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## Asthma Policy

**Headteacher/Principal: Mrs M Murfin**

**Medicines Lead: Helen Chamberlain**

### Introduction

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils 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
- A person responsible for supporting pupils with medical conditions
- All pupils with immediate access to their reliever inhaler at all times
- All pupils have an up-to-date asthma plan
- Two emergency salbutamol inhalers
- Regular asthma training for staff
- Promote asthma awareness pupils, 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 pupil has been added to the asthma register and has:

- an up-to-date copy of their personal asthma plan
- their reliever (salbutamol/terbutaline) inhaler in school
- 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from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

### Responsibilities

#### Medicines Lead

The Medicines Lead is responsible for:

- Managing the asthma register.
- Updating the asthma procedures for the school.
- Managing the emergency salbutamol inhalers (please refer to the **Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015**).
- Ensuring measures are in place so that children have immediate access to their inhalers.
- Ensuring that staff are trained appropriately, are recording doses when they have administered the medicines or supporting children who are self-administering.

- Ensuring that a Personalised Emergency Evacuation Plan (PEEP) is in place for any pupil/student as a result of their medical needs.

## Medication and inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. 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, 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 pupil 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).

Children 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 but it does depend on the maturity of the pupil. 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.

For younger children, reliever inhalers are kept in the classroom in a white marked medical box.

A copy of their individual asthma plan will be kept in a named wallet with their named inhaler.

School staff are not required to administer asthma medicines to all pupils 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 wellbeing of the child. If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the Administering Medicines Policy for further details about administering medicines.

## Staff training

Staff will need regular asthma updates. This training can be provided by the school nursing team.

## School environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil'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)

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to 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 pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils 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 pupils 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 pupil needs to use their inhaler during a lesson they will be encouraged to do so.

## When asthma is affecting a pupil's education

The school is 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 pupil, and they are unable to take part in activities, tired during the day, or falling 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 pupil needs an asthma review, to review inhaler technique, medication review or an updated Asthma Plan, to improve their symptoms. However, the school recognises that pupils 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.

## Emergency Salbutamol inhaler in school

As a school we are aware of the guidance *The use of emergency salbutamol inhalers in schools from the Department of Health* (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools. The key points from this policy are summarised below:

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. (School applications are made on a headed letter from the school's Head Teacher to the pharmacist.)

We have an emergency kit, which is kept in the medical room so it is easy to access.

The kit contains:

- **One** Salbutamol metered dose inhaler/s
- At least **two** spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instruction on cleaning and storing the inhaler
- Manufacturer's information
- 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 (which will need to be attached to the child's asthma plan after the event as a permanent record)

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 and 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.

We will ensure that the emergency Salbutamol inhaler is **only used by children who have asthma or who have been prescribed a reliever inhaler, AND** for whom written parental consent has been given. [Both criteria need to be in place.]

The school's Medicines Lead and team will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available.
- Replacement inhalers are obtained when expiry dates approach.
- Replacement spacers are available following use.
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary. Before using a Salbutamol inhaler for the first time, or if it has not been used for two weeks or more, shake and release two puffs of medicine into the air.

Any puffs should be documented so that it can be monitored when the inhaler is running out. The inhaler has 200 puffs, so when it gets to 50 puffs having been used we 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. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced. Spent inhalers will be returned to the pharmacy to be recycled or given to the parents for further use.

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 asthma register (Appendix 3). 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.

## 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 in an individual basis. We will also send home our own information and consent form for every child with asthma each school year (Appendix 1). This needs to be returned immediately. A copy will be kept with the inhaler and also with our asthma register or on our student profile management system.

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 (e.g. stopping exercise). As per the Department of Health 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 are in place, we should be able to support pupils 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, First Aid room and other relevant rooms (Appendix 2).

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.
- Place the mouthpiece between the lips 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 (one puff to five 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 six puffs or more in four 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 **any time** 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 UK (2006) School Policy Guidelines.

BTS/SIGN asthma Guideline

Department of Health (2015) Guidance on the use of emergency salbutamol inhaler in schools

## Appendix 1: My Asthma Care Plan

Name of child	
Class/form	
Date of birth/age	
Type of medicine (& expiry date)	
Date of plan review	(Annually)

Emergency contact numbers: FIRST contact	
Full name	
Relationship to child	
Phone number (work)	
Home	
Mobile	
Address, if different to child	

Emergency contact numbers: SECOND contact	
Full name	
Relationship to child	
Phone number (work)	
Home	
Mobile	
Address, if different to child	

GP/health practitioner	
Name	
Surgery/Practice	
Contact number	

<b>Inhaler use</b>		
Does your child tell you when he/she needs their inhaler?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child need help administering their inhaler?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child need to take their inhaler before exercise or play?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>What signs does your child display when they need their inhaler? <i>Select or add</i></b>		
Shortness of breath		<input type="checkbox"/>
Sudden tightness in chest		<input type="checkbox"/>
Wheeze or cough		<input type="checkbox"/>
Other (please state):		<input type="checkbox"/>
<b>What are your child's triggers (things that can make their asthma worse)? <i>Select or add</i></b>		
Pollen		<input type="checkbox"/>
Exercise		<input type="checkbox"/>
Cold/flu		<input type="checkbox"/>
Stress		<input type="checkbox"/>
Weather		<input type="checkbox"/>
Air pollution		<input type="checkbox"/>
Other (please state):		<input type="checkbox"/>

<b>Is your child on any other asthma medication? <i>Give details below</i></b>			
<b>Medication</b>	<b>Dose</b>	<b>Frequency</b>	<b>Side effects</b>

If the above signs occur, please help/allow (delete as appropriate) my child to take the medicine stated above. After treatment and as soon as they feel better they can return to normal activity.  
 I confirm that my child has an inhaler and spacer in school and I will ensure that it is in date.  
 I consent to my child using the school's emergency reliever inhaler and spacer should it be necessary.  
 I understand that in an emergency, the school will first contact emergency services and then me.

Signed.....(parent/carer)

Date.....

**Appendix 1b: Record of medication for child with Asthma Plan (where staff help with administering)**

<b>Name of child</b>	
<b>Date of birth</b>	
<b>Group/Class/Form</b>	

<b>Date</b>	<b>Time given</b>	<b>Dose given</b>	<b>Staff member</b> <i>Print name</i>	<b>Signature</b>	<b>Counter signatory</b> <i>Print name</i>	<b>Signature</b>

## Appendix 2: 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.

Symptom	What to look for
<b>Cough</b>	A dry persistent cough may be a sign of an asthma attack.
<b>Chest tightness or pain</b>	This may be described by a child in many ways including a 'tight chest', 'chest pain', tummy ache.
<b>Shortness of breath</b>	A child may say that it feels like it's difficult to breathe, or that their breath has 'gone away'.
<b>Wheeze</b>	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.
<b>Increased effort of breathing</b>	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.
<b>Difficulty in speaking</b>	The child may not be able to speak in full sentences.
<b>Struggling to breathe</b>	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

## Appendix 2b: Administering reliever-inhaled therapy through a spacer

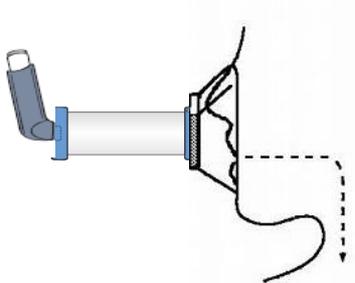
A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for two weeks then press the inhaler twice into the air to clear it.**

### A Spacer might be

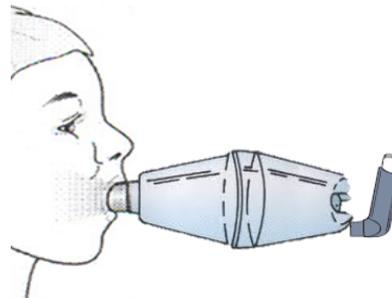
- Orange
- Yellow
- Blue
- Clear

### A spacer might have

a. A mask



b. A mouthpiece



1. 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.

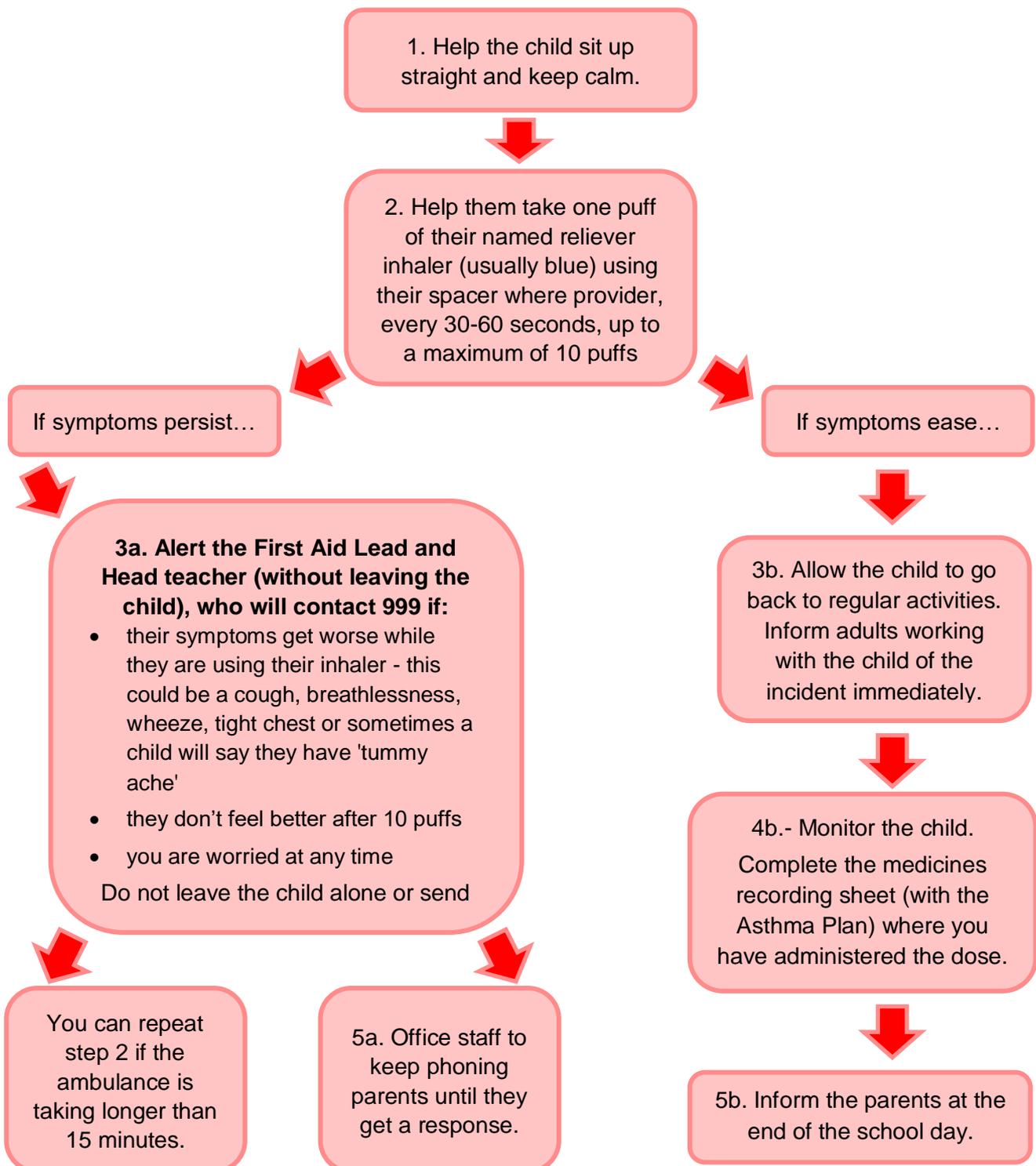
If there is no improvement **CALL 999**. If help does not arrive in 10 minutes give another 10 puffs in the same way.

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.**

### Appendix 3: What to do if a child is having an asthma attack

Inhalers are kept in the child's classroom, in a named wallet with the child's Asthma Plan. If the inhaler doesn't work or is empty, then check the plan to see if the child has consent to use the school's emergency inhaler. (This is kept in the First Aid room in a box labelled EMERGENCY INHALERS.)

Where consent has been withheld but there is a need to use the emergency inhaler, seek help from the First Aid Lead and Headteacher.



**Appendix 4: Model asthma register**

*(Keep separate registers for the above medical needs for ease of identification of pupil/student)*

**Asthma register for [academic year]**

Photo (where possible)	<b>Name:</b>	<b>Asthma plan in place (include date for renewal)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Class:</b>	<b>Parental consent for the use of the emergency inhaler received</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

Photo (where possible)	<b>Name:</b>	<b>Asthma plan in place (include date for renewal)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Class:</b>	<b>Parental consent for the use of the emergency inhaler received</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

Photo (where possible)	<b>Name:</b>	<b>Asthma plan in place (include date for renewal)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Class:</b>	<b>Parental consent for the use of the emergency inhaler received</b> Yes <input type="checkbox"/> No <input type="checkbox"/>