



Fylde Coast Academy Trust
(FCAT)

Asthma Policy
2016-2018



Including:
Procedures
Policy

Web V1

Introduction

Asthma is the most common chronic childhood condition, its impact on daily life ranges from mild to severe. Childhood deaths from asthma, though thankfully rare still happen.

Children spend over a third of their waking hours at school, so it is important that their daily health needs are acknowledged. This is endorsed by the Department for Education and Skills and the Department of Health Guidance on 'Managing Medicines in Schools and Early Years Settings (2005)'

Rationale

To ensure all students suffering from asthma feel secure and are encouraged to participate in all activities, notwithstanding any restrictions imposed by their condition.

Policy

This policy has been written with the advice from the National Asthma Campaign, the Department of Education and Employment Asthma UK and Blackpool Primary Care Trust.

Fylde Coast Academy Trust (FCAT) welcomes all students with asthma. FCAT recognise that Asthma is an important condition affecting many school children. We aim to ensure that all students with asthma participate fully in all aspects of school life including games and PE. We will maintain records of students with asthma and the medication they take, and we will ensure the school environment is favourable to those suffering with asthma.

First Aiders have been trained to recognise an asthma attack, and have a clear understanding of what to do.

Students who have an asthma attack will be dealt with in a sympathetic manner and will be treated, when appropriate, in private, to help maintain their dignity. Minor attacks should not interrupt student's involvement in school.

FCAT recognises the need for immediate access to medication. Students are expected to use their own labelled inhalers and are asked to keep a reserve supply in the school office, appropriately labelled and in date. Staff will allow students to take their asthma medication whenever necessary.

Sympathetic consideration will be given to the management of particular situations such as games and science, to enable students who suffer from asthma to participate fully in all aspects of academy life.

From the 1st October 2014, the use of Salbutamol (blue reliever) inhalers in schools has changed to allow schools / academies to buy and use inhalers without prescription, for use in emergencies only. Emergency Salbutamol inhalers can only be used by the school on a child who has been diagnosed with asthma or has previously been prescribed an inhaler. If the child is suffering from an asthma attack and their own inhaler is not available, broken or empty, then the school Emergency Asthma Inhaler Kit can be used.

Information and awareness

- It is the responsibility of the asthmatic student's parents/carers to inform the academy of their child's condition.
- All staff are to be made aware of the identity of these student by means of a list made available to staff electronically / Sims/ hard copy.
- A photo display of children with medical conditions will be in the staff room or school office and available electronically on academy group drive.
- When an academy is informed of an asthmatic individual a request will be made to the parents/carers regarding a treatment protocol, signed by the individual's parent/guardian.
- Children with asthma are encouraged to participate fully in P.E. Those children whose attacks are triggered by exercise should take their reliever inhaler 5 minutes prior to the start of the lesson and ensure they take part in the warm up exercises. Their reliever inhaler should be accessible at all times during the lesson.
- Students are advised not to take part in physical activities without their inhaler.
- Parents or guardians are politely asked to inform the school if their child has been unwell with an exacerbation of their asthma, particularly if they have required hospitalisation.
- There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur. Most students medication comes in the form of an inhaler. More severe asthmatics may also need to take tablet medication.

Procedures

- Asthma sufferers must carry inhalers with them at all times, dependant on circumstances and local academy procedures.
- Students who are asthmatic will have this recorded on the computer in the academy Office.
- Parents/carers are required to replace inhalers when necessary.
- Games and PE may trigger an asthma attack and in such cases student, acting on their GP's advice, may need to use their inhalers before such activities take place. Games staff will be aware of asthma sufferers and should encourage student to keep their inhalers with them during exercise.
- Fumes from Science experiments may trigger symptoms or attacks in student with asthma. Fume cupboards should be used to avoid this problem, where appropriate and possible.
- Those leaving the School premises on a day or residential trip must ensure that they take their inhalers with them.
- All staff organising trips out of school should ascertain from parents/carers whether their son/daughter suffers from asthma and also details of appropriate inhalers. A list of these students will be made available to all those staff participating in the trip. **Students may not be allowed to leave the academy on a trip without their appropriate inhaler/s.**

Asthma Attacks

- Most attacks are mild and will resolve quickly (within 5-10 minutes) by a student using their own reliever inhaler.
- If the attack is more severe i.e. the student feels no better in 5-10 minutes, is distressed or exhausted, is unable to talk in sentences, has blueness around the lips, or there are any doubts that their usual reliever may not be effective, an ambulance will be called.

What to Do...

Cough... wheeze... tight chestiness

1. Ensure student's usual reliever inhaler (usually blue) is taken immediately. Stay calm. Encourage relaxation. Forgotten or lost inhaler? If student's condition does not indicate need to dial 999, i.e. not a severe attack, contact student's parents to bring inhaler or collect the student. The inhaler usually works in 5-10 minutes. They can resume normal activities as soon as they feel better.

If they are no better in 5-10 minutes or they are:

- distressed or exhausted
- unable to talk in sentences
- blue around the lips

Or if there are any doubts about their condition, this is a severe attack requiring immediate action. (NB: the student may not wheeze).

2. Give another dose of reliever inhaler.

3. Another adult dials 999 for an ambulance. Say that the student is "having a severe asthma attack requiring immediate attention". Staff should not take the student to hospital in their car as the student may deteriorate quickly.

4. Continue to give reliever inhaler until help arrives.

5. Give 1 puff per minute with 5 breaths per puff for up to 10 puffs. If the student has not recovered, continue for up to 20 puffs in total or until help arrives or as directed on the Health Plan.

6. Inform parents/carers of the situation and actions taken.

We hope that this policy will enable children with asthma to lead a normal active life within school. It should provide a framework to guide all professionals; teaching, medical, nursing and others, towards current best practice.

Recommendations

As well as relievers, children may use preventer inhalers (brown, orange or purple), although use in school time would be unusual. Preventers reduce airway swelling and are usually taken twice daily, even when the child appears well. Some students may also take long-acting relievers (green or purple). These are again taken twice daily. Any of these inhalers may be needed during residential or long day trips along with any oral medication. School letters about trips etc. will include a reminder to pack inhalers. (See FCAT Policy page 5)

The use of emergency salbutamol inhalers in schools (FCAT Policy)

The Human Medicines (Amendment) (No. 2) Regulations 2014 allow academies and schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies.¹ This is for any student with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the students prescribed inhaler is not available (for example, because it is broken, or empty).

This applies to all primary and secondary schools in the UK.² Schools / Academies are not required to hold an inhaler – this is a discretionary power enabling schools/academies to do this if they wish. Only those institutions described in regulation 22 of the Human Medicines (Amendment) (No. 2) Regulations 2014, which amends regulation 213 of the Human Medicines Regulations 2012 may legally hold emergency asthma inhalers containing salbutamol.

Regulation 27 of the Human Medicines (Amendment) (No. 2) Regulations 2014 amends Schedule 17 of the Human Medicines Regulations 2012, and sets out the principles of supply to schools.

This guidance is **non-statutory**, and has been developed by the Department of Health with key stakeholders, to capture the good practice which schools/academies in England should observe in using emergency inhalers and which form the basis of FCAT protocol and policy. FCAT has arrangements for supporting students at school with medical conditions⁴.

This Policy came into force on June 2016 and will be supported by the statutory guidance supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England,³ referred to hereafter as supporting pupils. This FCAT guidance is therefore designed to be read in conjunction with supporting pupils, and all FCAT protocol and policy on use of the inhaler will have regard to it.

Guidance on the use of emergency salbutamol inhalers in schools

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

(Staff to print and display in First Aid Room)

Supporting Pupils expects schools to:

- develop policies for supporting pupils with medical conditions and review them regularly;
- develop individual healthcare plans for students with medical conditions that identify the child's medical condition, triggers, symptoms, medication needs and the level of support needed in an emergency.

1 <http://www.legislation.gov.uk/ukxi/2014/1878/contents/made>

2 Including maintained schools, independent schools, independent educational institutions, pupil referral units and alternative provision academies. Maintained nursery schools are also eligible to hold an emergency salbutamol inhaler.

3 <https://www.gov.uk/government/publications/supporting-pupils-at-school>

4. FCAT Managing / Supporting and administering medication to Students Policy 2016 – 2018

Equity and Diversity Impact Assessment

Date: 22/08/2016	FCAT Asthma Policy	Assessor: GFL
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Number	Protected Characteristics	Any Concerns Arising?	Details of Concerns	Recommendations
1	Disability			
	Example: physical disabilities, learning difficulties or medical needs	x	Potential accessibility issues	Make a range of accessibility tools available e.g. 'text to audio', large text, etc., as needed.
	Young carers/carers			
2	Gender			
	Females/Males			
3	Sexual Orientation			
	Example: Gay, lesbian			
4	Gender Reassignment			
	Gender Reassignment			
5	Race/Ethnic Group			
	Example: Black, Asian, Chinese, etc.			
6	Pregnancy/Maternity			
	Pregnancy or maternity/paternity			
7	Marriage/Civil partnership			
	Marriage/Civil Partnership			
8	Religion or Beliefs			
	Example: Jewish, Muslim, Christian etc.			
9	Age			