and other staff will be made aware of such arrangements.

What is Asthma?

Asthma is a condition that affects the airways – the small tubes that carry air into and out of the lungs. Asthma symptoms include coughing, wheezing, tightness of the chest, and shortness of breath – however, not every child/young person will get these symptoms.

Asthma sufferers have airways that are almost always red and sensitive (inflamed). Their airways can react badly when the individual has a cold or other viral infection or comes into contact with an asthma trigger.

A trigger is anything that irritates the airways and causes the symptoms of asthma to appear. There are many triggers including colds, viral infections, house-dust mites, pollen, cigarette smoke, furry or feathered pets, exercise, air pollution, laughter and stress. Asthma is different in each individual and children/young people should try to get to know their own triggers and stay away from them or take precautions.

When someone with asthma comes into contact with a trigger that affects their asthma, the airways do three things.

1. The airway lining becomes inflamed and narrows as muscles contract
2. There is an increase in the production of mucus
3. The individual may begin to wheeze, get short of breath, tight chested and cough

Asthma symptoms make the tubes very narrow making it difficult to breathe normally. It is at this point that the child/young person will need to take their reliever inhaler medication.

Asthma varies in severity with some children/young people experiencing an occasional cough or wheeze, whereas for others the symptoms may be much more severe. Avoiding known triggers where appropriate and taking the correct medication and inhaler technique can usually control asthma effectively. However, some children/young people with asthma may have to take time off school or have disturbed sleep due to their symptoms, making them tired in class and perhaps resulting in a lack of concentration.

For more detailed information please refer to SAN(M) 4a – Managing Asthma in School.

Policy

NELSON THOMLINSON 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/students 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, a semi-private area will be assigned for children/young people who are uncomfortable taking their medication in front of others, to take their inhalers;
- Staff have a clear understanding of what to do in the event of a child/young person having an asthma attack;
- Will work in partnership with parents, school governors, health professional, school staff and children/young people to ensure the successful implementation of a school asthma policy.

Asthma medicines

- Immediate access to reliever inhalers is essential. Young people are encouraged to carry their reliever inhaler as soon as the parent, doctor, asthma nurse or class teacher feel that they are mature enough to do so.
- All school staff will allow individuals with asthma to take their medication when they need to.
- Parents must supply a spare labelled inhaler. These will be held in reception and will be used if the main inhaler runs out, is lost or forgotten.
- The school chooses to hold an emergency salbutamol inhaler which will only be provided for use 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. This will be where their own inhaler is not available (for example, because it is broken or empty).
- The school will ensure that suitable arrangements are in place to check the expiry date on all spare inhalers every six months.
- Wherever possible a spacer is used with the reliever inhaler, particularly when treating an asthma attack.

- Parents/guardians are informed if it appears that their child is using their reliever inhaler more often than usual.
- If a child or young person suffers an asthma attack, parents/guardians are always informed, even if a full recovery is made and the child/young person continues as normal for the remainder of the school day.
- School staff are not required to administer medication except in an emergency situation. However staff are always on hand to supervise the children or young persons administering their own medication.
- During off-site visits, day or residential, inhalers, where appropriate, are carried by the individual or a member of staff in charge of a younger child. All school staff will allow individuals with asthma to take their medication when they need to.
- Preventer inhalers may be necessary on off-site visits; parents must complete the medical section of the Visit Consent Form with full details of the dose and frequency of the medication. All preventer inhalers will be labelled with the individuals name by the parent.
- Other medical requirements for an individual on an off-site visit may include oral steroids (usually taken in a morning) and the use of a nebuliser. The usual procedures for administering medication (steroids) will be followed such as written parental consent, administration of medication record etc. Any staff assisting with the use of a nebuliser will receive training from a medical professional (see SAN(M) 4a for further information).

Record-keeping

At the beginning of each school year, or when a new child or young person joins the school, parents are asked if their child has any medical conditions including asthma.

Individual Healthcare Plans are completed for those children/young people who suffer from severe asthma. Such plans are completed by the parents in consultation with the asthma nurse or GP, and then discussed with the school nurse and relevant staff members.

All parents of children/young people with asthma are sent an Asthma UK School Asthma Card by the school to be completed by parents. This information is used to form the school asthma register, which is available for all school staff. The School Asthma Cards are issued to the parents on an annual basis to update. Parents must update or exchange the card for a new one if their child's condition or medication changes.

School Asthma Cards are available in packs of 20, free of charge, from www.asthma.org.uk

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which young people in their class have asthma and all PE teachers are aware through the asthma register.
- Children/young people with asthma are encouraged to participate fully in all PE lessons. Individuals whose asthma is triggered by exercise are reminded to use their reliever inhaler just prior to warm-up exercises. All PE activities will begin with warm-up exercises and end with cool-down exercises.
- Inhalers are collected by the PE teacher, stored in a box and taken to the sports field, gymnasium etc.
- If asthma symptoms appear during an activity, the individual will be encouraged to stop, take their reliever inhaler and sit quietly for at least five minutes, or until they feel well again, before rejoining the activity.
- PE teachers reassure all children/young people who lack the confidence to partake in activities that they can take their inhaler whenever necessary and that they fully understand their condition. Failing this the teacher will attempt to find a different role to keep them involved in the activity and feel part of the group, such as umpire, referee, coach etc.
- Classroom teachers follow the above principles for games and activities involving physical activity.
- Where possible, on high pollen days, alternative indoor activities will be made available.

Severe asthmatics

Where a child/young person is known to have severe symptoms, the teacher and/or coaches will discreetly check, prior to the activity, how the individual is feeling and how much activity they feel they can participate in. Lessons will be organised, as far as possible, so that the individuals can partake. If the individual cannot partake in the activity, the teacher/coach will attempt to include them in other roles such as referee, coach etc.

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 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 school involves pupils/students with asthma as much as possible in after school clubs.

PE teachers, classroom teachers and out-of-hours school sport coaches are aware of the potential triggers for children/young people with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and sports coaches will be provided with instruction/training from a medically qualified person, e.g. School Nurse.

The school environment

The school does all that it can to ensure that the school environment is safe, without risks to health. Risk assessment will be used as a key tool to support these aims.

The school operates a strict no smoking policy and steps are taken to ensure that staff and adults leading off-site visits also adhere to this policy.

The school will ensure that potential for contact with furry or feathered animals is suitably controlled.

As far as possible the school will ensure that exposure to chemicals, dust and fumes is controlled. Young people with asthma will be encouraged to leave the room if there are any particular fumes that may trigger an attack.

LEV systems are regularly maintained and checks made to ensure that equipment is effectively situated. The D&T areas are wet-brushed or vacuumed.

All classrooms are regularly wet-dusted and cleaned to reduce dust and house dust mites. Rooms are well-ventilated to prevent the build up of mould through condensation. Any damp and mould areas are treated quickly.

During the autumn months, leaves are swept up on a regular basis and removed from site. Piles of leaves are kept in areas where pupils do not have access.

Where possible, grassed areas are not mowed during school hours and pollinating plants will be avoided both inside the school and within the school grounds.

During thunderstorms windows will be closed.

Changing rooms are well-ventilated and young people are encouraged to use unscented products and non-aerosols.

Bullying

Whilst bullying can happen to any child/young person in school, the school recognises that those that are different can be particularly vulnerable. Many children/young people with asthma may already feel quite conscious about being different from others and become a target.

Staff will be familiarised with relevant ant bullying policies.

Absence or associated issues

If a child/young person is absent from school or is frequently tired in class due to asthma symptoms or from possible disturbed sleep during the night, the

headteacher and/or class teacher will in the first instance discuss their concerns with the school nurse and /or special needs co-ordinator, then involve the parent/guardian to discuss strategies and support to assist the individual through their time in school.

We recognise that some young sufferers might be considered to have special educational needs and may require additional support.

Asthma attacks

All staff who may come into contact with pupils will be provided with information on what to do in the event of an asthma attack.

An Asthma Attack Action Plan (provided in SAN M4a) will be displayed in relevant areas.

School trips

All children/young people with asthma **MUST** carry their inhaler(s) on school trips. They will be asked to show them to a member of staff before leaving the school premises. If they do not have their inhalers on their person they will **NOT** be allowed to participate and will have to remain at school.

Disclaimer

The school cannot accept responsibility for any child/young person 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/young people whose inhaler has not been provided if/when the individual has an asthma attack during the school day.

In these instances the school will telephone for an ambulance and parents/guardians will need to accompany their child to the hospital in the ambulance.