

Asthma Policy



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Asthma Policy

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Asthma Policy

The Principles of our school Asthma Policy

Court School recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma.

Ensures that children with asthma participate fully in all aspects of school life including PE and outdoor education.

Recognises that immediate access to reliever inhalers is vital

Keeps records of children with asthma and the medication they take.

Ensures the school environment is favourable to children with asthma.

Ensures that other children understand asthma.

Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack.

Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully.

This policy has been written with advice from the Department for Education, National Asthma Campaign, the local authority, the school health service, parents/carers, the governing body and pupils.

This school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. Supply staff and new staff are ALSO MADE AWARE OF THE POLICY. All teachers, and at least one member of staff in each class is provided with asthma training on a regular basis.

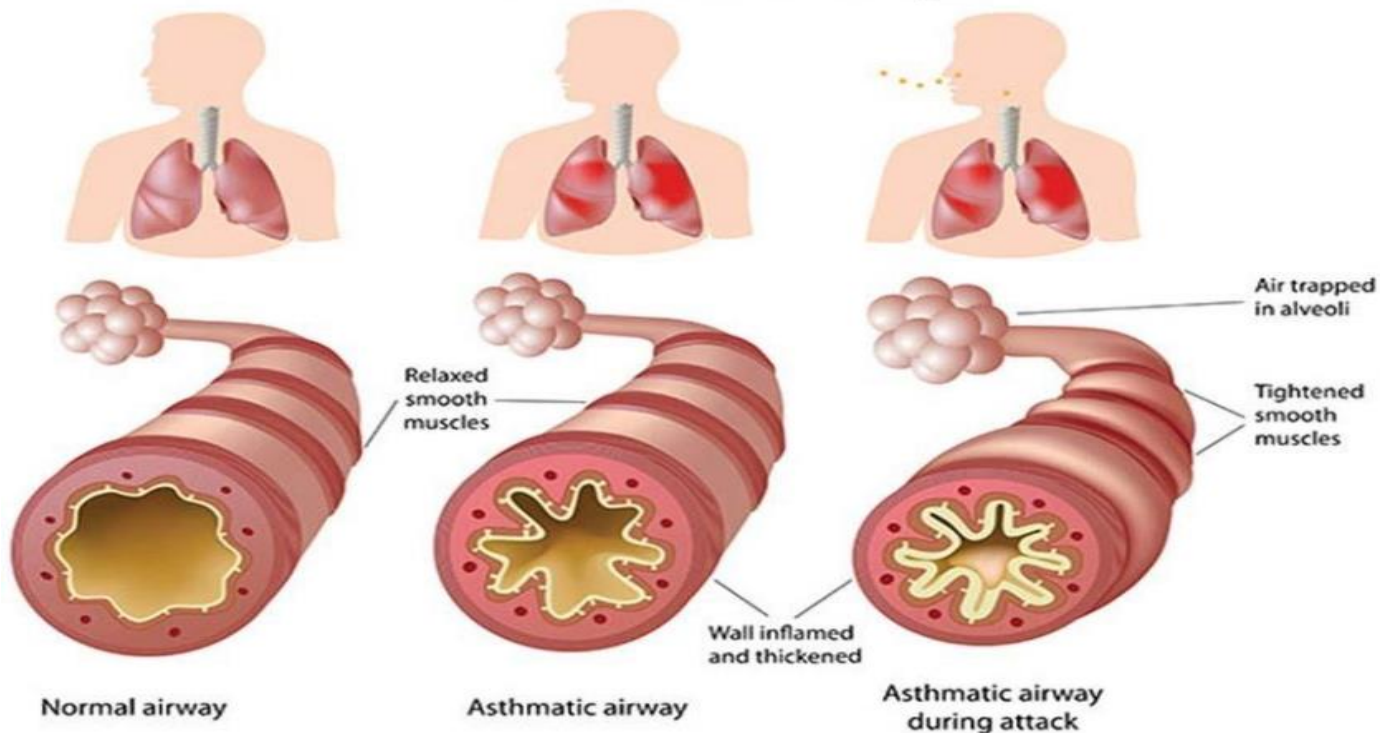
The school Asthma Lead is responsible for all aspects of implementing this Asthma Policy.

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).

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Asthma and Your Airways



At Court Schools, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all learners with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- up-to-date asthma policy,
- an asthma lead,
- all learners with immediate access to their reliever inhaler at all times,
- all learners have an up-to-date asthma action plan,
- an emergency salbutamol inhaler
- ensure all staff have regular asthma training, ✓ promote asthma awareness learners, parents and staff.

Asthma Register

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the learner has been added to the asthma register and has:

- an up-to-date copy of their personal asthma action plan,
- their reliever (salbutamol/terbutaline) inhaler in school,

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- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost. (see back of policy)

Asthma Lead

This school has a nominated Asthma Lead. It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) ensure measures are in place so that children have immediate access to their inhalers.

Medication

We have two labelled emergency kit(s), which are kept in the Main office and Outdoor Ed pack so it is easy to access. Each kit contains:

- A salbutamol metered dose inhaler.
- At least two spacers are compatible with the inhaler;
- Instructions on using the inhaler and spacer.
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information identified by their batch number and expiry date.
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded.
- A note of the arrangements for replacing the inhaler and spacers.
- A list of children permitted to use the emergency inhaler:
- A record of administration
- Any usage should be documented so that it can be monitored when the inhaler is running out.

The inhaler has 200 puffs, so when it reaches 180 puffs used, the school will replace it. The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. , after each use it will be dismantled and washed in hot soapy water using a soft cloth and left to air dry and then reassembled. The inhaler can also be reused, but following use, the inhaler canister can be removed, and the plastic inhaler housing and cap can be washed in warm running water and left to air dry. The canister can then be returned to the housing when dry and the cap replaced. Replacement inhalers are obtained when expiry dates approach, spent inhalers will be returned to the pharmacy to be recycled. Staff have been trained to administer the emergency inhaler and there are pictorial and written instructions around the school as well as in the emergency kits.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

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The emergency salbutamol inhaler will only be used by children:

Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler **AND** for whom written parental consent for use of the emergency inhaler has been given.

The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

Immediate access to a reliever (usually blue) inhaler is vital. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK).

Learners are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by key stage 2. However, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler. Learners should always tell their class teacher or first aider when they have had occasion to use their inhaler. Records are kept each time an inhaler is used and recorded on the individual child's record sheet which is then communicated to parents/carers at the end of day. This applies to all children on the asthma list within the school. The reliever inhalers for younger children are kept in their individual classroom in a designated first aid area marked with a green and white first aid sign and are easily available to all members of staff.

All inhalers must be labelled with the child's name by the parent/carer. School staff are not required to administer medication to children except in an emergency, however many of our staff are happy to do this. **All school staff will let children take their own medication when needed.**

School staff are not required to administer asthma medicines to learners however many children have poor inhaler technique or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler, we will refer them to the Asthma Lead and advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines. (Source: Asthma UK)

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the learner is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

Asthma Record Keeping & Action Plans

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At the beginning of each school year, or when a child joins the school, parents/carers are asked to inform the school if their child is asthmatic. All parents of children with asthma are required to complete a forms on their child's Asthma and return to school. From this information the school keeps its asthma register which is on Arbor and in the main office. This asthma register is also kept in the emergency inhaler kits. If any changes are made to a child's medication it is the responsibility of the parents or carer to inform the school.

For learner who cannot carry their own inhaler is kept in their own classroom in a named wallet containing their individual medication and asthma action plan, in their class clearly designated first aid area. All staff members are responsible for acquainting themselves with the triggers of a possible attack (allergies, colds, cough, cold weather) for each individual child in their care. All this information is found in their medication wallet along with their medication.

Asthma inhalers for each child are regularly checked for expiry dates by a named member of staff.

Asthma UK evidence shows that if someone with asthma uses personal asthma action plan, they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK)

Staff training

Staff will need regular asthma updates.

School Environment

At court schools do all that it can to ensure the school environment is favorable to learners with asthma. The school has a definitive no-smoking policy. Learners' asthma triggers will be recorded as part of their asthma action plans and the school will ensure that learner's 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)

Court schools has a no smoking policy.

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School Trips and Outdoor Education

As part of our responsibility to ensure all learners are kept safe within the school grounds and on trips offsite, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers to which the learners could be exposed. Their inhaler should accompany them and be made available to them at all times. Parents/carers will be informed when their child has used their medication outside of school. and plans will be put in place to ensure these triggers are avoided, where possible.

Exercise and Activity

Taking part in sports, games and activities is an essential part of school life for all learners. All staff will know which children in their class have asthma and all PE and Outdoor Education staff at the school will be aware of which learners have asthma from the school's asthma register. (Source: Asthma UK)

Learners with asthma are encouraged to participate fully in all activities. PE/Outdoor Education learners will remind learners whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that learners who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a learner needs to use their inhaler during a lesson they will be encouraged to do so. (Source: Asthma UK) Records are kept every time a child uses their inhaler and parents/carers will be informed the same day. Two members of staff countersign the asthma medication form after any medication has been administered.

When asthma is affecting a learner's education

The Court schools are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their life a learner, and they are unable to take part in activities, tired during the day, or fall behind in lessons we will discuss this with parents/carers, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the learner needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, the school recognises that Learners with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Common 'day to day' symptoms of asthma

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them on an individual basis. We will also send home our own

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information and consent form for every child with asthma each school year (*see appendix 1*). This needs to be returned immediately and kept with our asthma register.

A learner diagnosed with asthma or a wheeze, which can present as:

- 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 (e.g. stopping exercise). As per DOH document; they would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks

The school recognises that if all the above is in place, we should be able to support learners with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition guidance will be displayed in the staff room (*see appendix 2*). This can also be downloaded from

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- 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 an ambulance immediately and commence the asthma attack procedure without delay if the child:

***Appears exhausted**

***is going blue**

***Has a blue/white tinge around lips**

***has collapsed**

It goes on to explain that in the event of an asthma attack:

- 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
- *Shake the inhaler and remove the cap

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- *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 salbutamol 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 staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

References

- Asthma UK website (2015) [Asthma + Lung UK](#)
- Asthma UK (2006) School Policy Guidelines. [Asthma at school and nursery | Asthma + Lung UK](#)
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools [Guidance on the use of emergency salbutamol inhalers in schools](#)

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Appendix 1

School Action Plan Date form was completed: Renew Form Date:

Pupil's Full Name: DOB:

Emergency Contact Name & Relationship to pupil:.....

Emergency Contact number:

GP Name and Contact number:

Asthma Nurse Contact name and Number:

Does your child tell you when he/she needs medication? ☐ Yes ☐ No

Does your Child need help taking his/her asthma medication? ☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse?

Does your child need to take medication before exercise or play? ☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

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Does your child need to take any other asthma medication while in the school's care?

☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

What are the signs that your child may be having an asthma attack?

Are there any key words that your child may use to express their asthma symptoms?

What is the name of your child's reliever medicine and the device?

Does your child have a spacer device? ☐ Yes ☐ No

Does your child need help using their inhaler? Yes ☐ No ☐

Any other information about your child's Asthma you would like to share?

I give my consent for school staff to administer/assist my child with their own reliever inhaler as required. Their inhaler is clearly labelled and in date.

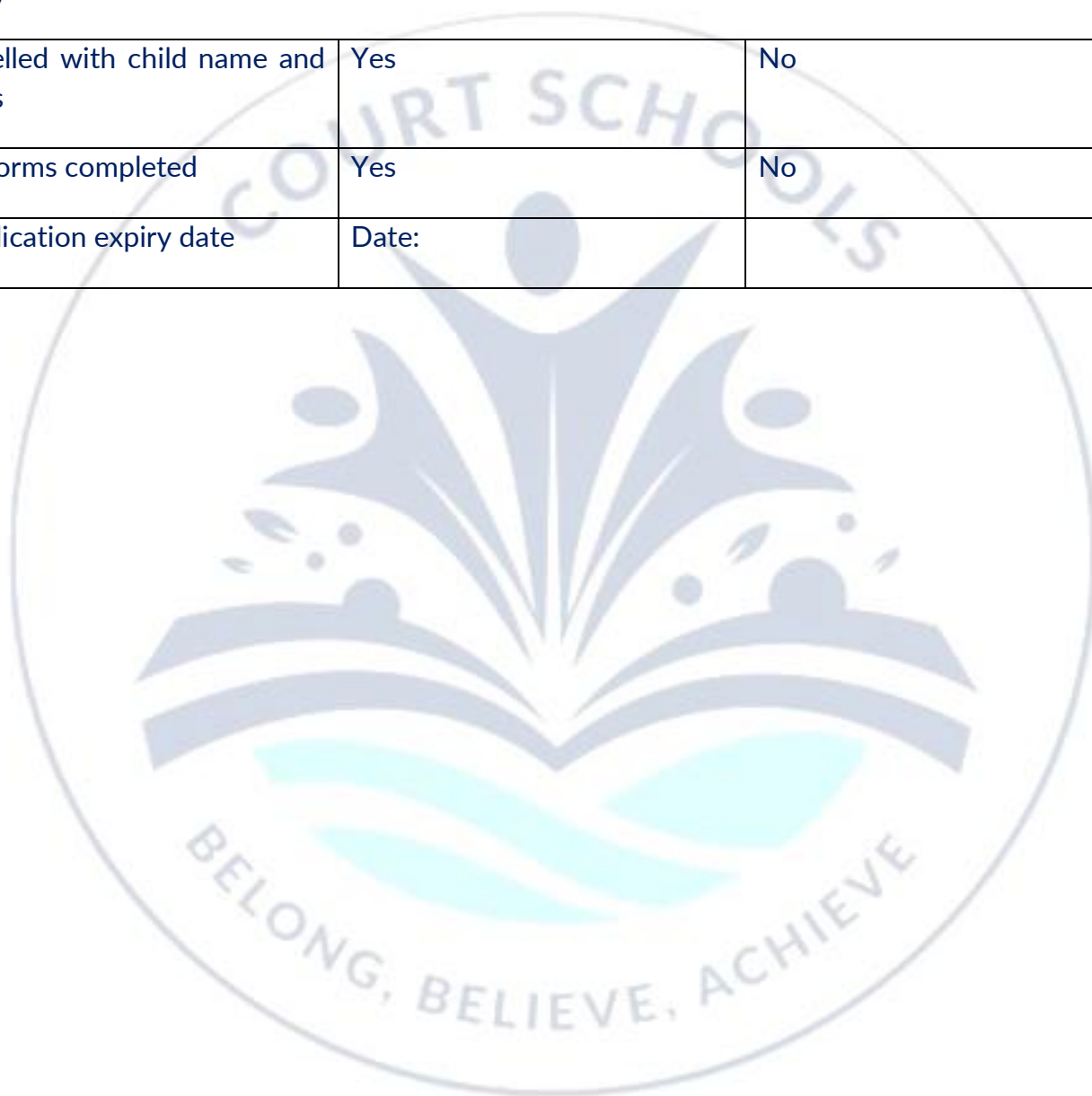
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Signed..... Date.....

Print Name..... Relationship to child.....

On returning this form to school with the asthma medication has it been labelled and have the expiry dates been checked and recorded:

Labelled with child name and class	Yes	No
All forms completed	Yes	No
Medication expiry date	Date:	



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Appendix 2 CONSENT FORM

USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My Child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day/that will be left at school (delete as appropriate)

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies

Signed : Date.....

Name (print).....

Relationship to child.....

Child's Name.....

Class.....

Parent's address and contact details:

.....

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.....
.....

Telephone.....

Email.....

Appendix 3

Letter To Inform Parents/Carers of Emergency Salbutamol Inhaler Use

Child's name:

Class: Date:

Dear

This letter is to formally notify you that has had problems with their breathing today. This happened at

*They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given Puffs.

*Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor/asthma nurse as soon as possible. Please can you ensure that your child brings in a working, in date inhaler and spacer for their use in school. Both should be clearly labelled with your child's name and date of birth.

Yours sincerely

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*Delete at appropriate

Appendix 4

Child's Name

Class

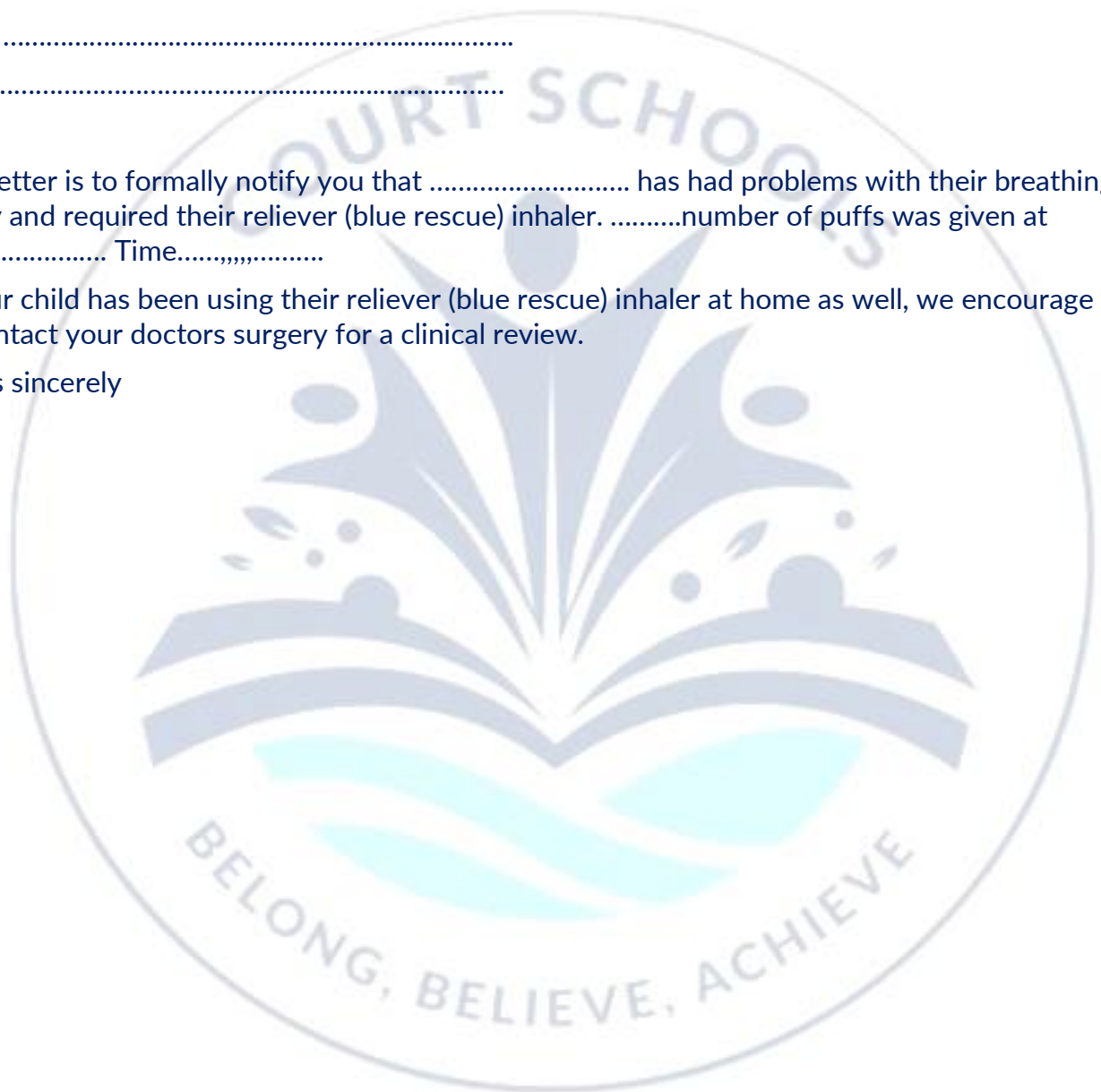
Date.....

Dear

This letter is to formally notify you that has had problems with their breathing today and required their reliever (blue rescue) inhaler.number of puffs was given at date..... Time.....

If your child has been using their reliever (blue rescue) inhaler at home as well, we encourage you to contact your doctors surgery for a clinical review.

Yours sincerely



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Appendix 5

Symptoms of an asthma attack

Not all symptoms listed have to be present for this to be an asthma attack

- Symptoms can get worse very quickly • If in doubt, give emergency treatment.
- Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky, or stating that the heart is beating faster.

Cough

A dry persistent cough may be a sign of an asthma attack.

Chest tightness or pain

This may be described by a child in many ways including a 'tight chest', 'chest pain', tummy ache

Shortness of breath

A child may say that it feels like it's difficult to breathe, or that their breath has 'gone away'

Wheeze

A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may, or may not be wheezing.

Increased effort of breathing

This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger children, the stomach may be obviously moving in and out. Nasal flaring.

Difficulty in speaking

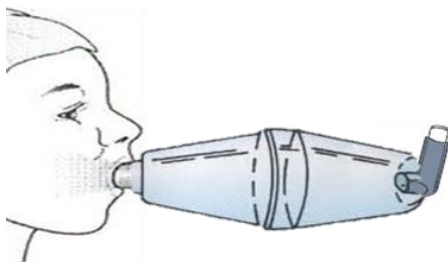
The child may not be able to speak in full sentences

Struggling to breathe

The child may be gasping for air or exhausted from the effort of breathing **CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD**

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

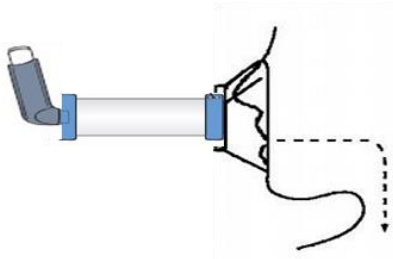
Administering reliever inhaled therapy through a spacer A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks then press the inhaler twice into the air to clear it.**



A Spacer might be

- Orange
- Yellow
- Blue
- Clear

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A spacer may have

- A mask
- A mouthpiece

Keep calm and reassure the child

2. Encourage the child to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the back of the spacer
5. Place mouthpiece in mouth with a good seal, (or if using the mask place securely over the mouth and nose)
6. Encourage the child to breathe in and out slowly and gently
7. Depress the canister encouraging the child to continue to breathe in and out for 5 breaths
8. Remove the spacer
9. Wait 30 seconds and repeat steps 2-6
10. Assess for improvement in symptoms

Dependent on response steps 2-7 can be repeated according to response up to 10 puffs.

If there is no improvement **CALL 999**. If help does not arrive in 10 minutes give another 10 puffs in the same way.

If the child does not feel better or you are worried **ANYTIME** before you have reached 10 puffs, **call 999 for an ambulance and continue to treat as above.**