



Cornwall and Isles of Scilly
Community Health Services

Community Health Services

Asthma in Schools and Early years

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Contents

1	Introduction	3
2	Definitions	3
3	Equality Impact Assessment	3
4	Good Corporate Citizen.....	4
5	Duties	4
	5.1 Duties within the Organisation	4
	5.2 Communication with Stakeholders.....	4
6	Asthma Care	4
7	Risk Management Strategy Implementation.....	11
	6.1 Implementation Process	11
	6.1.1 Training and Support	11
	6.1.2 Dissemination.....	11
	6.1.3 Storing the Procedural Document.....	11
	6.2 Monitoring Process	11
	6.2.1 Systems for Monitoring the Effectiveness of the Procedural Document.....	11
	6.2.2 Key Performance Indicators (KPIs).....	Error! Bookmark not defined.
	6.2.3 Learnings	11
7	Process for Monitoring Effective Implementation	11
8	Associated Documentation.....	12
9	References.....	12
	APPENDICES	13

Please Note the Intention of this Document

This document has been developed with the aim of providing a risk management strategy upon which to base risk management policy. This procedural document is compliant with the minimum requirements of the National Health Service Litigation Authority (NHSLA) Risk Management Standards.

The Asthma in Schools and Preschool settings policy is intended to clarify the care of children in schools and early years and the roles and responsibilities of Education, Early Years and Health staff.

1 Introduction

Asthma is one of the most common chronic diseases of childhood, affecting approximately 1.5 million children aged 2 – 15 years in the UK. This means that there are likely to be 4 –5 asthmatic children in most school classes. Children spend a large part of each day in school and increasingly in preschool child care settings. It is important therefore that teachers and staff are aware of the asthmatic children in their care and are able to support them to lead a normal school life and achieve their full potential. Teachers and other staff should also be able to deal with the emergency situation should it arise. It will be up to individual school and preschool settings to request input from health staff and attend training offered.

The term 'school' will be used throughout this policy but can be interpreted for preschool settings as well.'

Asthma cannot be cured but can be controlled by regular medication, usually in the form of inhalers. However, school/preschool staff have no obligation to either administer medication regularly or to supervise children taking medicines. The ideal situation is for children to keep their own inhalers and take control of their own asthma management. Realistically, this is not always possible.

This policy aims to provide clear guidelines on supporting children with asthma in schools and also a format to follow in the event of a child having an acute asthma attack. Schools also have the option of obtaining Emergency Kits to be used if a child's inhaler was not available, so that there would be no delay in receiving potentially life-saving treatment. It is now recognised that staff in preschool settings may also require training and health advice.

Together with the Schools Asthma Policy, a programme of training for school staff is available from Community Health Services and should be undertaken as a matter of course by school/preschool staff who have responsibility for the Asthma Policy and the Asthma Emergency Kit.

The policy has now been revised and updated and is intended as a reference source for governors, head teachers, teachers, preschool support staff and parents. This document should be delivered in conjunction with 'Managing Medicines in Schools and Early Years' 2005 Dept of Education and Skills / Dept of Health which also emphasises the importance of implementing policies and procedures, which should be drawn up in partnership with parents and staff.

The Cornwall Schools Asthma Policy remains voluntary but it is anticipated that all schools/preschools in Cornwall and the Isles of Scilly will adopt the policy in order to minimise the effects that asthma can have on children.

2 Definitions

Preschool settings is the term applied to childrens day care, private and state nurseries.

3 Equality Impact Assessment

As part of its development, this document and its impact on equality have been reviewed in line with the Equality and Diversity Policy. The Equality Impact Assessment Tool has been

used to help consider the needs and assess the impact of this policy and has been completed alongside this document and no detriment was identified

4 Good Corporate Citizen

As part of its development, this policy was reviewed in line with the CIOSCHS Good Corporate Citizen Action Plan. The implementation of this strategy promotes good governance.

5 Duties

This section includes an overview of individual roles, departmental and committee duties including levels of responsibility for the development and management of procedural documents.

5.1 Duties within the Organisation

Key duties and accountabilities of directors, committees, specialist staff, and authors with responsibility for procedural documents are identified as:

- **Children's Services Director/Lead/Manager:** responsible for managing the implementation of this policy.
- **Health Visitor School Nurse Meetings:** responsible for developing and monitoring this policy.
- **Consultation Team/Stakeholders:** responsible for reviewing this policy and providing feedback.
- **CIOSCHS Board:** responsible for the final review and ratification of all procedural documents.
- **Role of The School Asthma Link Individual:** See Appendix ii
- **Role of The School Nurse/Health Team Member:** See Appendix iii

5.2 Communication with Stakeholders

Respiratory Specialist Nurse
School Nurse Team Leaders and Practice Teachers
Health Visitor Team Leader and Practice Teachers
Healthy Schools
CAPH and CASH One Cornwall
Early Years
Health and Well being Dept One Cornwall

6 Asthma Care

Policy Aims and Objectives

Aim: To ensure that asthmatic children and students in Cornwall and Isles of Scilly preschools and schools are able to safely take part in a full school life and to develop their potential both academically and emotionally (Every Child Matters DfES 2003). It also aims to support school and preschool staff in making decisions about issues relating to asthmatic children in their care.

Objectives:

- To make schools and pre-schools “asthma aware”.
- To provide school staff with a clear statement of support from the Health Community and the Local Education Authority.
- To provide a framework for schools and preschools to follow in managing asthmatic children in school.
- To provide schools and preschools with clear instructions on how to manage an acute attack.

In order to fulfil the above objectives, it is advised that the following recommendations are carried out.

It is recommended that all schools/preschools:-

- Appoint a **voluntary** Asthma Link member of staff
- Ensure that all school staff receive training by appropriate health professionals
- Maintain a register of asthmatic children in school/preschool.
- Keep an “Asthma Emergency Kit” in an easily accessible place and ensure that all staff know of its existence and place of keeping.

NB: The Kit is available on request from your School Nurse/Health Visiting Team and is provided free of charge to those schools that have adopted the Schools Asthma Policy. These schools must also receive relevant training offered by health services.

What is Asthma?

Asthma is an inflammatory condition of the lungs. The airways become overly sensitive to certain stimuli or triggers causing spasm and narrowing of the airways, leading to the signs and symptoms of asthma i.e. cough, wheeze and breathlessness.

Known common triggers found in the school environment

Viral infections (common cold)

House dust mite

Fumes

Pollens and spores

Animal dander

Exercise

Cold air

Emotional upset or excitement

Treatments for Asthma

The majority of children with asthma will be taking regular inhaled therapy. This most commonly consists of a steroid, or steroid combination inhaler which usually will be kept at home. Examples of these are Pulmicort, Flixotide, Beclamethasone and Seretide. These inhalers will not be effective once an attack has started.

The inhalers which should be in school are relievers, usually coloured blue, which work by relieving muscle spasm thereby opening up the airways. They can also be used before exercise to prevent asthma symptoms in susceptible children. Examples of these are Ventolin, Salbutamol and Bricanyl.

There are many different kinds of inhaler devices available and each individual child should be able to use the device prescribed by their doctor. The most commonly used is the metered dose inhaler which is often used *with a spacer*. This is the device available in the Emergency Kit. (See page 16 *includes picture of a spacer*)

Storage of inhaler devices

Children with asthma should be responsible for their own inhalers. Where this is not practicable, they should be labelled and kept in a cupboard or drawer in the classroom and be easily accessible. However, it is also important that medicines are only available to those for whom they are prescribed. Arrangements should be in place for availability of these inhalers when the children are away from the classroom e.g. doing games or on school trips.

Asthma medications are extremely safe and should not pose any threat or danger if they are inadvertently used by non-asthmatic individuals.

The administration of Asthma medication

Many pupils with asthma will need to take their inhalers during the course of the school day. They should be encouraged to manage their own medication, but may also need supervision. The school policy should state whether children can carry and administer their own medication.

There is no legal duty which requires school staff to administer medication; this is a voluntary role.

Staff who volunteer to administer medication need support from the head teacher and parents, access to information and training, and reassurance about their legal liability.

It is good practice to keep a record of medicines given to pupils so that staff are protected and have proof that they have followed agreed procedures.

Asthma Kits for Schools (only)

Asthma treatments are prescription only medicines (POMs) for use by the person for whom they have been prescribed. However, it has been recognised that children may be put at risk if, in an emergency, they were unable to access their own medication. Parents and pupils are ultimately responsible to provide their medication. Parental input in pre-school settings is greater than school age settings.

In view of this, an Asthma Emergency Kit will be provided, on request, for schools only in the county.

The Kit comprises:

- One Salbutamol aerosol inhaler
- One spacer device

The Kit is only to be used when:

- The child/student is known to have asthma
- The child/student is unable to take their own medication
- The child/student's own medication is unavailable
- The child/student is having an attack of asthma

Instructions in the use of the kit are given on page 12.

Staff using the kit must have attended appropriate training sessions.

Every time the Emergency Kit is used, the School Nurse Team must be informed so that a replacement can be provided.

The Asthma Emergency Record Sheet (Appendix iv) should be filled in.

The Kit should be kept in an easily accessible place. In larger schools extra kits are available to be kept at different strategic points throughout the school.

It is recommended IN SCHOOLS that a separate Emergency Kit is kept for use on trips.

Record keeping of children with asthma

All schools will have a record of children with medical conditions which are relevant to their care whilst at school. It is suggested that schools keep a separate register for children who have been diagnosed as having asthma, by a doctor. This register should be kept with the Asthma Emergency Kit.

Asthma – signs and symptoms

Asthma affects the airways which are almost always swollen and inflamed. This makes them very sensitive to triggers such as those mentioned on page 7. The inflammation is normally kept under control with medications which need to be taken daily. However, symptoms do occasionally occur.

The usual symptoms of a person with worsening asthma are:

- Coughing
- Wheezing
- Shortness of breath
- Tight chest

These symptoms are not necessarily there all the time and will vary with different people. They often get worse after contact with a trigger, with exercise or with colds. Usually all that is needed is two puffs from a reliever inhaler such as Ventolin, Salbutamol or Bricanyl to control the symptoms.

Occasionally however, the symptoms become so bad that the child will need urgent treatment and may have to be admitted to hospital. This can sometimes be preceded by a recognisable period of deterioration over a number of days.

Signs of deteriorating asthma:

- Waking at night with coughing, wheezing or breathlessness
- Increased breathlessness in the morning
- Needing to use the reliever inhaler more often than usual and/or the inhaler does not seem to work as well and/or the effects do not last as long as usual
- Becoming more breathless with exercise

If any of these are happening the asthmatic person should contact their GP or Asthma Nurse for advice. Sometimes patients have written Asthma Action Plans which will tell them what to do in the event of worsening asthma.

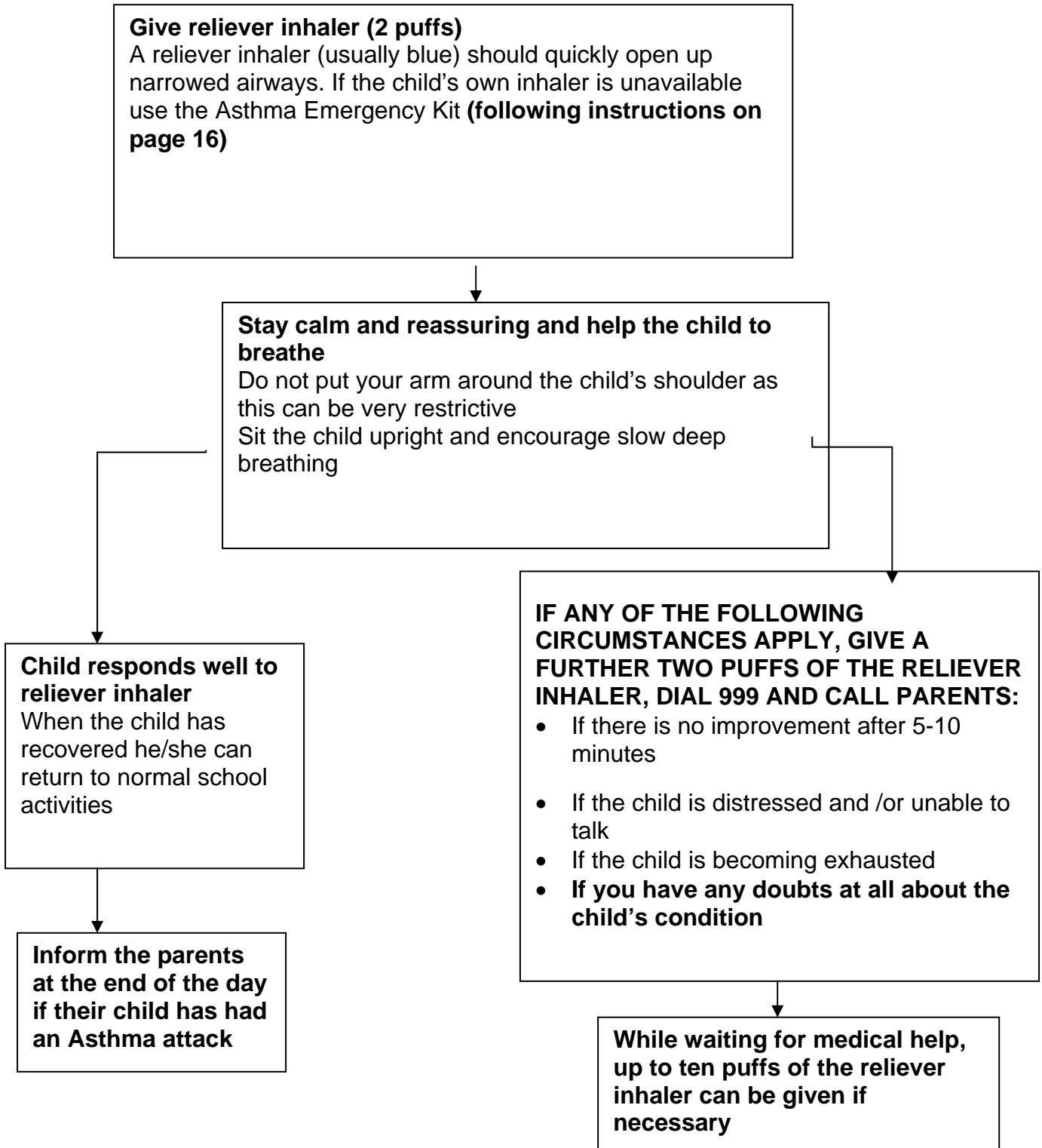
If any school staff notice any of these signs, they should inform the parents as soon as possible.

THE FOLLOWING SIGNS INDICATE AN ACUTE ATTACK AND SHOULD BE TREATED AS AN EMERGENCY FOLLOWING THE INSTRUCTIONS GIVEN IN THE FOLLOWING FLOW CHART

- **EXTREME BREATHLESSNESS AND/OR COUGHING**
- **RELIEVER MEDICATION DOES NOT WORK**
- **THE CHILD HAS DIFFICULTY WITH TALKING AND/OR IS UNABLE TO TALK IN SENTENCES WITHOUT TAKING A BREATH IN THE MIDDLE**
- **THE CHILD IS BECOMING EXHAUSTED OR DISTRESSED**

EMERGENCY TREATMENT FOR CHILDREN WHO ARE KNOWN TO HAVE ASTHMA

The asthma first aider for your school is

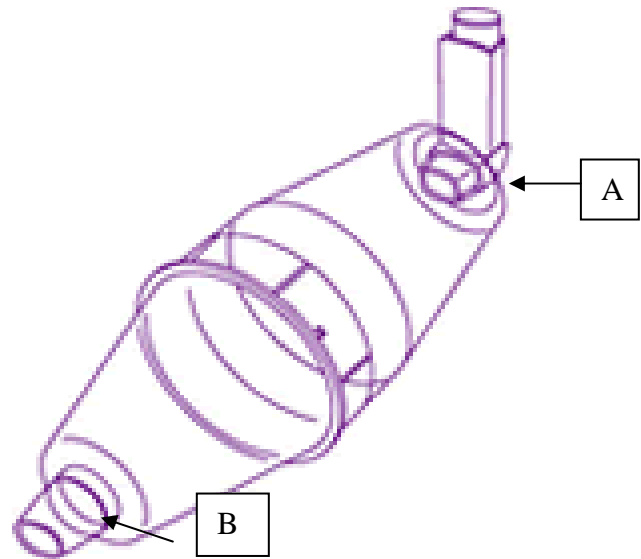


THE ASTHMA EMERGENCY KIT

A COPY OF THIS MUST BE KEPT WITH THE KIT AT ALL TIMES

INSTRUCTIONS FOR USE

1. Assemble spacer.
2. Remove cap from inhaler.
3. Shake inhaler well.
4. Insert inhaler into spacer (A).
5. Place spacer mouthpiece (B) in child's mouth.
6. Depress canister **ONCE**.
7. Encourage child to breathe in and out **SLOWLY** through the spacer at least **SIX** times (keeping a seal with the lips around the mouthpiece).
8. The valve should click at least **SIX** times.
9. Repeat steps 3-9 once more. (Total of two puffs)
10. Monitor the response over the next 5 – 10 minutes.



If no improvement give a further two puffs following stages 3 – 9

AND

CALL FOR URGENT MEDICAL HELP

IF THERE IS NO RESPONSE AND WHILE WAITING FOR MEDICAL HELP, UP TO 10 PUFFS CAN BE GIVEN IF NECESSARY.

**The Spacer in the Emergency Kit should be discarded after use.
A replacement Inhaler/Spacer can be ordered through**

.....

7 Risk Management Strategy Implementation

6.1 Implementation Process

Highlighted at Education and Early Years training
Saved on Healthy Schools website

6.1.1 Training and Support

Training for Education and Early Years will be provided by the Specialist Nurses and led by Community Health Services School Nurses.

Asthma awareness training will be provided by the Community Health Services, advertised on the Healthy Schools and Family Information Service website and offered to settings to attend. It is the settings responsibility to ensure their staff are trained appropriately. Information about liability and health and safety for Local Authority staff can be obtained from the One Cornwall School Health, Safety and Wellbeing Department.

6.1.2 Dissemination

Once ratified this policy will be loaded to the intranet (read only) and *Healthy Schools website*

Staff will be made aware of its existence through the daily briefing email and the fortnightly Team Briefing.

Confirmation of receipt is not required for this procedural document.

6.1.3 Storing the Procedural Document

The signed procedural document will be stored (hard copy) centrally, as will the digital (soft copy) version.

6.2 Monitoring Process

6.2.1 Systems for Monitoring the Effectiveness of the Procedural Document

Feedback from training sessions
Review Date

6.2.2 Learnings

How difficult it has been to find a key link in with Education and Early Years
Providing multi-agency training and where to advertise this to ensure access
Other agencies do not take much notice until they realise a system has changed and it affects them.

7 Process for Monitoring Effective Implementation

The effective implementation of this policy will be monitored by the County School Nurse Link Group. In addition, evaluation of training will be undertaken by School Nurse Leads and the findings reported to the Link Group.

8 Associated Documentation

Medicines Management in Schools and Early Years settings DCSF 2005.

9 References

Policy for the Development and management of procedural documents. CIOS
Community Health Services. Available at <http://cwlintranet/DocLibrary/default.asp>

Every Child Matters DfE 2003

10 APPENDICES

Appendix i

ASTHMA MANAGEMENT POLICY (for display if required)

Application of policy:

1. Once the school/preschool setting has been informed, add the child's name and details of treatments to the school/preschool asthma register.
2. Parent or legal guardian to complete and sign the Asthma Care Plan and Consent Form.
3. Inform the child's class teacher or year tutor.
4. In the case of a child developing asthma after initial admission apply steps 1-3.
5. Carry out a review of any changes at least annually.

**ALL PUPILS SHOULD HAVE INSTANT AND EASY ACCESS
TO THEIR ASTHMA MEDICATION AT ALL TIMES**

All children with asthma should have their asthma medications labelled clearly with their name.

Some pupils may need to take their reliever medication before activity.

Parents/pupils should ensure they have an adequate supply of asthma medication at school at all times. There is an **ASTHMA EMERGENCY KIT** available for children who are known to have asthma and are registered with the school.

LOCATION.....

Each use of the Asthma Emergency Kit is to be recorded and the necessary follow up action taken.

This kit is only to be used when the child is, 1) unable to take their own medication and is having an attack of asthma or, 2) their own medication is not available.

Your School Nurse/named health
team staff member :
.....
Contact number.....

Your Asthma Link/Asthma Support
Person is.....
Contact number.....

Appendix ii

- 1) To be a named contact within a school/setting for dissemination of information on asthma.
- 2) To receive basic asthma training provided by the health services.
- 3) For schools: To make sure that other staff know of the existence of the Asthma Emergency Kit(s).
- 4) To give re-assurance to other members of staff who are nervous of asthma conditions.
- 5) For schools: To ensure that the emergency asthma kit(s) are kept in good condition.
- 6) For schools: To ensure that the inhaler is in date (replacement procedures to be clarified).
- 7) For schools: To ensure that the school nurse/health team staff member is contacted after the asthma kit(s) have been used.
- 8) For schools: To ensure that the parent is contacted after the asthma kit(s) have been used.
- 9) To disseminate positive messages concerning children with asthma in school.
- 10) Where appropriate, co-ordinate with other Asthma Support staff in the school.
- 11) As always, to act in the best interests of the child.

It is recommended that the Asthma Link Person attends updates and it is the schools responsibility to book on training offered via Healthy Schools/Family Information Service.

Appendix iii

Role of the School Nurse /Health Team Member

School Nurses (or the competent health team member) should be seen as the key group of workers forming links between doctors, preschool, schools and parents. They are supported by Respiratory Specialist Nurses and together they will provide uniformity of information dissemination.

Role of the School Nurse/Health Team member

- To be known as the first point of contact for the school after an asthma emergency has been dealt with by the school.
- To be known to the school /preschool by name.
- Asthma Link person to be known to the School Nurse/Health Team member by name.
- To provide a contact number for all schools/preschools.
- To respond to the Asthma Link persons request for Emergency Kit replacement equipment within a working week. (schools only)
- To investigate reasons for the use of asthma emergency kit by:
 - Talking to Asthma Link person.
- To respond to general asthma management concerns of Asthma Link Person (may be referred on to the Respiratory Specialist Nurse, Practice Nurse or GP).
- To signpost training for school /preschool staff (via Healthy Schools/Family Information Service)
- To ensure competency and updated by the Respiratory Specialist Nurses it is recommended that health staff attend updates- as directed by the Respiratory Specialist Nurses.

Appendix iv

SCHOOL ASTHMA EMERGENCY RECORD SHEET

If you use the Asthma Emergency Kit, please complete this form as soon as possible

School.....

Name of child**Date of birth**

Address

Form / Class

Is there signed parental consent to use the Emergency Kit? Yes No

Reason for use of the kit

.....

ACTION TAKEN

1. Number of puffs of inhaler administered via spacer

2. Which of the following were contacted?

○ **Ambulance via 999** Yes No

○ **General practitioner** Yes No

○ **Parent/Guardian** Yes No

○ **Other, give details** Yes No

3. What was the outcome? (Please give details of what happened following emergency treatment, e.g. taken to hospital, seen by GP, taken home by parent etc)

.....

.....

4. When completed:

- Please contact your School Nurse/Health Team and ask for a replacement Emergency Kit
- Please keep this record sheet with you Asthma Policy and make it available to your School Nurse/Health Team on request.

Details of person who administered medication and completed this form:

Name **Signature**

.....

Position

Date.....

Appendix v

SCHOOL REQUEST TO RECEIVE THE ASTHMA EMERGENCY KIT

<p>PLEASE PRINT</p> <p>Name of Head Teacher/Manager.....</p> <p>Name of School/Preschool.....</p> <p>Address.....</p> <p>Telephone Number.....</p>

I have read and understood the asthma policy document and have put into place the following criteria:

1. I have a register of children who have been diagnosed by a doctor as having asthma, a copy of which will be kept with the Kit (s).
2. I have a named person *who has attended training* and will be known as the Asthma Link member of staff :

Name.....

3. (Optional) I have a larger school and also have Asthma Support Staff.

Name:

1.
2.
3.
4.

4. A copy of the instructions will be kept with the Asthma Emergency Kit (s).

5. My School requires Asthma Emergency Kit(s).

Signature of Head teacher/Manager.....

Date of request..... **Please**

Return to: Local School Nurse/Health Team

Appendix vi

Covering Letter to Head Teachers and Early Years Providers in Cornwall

Dear Sir/Madam

Asthma continues to be the commonest chronic illness in children of school going age. In most children who are on regular preventative medication this should not significantly interfere with normal activity at school. Many children however will experience exacerbations of asthma whilst at school. It is important that their carers are confident in terms of managing an attack and carers and children have prompt access to emergency reliever treatment. The Cornwall Asthma School Policy was launched in October 1996 and the aims were fourfold:

1. The education of teachers by health professionals about the management of asthma.
2. The identification of an asthma link staff member (e.g. teacher, first aider, SENCO) who is responsible for sharing knowledge and training of other teachers and school staff.
3. The establishment and maintenance of an asthma register at each school.
4. The implementation of a policy and procedure for dealing with an asthma attack, this includes training in the recognition of attacks and the use of an emergency asthma kit (for schools only).

A survey was conducted to determine the effectiveness of the policy. The results of this survey identified that teacher asthma awareness was significantly greater in schools who utilise the Cornwall Asthma School Policy and the need for regular training updates. The new asthma policy document has thus been updated to include a more robust provision for updating asthma knowledge in schools. I hope that you will continue to find the Asthma Policy Document useful.

Yours sincerely

Dr Anne T Prendiville MD

Consultant Paediatrician