

CEFN MAWR C.P. SCHOOL

Asthma Policy

Learning Enjoying Achieving

Introduction

Asthma is one of the most common chronic childhood conditions. 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 Wales Assembly Government guidance Supporting Pupils with Medical Needs in Schools (Welsh Health Circular 97/31) and Supporting Pupils with Medical Needs: A Good Practice Guide (Welsh Office, December 1997).

Indemnity

Staff in local authority schools who volunteer to administer medication will be provided with indemnity. Staff from foundation/aided schools should check their liability insurance status.

In emergencies, staff should act as any reasonable prudent parent would, which may include giving medication.

General Information

Access to Inhalers

Delay in taking reliever inhalers (usually blue) can result in severe asthma attacks.

Do

- Allow access to inhalers at all times
- Remind shy children to take their inhalers
- Remember inhalers for swimming and off site activities
- Talk firmly to non-asthmatics who experiment with relievers about the need to treat medicines with respect. They may experience a fast heart rate or tremor, but no long term effects

Don't

- Lock inhalers in central offices

Tips

- Keep young children's inhalers and spacers in a box in the classroom
- Take inhaler box with class list out of building during for fire drills
- PE teachers need to encourage those with exercise-induced symptoms to take their reliever just before activity; warm up with a few short sprints over 5 minutes; take it again during exercise if they get symptoms; take a rest until they feel better.
- Encourage children with asthma to participate in all school activities

Other Medication and School Trips

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 children 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, should include a reminder to pack inhalers.

Staff Awareness in Asthma Emergencies

- All staff need to be able to manage attacks
- 'Staff will do what a "reasonable parent" would do in the circumstances prevailing at the time'
- Triggers such as dust or cold air can cause breathing difficulty, sometimes accompanied by cough and wheeze. This is an asthma attack, when reliever inhalers are needed.

- For mild attacks children should take their usual reliever inhaler.
- Notices which contain emergency information should be displayed in all classes
- Teachers/TAs must make supply staff aware of pupils' medical conditions/requirements

The School Environment

Training

- Head teachers are responsible for assessing and arranging for training needs to be met. Ideally, all staff should have asthma management knowledge.

Home/School Liaison

- Inform parents of pupils with asthma about the school's policy
- Ask parents to complete and update asthma records
- Remember that absence of parental consent should not stop staff from acting appropriately in emergencies
- All staff should report concerns to parents and school nursing staff about:
 - frequent inhaler use
 - lack of attention in class
 - unusual tiredness

These signs may indicate potentially undiagnosed or poorly controlled asthma.

Minimising Triggers

Minimise exposure to potential triggers. Avoid:

- feathery and furry school pets
- pollen producing plants
- fumes - use fume cupboards where possible and allow affected children to leave the room
- smoking - a completely smoke free environment is mandatory in Wrexham schools.

Sample Letters

Sample Letter A

(sent to all parents of children with asthma, as identified by the link person from admission forms)

Dear Parent

Why are we writing to parents of children who have asthma?

I am pleased to advise you that this school takes its responsibilities for pupils with asthma very seriously.

As part of accepted good practice, we are now asking all parents of pupils with asthma to help us to complete a school Asthma Record for their child. The record will help school staff to ensure that pupils with asthma receive the best possible treatment at all times.

What will happen in school if your child has an asthma attack?

The record will give details of your child's current treatment and what steps to take if an asthma attack happens at school. In case of asthma emergencies, the school keeps a spacer for use with your child's metered dose inhaler - providing it fits. (If unsure whether or not your child's inhaler is compatible please ask your asthma or school nurse.)

What are we asking you to do?

Please fill in your child's details on the asthma record form. You may like to ask your doctor or asthma nurse to help you with this. Also ask your pharmacist to label your child's inhaler, not just the box which it comes in and ask your doctor (GP) to provide a metered dose inhaler compatible with the spacer for emergency use, if you do not already have one.

What will happen every year?

You will be asked to update the record yearly, but please inform the school in writing if treatment is changed before this time so that the record can be updated.

I look forward to receiving the completed record. Thank you for your co-operation in this important matter. Please return your completed form to me as soon as possible.

Yours sincerely

Sample Letter B

(for annual updates of asthma records)

Dear Parent

Re: Annual Update of School Asthma Record

Your child's **asthma record** for last year is enclosed. Please fill out a new form for this year and return it as soon as possible. Could I also remind you to check that your child has enough inhalers and that all inhalers are in date and

labelled by your pharmacist with your child's name and dosage details.

Yours sincerely

Roles and Responsibilities

Headteachers

- Be responsible for overall implementation
- Communicate, maintain and monitor policy
- Assess staff training needs and arrange for these to be met
- Nominate and support link person / people
- Ask parents to update records

School Governors

- Approve policy
- Monitor and report on effectiveness

Local Authority

- Support the policy
- Provide indemnity for staff who administer medication

School Staff

- Understand policy
- Allow immediate access to relievers
- Report concerns
- Ensure pupils have inhalers on school trips and pre-exercise

School Asthma Link People

- Distribute information
- Maintain emergency spacer kit
- Record asthma concerns and relay to school nursing staff
- Identify pupils newly diagnosed with asthma and send parents record to complete
- Update records annually
- Promote positive asthma messages

School Nursing Staff

- Liaise with and support link person, asthma practice nurses and GPs
- Get more spacers
- Offer initial training and annual updates

Pupils

- Treat children with and without asthma equally
- Allow the blue inhaler to be used when appropriate. Ensure a staff member is called
- Treat medication with respect

Parents

- Inform school if child has asthma, medication required and changes as they happen
- Complete and return asthma record
- Ensure inhalers are in date, and pharmacy have labelled them with child's

name and dosage

- Take inhalers home at the end of the school year
- Keep child at home if he/she is too ill to attend school

GPs and Practice Asthma Nurses

- Prescribe suitable device for child's ability
- Prescribe metered dose inhaler compatible with school spacer for use in severe attacks, labelled 10-20 puffs via spacer
- Prescribe preventers twice daily - check parents understand this even if dose doubled
- Help complete school records

Pharmacy

- Label inhaler not just the box

Notification of administration of an inhaler

Name _____ Date _____

Dosage _____ puffs Time _____

Signature of staff member _____

Notification of administration of an inhaler

Name _____ Date _____

Dosage _____ puffs Time _____

Signature of staff member _____

Notification of administration of an inhaler

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