

Accessible Education Provision for Neurodivergent Children
through graduated interventions and academic support.



*An organisation that aims to improve every child's life
by being closer to nature,
providing equality in learning
and promoting well-being*

ASTHMA POLICY FOR RAW LEARNING

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1. Introduction

At Raw Learning, we recognise that asthma is a widespread, serious, but controllable condition which affects both children and adults but should not prevent any individual from achieving their potential with the correct support and management of the condition.

2. Aims and Objectives

At Raw Learning, we aim to support children in participating fully in school activities by ensuring that:

- We have an asthma register;
- We have an up-to-date asthma policy;
- We have an asthma lead;
- All pupils have immediate access to their reliever inhaler at all times;
- All pupils have an up-to-date asthma action plan;
- Each pupil has an emergency, labelled salbutamol inhaler available in school;
- All facilitators receive regular asthma training;
- We promote asthma awareness with pupils, parents and facilitators.

3. What is Asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

4. Asthma Register

We keep a register of children with asthma who attend Raw Learning. On joining Raw Learning, we ask parents/carers if their child has any medical conditions that we need to be aware of. This includes whether their child has been diagnosed as asthmatic or if they have been prescribed a reliever inhaler. If parents/carers confirm that their child is asthmatic or has been prescribed a reliever inhaler, we add the child to the asthma register. We ensure that each pupil on the register has:

- An up-to-date copy of their personal asthma action plan;
- Their reliever (salbutamol/terbutaline) inhaler in school;
- An emergency reliever inhaler with their name on it in school (provided by their parent/carer);
- Permission from the parents/carers to use the emergency reliever inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

5. Asthma Medication and Inhalers

It is essential that all children with asthma have immediate access to their reliever inhaler (usually blue) and are encouraged to keep this with them unless otherwise advised. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe. Some children will also have a preventer inhaler (usually brown or orange) which is usually taken morning and night as prescribed by their doctor or nurse. This needs to be taken regularly for maximum benefit and should **not** be brought into school as it should be taken at home.

Parents/carers are asked to ensure that they provide an in-date, labelled inhaler for the school to use in an emergency.

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so, but a labelled container will be provided to store the inhaler for children who require support to access their medication. Although we are not required to administer asthma medicines to pupils, we recognise that some pupils may still need supervision when taking their inhaler. We recognise that failure to receive medication can result in severe consequences for a child, such as hospitalisation or even death. Therefore, proper asthma training will be provided for any facilitator who may be required to provide support to a pupil to take their medication.

6. Asthma Action Plans

Evidence from Asthma UK shows that if someone with asthma uses a personal asthma action plan, they are four times less likely to be admitted to hospital due to their asthma. We recognise how stressful it is for a family when attending hospital, therefore it is essential that all children attending our provision has a personal asthma plan to ensure that asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK)

Parents/carers are asked to inform Raw Learning which medicine their child is prescribed and how much they take, as well as what can trigger their child's asthma (if known). This information is included on their child's asthma plan. Parents/carers are also asked to advise us if/when there are any changes to the medication or dosage so that we can update the asthma plan.

7. Facilitators Training

Facilitators will need regular asthma updates which will be provided by the asthma lead. Pupils' asthma triggers are recorded as part of their asthma action plans and all facilitators are aware of it.

8. School Environment

Raw Learning does all that it can to ensure our environment is favourable to pupils with asthma. There is a no-smoking policy in force both within, and near, the school premises. Pupils' asthma triggers are recorded as part of their asthma action plans and Raw Learning will ensure that pupils will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke (Source: Asthma UK)

We have a responsibility to ensure that all children are kept safe within the school grounds and a risk assessment will be carried out by facilitators to establish asthma triggers the children could be exposed to. Plans will be put into place to ensure that these triggers are avoided if possible.

9. Exercise and Activity

At Raw Learning, we believe that it is essential for each individual's health and well-being to take part in sports, games and activities. We believe that Outdoor Learning is an important enabling environment to promote children's learning and participation in the curriculum. All facilitators (teachers, learning support assistants and external teachers) will know which children have asthma from the asthma register, and will be made aware of their triggers and medication dosage.

Pupils with asthma are encouraged to participate fully in all activities offered at Raw Learning. We recognise that exercise can trigger asthma and so pupils will be reminded to take their inhaler before the lesson and to thoroughly warm up and down before and after the lesson, when taking part in any physical activity. Individual, labelled inhalers will be kept in a closed box at the site of the lesson. If a pupil needs to use their inhaler during the course of a lesson or activity, they will be encouraged to do so. This protocol applies to activities that take place both on and off site.

10. When Asthma is Affecting a Pupil's Education

Raw Learning is aware that the aim of asthma medication is to allow people with asthma to live a normal life. We recognise that if asthma is impacting on their life as a pupil, e.g. they are unable to take part in activities, tired during the day, or falling behind in lessons, we will discuss this with parents/carers and suggest they make an appointment with their asthma nurse/doctor to review their child's asthma. This could include a review of inhaler technique, a medication review or an updated Personal Asthma Action Plan to improve their symptoms. Raw Learning also recognises that, as defined by the Equality Act 2010, pupils with asthma could also be classed as having a disability and therefore may have additional needs because of their asthma.

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11. Common 'day to day' Symptoms of Asthma

Raw Learning requires that a child with asthma should have a Personal Asthma Action Plan which contains information provided by the child's parents/carers or which can be provided by their doctor/nurse. The plan informs us of the day-to-day symptoms of that child's asthma and how we should respond to them, on an individual basis.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest. They would not normally require the child to be sent home from school or to need urgent medical attention. If a child's asthma is triggered, parents/carers would be informed that their child has needed to take their reliever inhaler.

12. Procedures

Raw Learning recognises that we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack through implementing this policy. However, we are prepared to deal with asthma attacks should they occur.

All facilitators will receive annual update training and be taught to recognise an asthma attack and how to manage an asthma attack. Signs of an asthma attack are:

- A persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing – the child could be breathing fast and with effort, using all accessory muscles in the upper body
- Nasal flaring
- Unable to talk or complete sentences – some children will go very quiet.
- May try to tell you that their chest 'feels tight' – younger children may express this as tummy ache

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call for an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

In the event of an asthma attack, facilitators must:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler (and spacer) are brought to them

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- *Shake the inhaler and remove the cap
- *Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- *Immediately help the child to take two puffs of inhaler via the spacer, one at a time. (1 puff to 5 breaths)
- If there is no improvement, repeat these steps* up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of facilitators will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

13. References

- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines.
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

This policy was adopted by	Raw Learning
On	16 th August 2022
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Signed on behalf of the provider	<i>Rachel King</i>
Name of signatory	Rachel King
Role of signatory	Director

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