

COTTESBROOKE INFANT & NURSERY SCHOOL

POLICY FOR THE MANAGEMENT OF ASTHMA IN SCHOOL

Adapted from the Guidance for the Management of Asthma in Schools provided by Medical Needs in Schools & Early Years' Service

1. INTRODUCTION

- 1.1 Asthma is a common condition. It affects about one in ten children.
- 1.2 Various trigger factors make the airways over sensitive and the airways become narrow and inflamed (red and swollen).
- 1.3 The most common symptoms are a cough, breathlessness, chest tightness and wheeze or a combination of these.

2. COMMON TRIGGER FACTORS

- 1.4 Not all children will respond to the same triggers.
However, the most common triggers to affect children in school are:

- ◆ Exercise
- ◆ Viral infections
- ◆ Sudden changes in temperature such as damp, cold air.
- ◆ Pollen and mould spores
- ◆ Stress/excitement/distress
- ◆ Chemicals (including: cleaning products and toiletries)
- ◆ House dust mite/dust
- ◆ Furry or feathery animals/birds
- ◆ Smoking (passive and active)

3. MAIN TREATMENTS

3.1 Reliever inhalers

These are usually blue inhaler delivery devices.
Salbutamol (e.g. Ventolin) and Terbutaline (e.g. Bricanyl) are two examples of relievers. They work almost immediately and are normally effective for up to four hours. However, if a child needs to use their

reliever more often they should be allowed to do so, though always inform parents immediately as the child will need a medical review that day. Reliever inhalers work on the tightness or spasm in the airways that occurs during an asthma attack. They relax this tightness, 'opening up' the airways, allowing the child to breathe more easily.

- ◆ Reliever (blue) inhalers should be used whenever the child is experiencing asthma symptoms
- ◆ They can also be used prior to exercise and must be available during exercise if needed
- ◆ They must be readily accessible to children at **all** times including during break times and lunchtimes
- ◆ Relievers must always be taken with the child on all off school site activities e.g. trips

REMEMBER AN INHALER MUST NEVER BE LOCKED AWAY IN A CUPBOARD OR IN A LOCKED CLASSROOM OR KEPT CENTRALLY IN SCHOOL UNLESS IT IS THE RESERVE INHALER.

3.2 Preventer Inhalers

These usually come in brown/orange/cream/purple/red inhaler delivery devices. These inhalers need to be used regularly morning and evening. They work by reducing the inflamed lining of the airway. This makes the airways less sensitive and less likely to react to the trigger factor thereby reducing the number and frequency of the attacks suffered.

PREVENTER INHALERS DO NOT WORK DURING AN ASTHMA ATTACK. THEY ARE RARELY NEEDED IN SCHOOL.

4. ASSESSING AN ASTHMA ATTACK

4.1 The three typical symptoms in an asthma attack are breathlessness, wheezy breathing and coughing. Some children may also complain of a tight chest. Because asthma varies from child to child, it is impossible to give rules that suit everyone. However, the following guidelines may be helpful.

- ◆ **Mild:** may involve an increase in coughing, slight wheeze but the child has no difficulty in speaking and is not distressed.

- ◆ **Severe:** the child is in distress and anxious, gasping or struggling for breath **and is unable to complete a sentence;** they may be pale and sweaty and may have blue lips.

5. TREATING AN ASTHMA ATTACK

- 5.1 In any asthma attack the child must have immediate access to their reliever (blue) inhaler. Mild asthma attacks should not interrupt a child's participation in school activities. As soon as they feel better they can return to normal school activities.

6. IN THE EVENT OF AN ASTHMA ATTACK

- ◆ Stay calm and reassure the child.
- ◆ Help the child to:
 - Breathe slowly
 - Sit upright or lean forward
 - Loosen tight clothing
- ◆ Help the child to take their reliever (blue) inhaler (preferably through a spacer device if available)
- ◆ Repeat reliever inhaler as required until symptoms resolve
- ◆ Stay with the child until the attack has passed
- ◆ If the child requires repeat reliever medication within four hours allow them to do so but always notify parents/carers immediately
- ◆ Always inform parents if a child has needed to use their reliever inhaler in school

7. IN THE EVENT OF A SEVERE ASTHMA ATTACK

7.1 **ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR:**

- ◆ There is no significant improvement in the child's condition 5 to 10 minutes after using their reliever (blue) inhaler
- ◆ The child is distressed and gasping or struggling for breath
- ◆ The child cannot complete a sentence
- ◆ The child is showing signs of fatigue or exhaustion
- ◆ The child is pale, sweaty and may be blue around the lips
- ◆ The child is exhibiting a reduced level of consciousness
- ◆ There are **any** doubts about the child's condition

7.2 **WHILST WAITING FOR THE AMBULANCE TO ARRIVE**

- ◆ Stay calm and reassure the child
- ◆ The child should continue to take puffs of their reliever (blue) inhaler as needed until their symptoms resolve
- ◆ If the child has a spacer device and a reliever inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff)
- ◆ If the child's condition is not improving and the ambulance service has not arrived this may be repeated
- ◆ Ensure the child's parent/carer is contacted

8. **SAFETY AND STORAGE OF ASTHMA INHALERS**

- ◆ The reliever medication is very safe
- ◆ If high doses of the reliever (blue) inhaler are taken, the worst that will happen is that the child will feel shaky and/or light headed but this will wear off after a short time
- ◆ If a non-asthmatic child uses a reliever inhaler they will not harm themselves
- ◆ Do make sure that inhalers are not stored where there is excessive heat or cold

8.1 **Inhaler storage:**

- ◆ Reliever (blue) inhaler should be kept in the classroom cupboard on the top shelf, supervised by the teacher. There should be a green cross on the cupboard.

REMEMBER: IT IS ESSENTIAL THAT RELIEVER (BLUE) INHALERS, WHEREVER STORED, ARE EASILY ACCESSIBLE WHEN REQUIRED.

- 8.2 It is parent's/carer's responsibility to regularly check (every half term) their child's school inhaler to ensure that it is in date, full of medication and clearly labelled with their child's name.

This policy will be shared with parents/carers via the school website and a copy given to parents/carers of asthmatic children.

9 **STAFF TRAINING**

- 9.1 All school staff will attend a training session on asthma management. This will explain the condition, signs and symptoms, how and when to administer treatment, emergency procedures and management issues.
- 9.2 This training will be repeated regularly (annually).
- 9.3 Training support is available from **Church Lane School Nurse Team on 0121 749 8406/40.**