

A joint initiative from  
Norfolk County Council and Norfolk Health Services

**Schools in Norfolk asthma guidance**



**Together we can make it happen!**



**Norfolk** County Council

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“My inhaler makes my asthma go away”  
Megan age 6

Foreword



About one in seven children have asthma and numbers are increasing. We want to make sure that having asthma doesn't mean children losing out when they are at school.

Most children with asthma can have a full and active life. This policy will help manage their asthma while they are at school. It will make sure that Norfolk County Council, school staff, governors, doctors and nurses work closely together to improve the day to day management of asthma in schoolchildren, allowing them to reach their full potential.

**Lisa Christensen**

Director of Children's Services  
Norfolk County Council



If you need this information in large print, audio, Braille, alternative format or in a different language, please contact Paul Commins on (01603) 223470 (minicom 223833) and we will do our best to help.

Asthma is the most common chronic childhood condition, affecting an estimated 16,500 Norfolk school children.

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)'

**Health and safety**

As employers, local authorities and governing bodies are responsible for the health and safety of anyone on the premises. This includes ensuring an appropriate asthma policy is in place. We hope this document will help.

**Indemnity**

- ❖ Staff in local authority schools who are happy to administer medication will be provided with indemnity. Staff from independent schools should check their liability insurance status.
- ❖ In emergencies, staff should act as any prudent parent would, which may include giving medication.

This policy supplements local authority procedures and also policies which independent schools have created. These include the health and safety guidance document 'Administration of Medication in School' (Section 11 of the Norfolk County Council Children's Services Health and Safety Manual). The aims of the policy are to provide all schools with:-

- ❖ A practical procedure for dealing with asthma.
- ❖ Ideas for promoting positive asthma messages.

- ❖ Training in asthma management.
- ❖ Identified asthma link staff.
- ❖ Clarity on issues of responsibility.

**Adopting the policy**

We hope that schools will adopt this voluntary policy, especially as it may help support and reassure teachers, parents and pupils, and promote positive messages to benefit the whole school.

Asthma UK has shown that a policy can be effectively implemented in schools in just 10 hours. Details of implementation will be covered in school staff training sessions which supplement this document. Schools adopting the policy will be awarded 'Asthma Friendly' school certificates.

Key messages

- Ⓐccess to inhalers at all times.
- Ⓔaff aware of what to do in asthma emergencies.
- Ⓓraining in asthma management.
- Ⓕome /school liaison.
- Ⓜinimise exposure to triggers.
- Ⓐsthma records kept.

**Access to inhalers**

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

**Do**

Allow access to inhalers during breaks, before exercise and during exercise.

- Allow children to carry their inhalers when mature enough (around age 7).
- 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 the inhaler box with the register 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.** The Norfolk Children's Services Health and Safety manual states that '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 .
- **For severe attacks** a Metered Dose Inhaler (MDI or puffer) fitted into a spacer, should help. An MDI alone is too difficult to use during a severe attack.
- **Classroom posters** which contain emergency information should be displayed in key areas throughout the school.

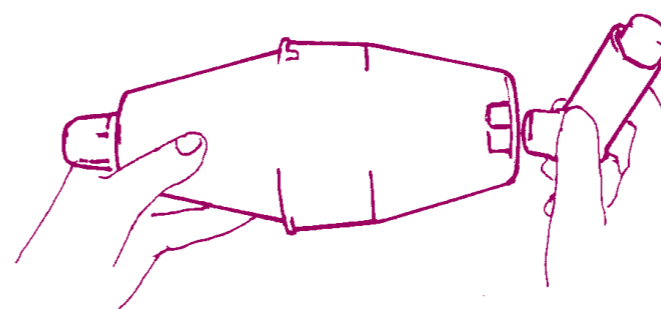


Most attacks are mild and will resolve quickly (within 5-10 minutes) by the child using their own reliever inhaler.

If the attack is more severe, ie the child feels no better in 5-10 minutes, is distressed or exhausted, is unable to talk in sentences, has blueness around the lips, or you have any doubts, then their usual reliever may not be effective.

An emergency spacer is available to all Norfolk schools who agree to undergo training, for use in these circumstances, where the child has a compatible reliever metered dose inhaler. It can be used whilst awaiting an ambulance. Use of the spacer will be covered in training.

**Forgotten or lost inhaler? If child's condition does not indicate need to dial 999 ie. not a severe attack as defined above, contact child's parents to bring inhaler or collect child. If they are experiencing a severe attack call 999 and follow procedure for using emergency spacer and the child's reliever metered dose inhaler.**



**Cough... wheeze... tight chestedness**

1. Ensure child's usual reliever inhaler (usually blue) is taken immediately. Stay calm. Encourage relaxation. Forgotten or lost inhaler? -see box below left. 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 you have any doubts about their condition**, this is a severe attack requiring immediate action (NB:the child may not wheeze).

2. Give another dose of reliever inhaler, preferably via a spacer.
3. Another adult dials 999 for an ambulance. Say that the child is "having a severe asthma attack requiring immediate attention". Staff should not take the child to hospital in their car as they may deteriorate quickly.
4. Continue to give reliever inhaler until help arrives. The emergency spacer can be used, where the child has a compatible metered dose inhaler (if not compatible follow all steps, except 5 until they recover or help arrives).
5. • Give 1 puff per minute with 5 breaths per puff for up to 10 puffs.
  - If the child has not recovered, continue for up to 20 puffs in total or until help arrives.
6. Inform parents of the situation and actions taken.
7. After the event - the asthma link person should help you document the incident, inform the school nursing staff and clean the spacer.

**T** Training

**H** Home/school liaison

**M** Minimising triggers

- Headteachers are responsible for assessing and arranging for training needs to be met. Ideally, all staff should have asthma management knowledge.
- A two hour seminar has been created to support this document and will be available to all staff through cluster group sessions at high schools during 2006/7 and 2007/2008, delivered by the Lead Nurse (Norfolk Schools' Asthma Policy), who has been funded by Asthma UK, to implement the policy in all Norfolk schools.

- Inform parents 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.
- ALPs 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.

**Asthma link people**

- Each school should have identified asthma link people (ALPs).
- Training and updates will be arranged by school nursing staff.

**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 strongly recommended.

**Positive attitude**

- Help children develop a positive attitude towards asthma.
- Include asthma in National Curriculum key stages 1 and 2 in science, design and technology, geography, history and PE, with such activities as discovering how inhalers work or looking at air quality.



Lisa age 10

**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

**Asthma record (care plan)**

My child's details and contact numbers:

Surname.....  
 First name.....

Date of birth.....

Parent(s) name(s).....

Telephone Home..... Work..... Mobile.....

Doctor (GP) name..... Doctor (GP) telephone.....

Asthma nurse.....

Known triggers / allergies.....

Any other medical problems?.....

**My child's medication**

Reliever medication (usually blue)

Medication name (eg. SALBUTAMOL)	Device (eg. diskhaler)	Dose (eg. 1 blister)	When taken (eg. when wheezy, before exercise)
.....	.....	.....	.....
.....	.....	.....	.....

**Other medication** most preventers can be taken outside of school hours - check with your GP or asthma nurse

Medication name	How taken / device	Dose	When taken
.....	.....	.....	.....
.....	.....	.....	.....

**Emergency treatment**

In the event of a severe asthma attack I am happy for my child to receive up to 10 - 20 puffs of their reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.

Signed: (Parent)..... Date:.....

**Key points for parents to remember:**

This record is for your school. Remember to update it if treatment is changed. Remember to check you have enough inhaler doses and that the inhaler is in date and labelled by the pharmacist with your child's name and dosage details.

The section below is to be completed by school staff

Has this child got a healthcare plan for any other condition?

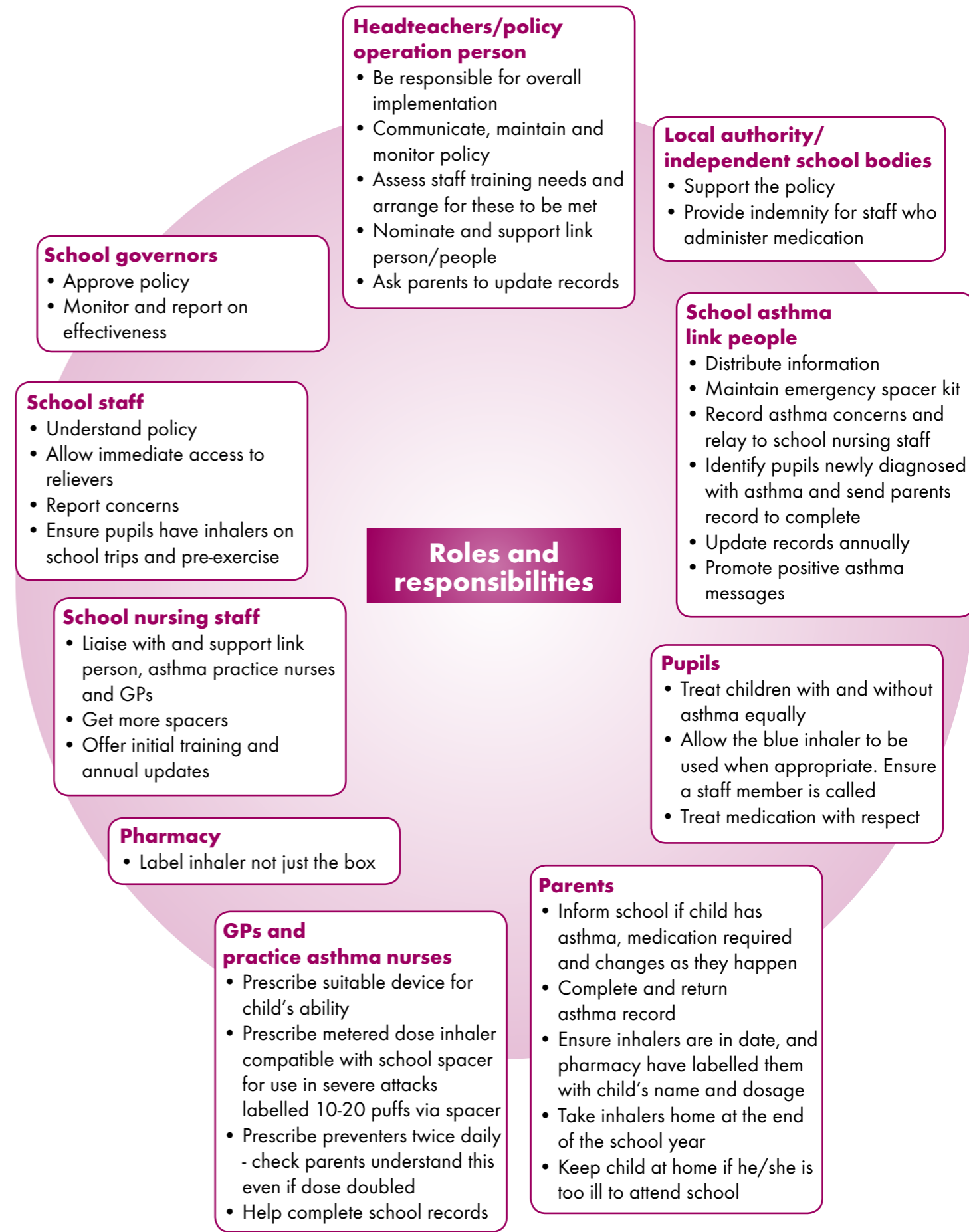
Yes  (Discuss with school nursing staff).

No

Asthma record checked by asthma link person (Name.....)

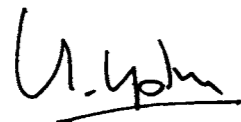
Any concerns to be discussed with school health advisor/school nurse:

Record of discussion: Signature/Date:



A final word for everyone using this policy

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. It is important that this is not seen as the end of the process though. We need to go out and act upon these excellent recommendations and make sure the policy becomes an active and evolving one. Feedback is therefore essential and welcome. We rely on your input and enthusiasm - let's get to work!



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Number .....

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Many thanks to all the people who helped us put this guidance together.

