

A Safeguarding Policy

Beverley High School

Asthma Policy



Date: March 2017

This policy document is available in a variety of formats in line with the Equality Act 2010. It is available as a hard copy from the School Office or can be found on the school website at www.beverleyhigh.net

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A Safeguarding Policy

The Governors and Staff of Beverley High School (BHS) fully recognise the importance of safeguarding children and play a full and active part in protecting pupils from harm.

We believe that our school should provide a caring, positive, safe and stimulating environment, which promotes the social, physical, emotional and moral development of each pupil

In developing the Asthma Policy, consideration has been given to Beverley High School Child Protection and Safeguarding Children Policy and the East Riding Safeguarding Children Board Procedures.

Linked Documents

- Child Protection and Safeguarding Children Policy.
- Supporting Pupils with Medical Conditions in School Policy and Procedures □ First Aid Policy and Procedures □ Intimate Care Policy and Guidance. □ Health and Safety Policy
- Educational Visits and Activities Policy □ Single Equality Scheme.
- SEND Policy
- Staff guidance – Pupil’s medical information will be kept on the context sheets on the SIMS database.
- Individual Pupil/Staff First Aid Guidelines/Management Plans.
- Location list/facilities – First Aid Boxes, eyewash stations, accessibility toilets, Physical Management Area (PMA).
- DFE: Supporting Pupils at School with Medical Conditions. Statutory Guidance for Governing Bodies of maintained Schools and Proprietors of Academies in England September 2014
- Department of Health: Guidance on the use of Emergency Salbutamol Inhalers in Schools: September 2014
- Special Educational Needs and Disability (SEND) Code of Practice for Children and Young People aged 0- 25 years.

Introduction

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. (1) There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK. (2)

Beverley High School recognises that asthma and recurrent wheezing are significant conditions affecting increasing numbers of school age children and aim to support any pupil with asthma to ensure they reach their full potential both academically and socially.

(1) Asthma UK, 'Asthma Facts and FAQs', <http://www.asthma.org.uk/asthma-facts-and-statistics>

(2) The NHS Atlas of Variation in Healthcare for Children and Young
<http://www.sepho.org.uk/extras/maps/NHSAtlasChildHealth/atlas.html>

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A generic Asthma Policy for Schools was written by the Paediatric Asthma Specialist Nurse with advice from the charity, Asthma UK and the Department of Education with additional to advice from healthcare and education professionals. This generic policy has been adapted to reflect the policies and procedures undertaken at Beverley High School to support those pupils who have asthma and should be read in conjunction with the Supporting Pupils with Medical Conditions in School Policy and Procedures. All documentation used by the school e.g. Parental consent and Individual Healthcare Plans (IHCP) can be found within the Supporting Pupils with Medical Conditions in School Policy and Procedures.

Aims of the Policy.

- Ensure that arrangements are in place to support pupils at school with asthma, allowing them to access and enjoy the same opportunities at school as any other pupil including school visits and physical education.
- Provide appropriate training for school staff including managing emergency procedures.
- Ensure that school staff consult with health care professionals, pupils and parents to ensure that the individual needs of any pupil with asthma are met in order that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- Ensure that where an IHCP is deemed as appropriate it clearly identifies the pupil's specific triggers, symptoms, medication needs and the level of support needed in an emergency.
- Ensure the whole school community is aware of the policy
- Ensure that the pupils and parents feel listened to and that the school values their views.

What is Asthma?

Asthma is a common long-term condition which affects the airways in the lungs. It can cause coughing, wheezing, chest tightness and breathlessness. The severity of these symptoms varies from person to person. Asthma can be controlled well in most people most of the time, although some people may have more persistent problems.

The symptoms of asthma occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise. The trigger irritates the airway causing the muscles around the walls of the airway to tighten, the airway becomes narrower and the lining of the airway develops inflammation and begins to swell. The build-up of sticky mucus and phlegm can further narrow the airway. These reactions taking place in the airway make it difficult for the sufferer to breath and this leads to the symptoms of asthma.

Signs and Symptoms of Asthma

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising.
- Shortness of breath when exercising.
- Intermittent cough.

These symptoms are usually responsive to use of an inhaler and rest e.g. stopping exercise if this has been the trigger. They would not usually require the pupil to be sent home from school or to need urgent medical attention.

The more severe symptoms can include:

- Persistent cough (when at rest).
- A wheezing sound coming from the chest when at rest.
- Difficulty breathing – the pupil may be breathing fast and with effort, using all accessory muscles in the upper body.
- Tightness around the chest – younger pupils may describe this as a 'tummy ache'.
- Nasal flaring.
- Unable to talk or complete sentences – staff should be aware of a pupil becoming unusually quiet.
- Appearing exhausted.
- Developing blue or white tinge around the mouth and lips.

Even these symptoms can be reversible by the use of a reliever inhaler but all staff must be aware that sufferers may experience an acute episode including collapse which will require emergency medical or hospital treatment, in these situations an ambulance must be summoned immediately - see Management Plan for an Asthma Attack.

Severe Asthma

A small proportion of people with asthma (about 5%) are unable to achieve good control of their condition despite using high levels of asthma medicines. This is described as therapy resistance. Many people in this group have difficulty breathing almost all of the time, as well as frequent serious, life-threatening asthma attacks needing hospital admissions. This condition can have a significant impact on a pupil's physical and emotional health and additional support may be required from school staff. The pupil may have been provided with an Emergency Healthcare Plan from their Hospital Consultant and in line with the schools Supporting Pupils with Medical Conditions in School Policy consideration should be given to the pupil having an IHCP.

Staff Training

All staff are given the opportunity to receive training from the NHS School Nursing Team/Specialist Nurses to enable them to support a pupil with asthma. For those staff with responsibility for the provision of first aid in school this training will be compulsory and should be provided bi-annually and more often if there are pupils within the school who have significant asthma symptoms or there are significant changes to the overall management of asthma in children and young people. The NHS School Nurse and/or the Paediatric Asthma Specialist Nurse may be able to support this training.

Asthma Education for Pupils

It is recommended that all pupils should be educated about asthma in order to ensure they are able to support peers with the condition. This will be delivered through PSHE, drugs education; assemblies' etc. Support for this may be available from the NHS School Nurse and/or the Paediatric Asthma Specialist Nurse.

To assist with training Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and pupils.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-yourinhalers>

Procedures

- The parent should inform the school their child has asthma. It is important that the Healthcare Adviser is made aware of any medications that the pupil requires during the school day and all relevant documentation should be completed. Refer to the Supporting Pupils with Medical Conditions in School Policy and Procedures.
- In consultation with the pupil, parents and relevant healthcare professionals a decision will be made as to whether the pupil requires an (IHCP. If this is the case procedures are in place to undertake this process. Refer to the Supporting Pupils with Medical Conditions in School Policy and Procedures.)
- For those pupils with significant asthma, an Emergency Healthcare Plan should be provided by a health care professional; this will be included in the IHCP and must be stored with any duplicate medication in the school office. The school will ensure that this plan displays a photograph of the pupil and copies should be retained by the Healthcare Adviser and be readily available to all staff.
- Parents should ensure that they inform the school (Healthcare Adviser) if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms. The healthcare adviser will then ensure staff are updated.

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- Parents are responsible maintaining a record of the expiry dates of any medicines stored in school and replacing them as necessary. This includes spacer devices.
- A record of all pupils with asthma is kept in school (Asthma register) and is updated annually or as required by the Healthcare Adviser. It is readily available to all staff through the Context Sheets on the SIMS database.
- All staff are made aware of the policy and emergency procedures for managing an asthma attack. First Aiders who have received additional training are available at all times.
- All school staff will allow pupils immediate access to their own asthma medication when they need it including spacer devices if used.
- All pupils suffering from asthma are encouraged to keep their inhalers and spacers with them at all times. These should be clearly labelled with the pupil's name, date of birth and form group. In most cases this will be a reliever inhaler which is usually blue in colour.
- A duplicate inhaler and spacer can be stored in the school office and will be made available to the named pupil at all times. **The inhaler should never be locked in a cupboard.** It should be clearly labelled as described above. In these circumstances all relevant documentation should be completed by the parent and returned to the Healthcare Adviser. Refer to the Supporting Pupils with Medical Conditions in School Policy and Procedures.
- If the pupil requires supervision when self-medicating this will be recorded by the Healthcare Adviser (or First Aider on school visits). Refer to the Supporting Pupils with Medical Conditions Policy and Procedures.
- Staff should report any concerns they may have about a pupil with asthma to the Healthcare Adviser and Wellbeing Manager e.g. if the pupil appears to be using their inhaler frequently in class or is not achieving their academic targets. It is important that this information is discussed with the pupil in the first instance as they are expected to take some responsibility for their care (The level of responsibility is dependent on their age and understanding of the condition) and if appropriate parents and /or the health professional responsible for the pupils' care should be made aware of the concerns.

Physical Education

Taking part in sports is an essential part of school life and important for health and well-being and pupils with asthma are encouraged to participate fully with any necessary adjustments being made to allow them to reach their full potential.

All PE staff have a First Aid qualification and the Healthcare Adviser is responsible for updating them about individual pupils and/or changes in the generic management of asthma.

Symptoms of asthma are often brought on by exercise and therefore, each pupil's labelled inhaler will be available at the site of the lesson.

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Certain types of exercise are potent triggers for asthma e.g. cross country running and field activities. Any pupil who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be encouraged to warm up prior to participation and cool down after the activity.

Parents are requested to update staff about their child's condition and any request from parents for their daughter to be excused from a particular activity must be acted upon. The Healthcare Adviser /PE staff should liaise with parents and /or healthcare professionals with regards to any long-term implications for the pupil in terms of PE participation.

Educational Visits and Activities

No pupil who has asthma should be denied the opportunity to take part in school visits or residential activities unless so advised by their GP or Consultant.

A risk assessment will be undertaken by the Trip Leader prior to the visit and if appropriate a meeting with the pupil and parents prior to the trip can alleviate any concerns and ensure that all correct procedures are in place for supporting the pupil whilst on the visit, including any necessary training for staff with regards to the pupil's controller medication and emergency management. This will be more relevant on residential visits. Advice should be sought from health professionals if appropriate.

It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the visit. Parents must be responsible for ensuring an adequate supply of medication is provided.

The pupil's reliever inhaler will be readily available to them throughout the trip, being carried by the pupil at all times. In some cases it may be beneficial for the First Aider to carry with them a duplicate inhaler.

All relevant documentation must be completed prior to visit. Refer to Beverley High School's Supporting Pupils in School with Medical Conditions Policy and Procedures

Emergency Procedures

The Management of an Asthma Attack is shown in the flow chart on page 10 of this policy. Copies are displayed in the school office and key locations around the school site. All staff are made aware of these procedures. The pupil and parents should have access to the flow chart and in some cases it may be necessary for adjustments to be made to the plan to meet the individual pupil's needs, these should be highlighted in the IHCP.

Further Information

Asthma UK

www.asthma.org.uk

NHS Choices

www.nhs.uk

Beverley School Nursing Team

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Management of an Asthma Attack

Signs & Symptoms

Cough
 Wheezing
 Tight chest
 Shortness of breath
 Tummy ache (younger child)

Not all symptoms need to be present for a child to be having an asthma attack

Signs of Asthma Attack

Administer 2 puffs of CALM

blue reliever medication STAY

After 2-3 minutes

Improved

No improvement

Return to normal activities

If, at any stage, the symptoms appear to be worsening i.e. more breathless, difficulty in speaking, more distressed, change of skin colour dial 999 for an ambulance immediately. Continue to use the blue inhaler whilst waiting for help.

Administer up to a further 8 puffs of blue reliever medication (through space device if available) 1 puff every minute

Document episode in pupil's file. Dose may be repeated if symptoms return. Inform parent/carer at end of day.

Improved

No improvement/difficulty

contact parent /carer.

talking/obvious distress/pale skin/dusky/collapse

DIAL 999 IMMEDIATELY and

Remain with child reassure and keep calm. Administer up to a further 10 puffs blue reliever medication whilst waiting.

Contact parent /carer

In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.