



## MY Schools Together

Mather Street Primary School  
and  
Yew Tree Community School

### Guideline for the Management of Asthma in School

#### Guideline review

Named person responsible for ensuring adherence to the guideline:

**MRS MARTINE BUCKLEY**

Designation: **Executive Headteacher**

Date guideline agreed: **23<sup>rd</sup> April 2015** reviewed **September 2016**

Agreed by governors – **pending Autumn 2016**

The federation recognises that asthma is an important condition that will affect some children in our school whilst in our care.

We encourage children with asthma to achieve their full potential in all aspects of their school life, by raising awareness of asthma in the group and having clear guidelines that are understood by all members of the school.

The federation will do all it can to ensure the environment is favourable to children with asthma and that the school community has an understanding of asthma, enabling them to support the children with asthma, in our schools.

## Asthma Symptoms

An asthma attack is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air in and out of the lungs. Characteristics symptoms of asthma include:

- Cough
- Wheeze
- Shortness of breath
- Chest tightness
- Difficulty speaking in sentences

These symptoms are usually reversible with appropriate medication – reliever inhalers. Only when symptoms fail to be reversed (relieved) does medical attention need to be sought.

## Medication

Types of treatment for asthma:

### **Relievers:**

These inhalers give immediate relief and are called bronchodilators. They open up the narrowed airways quickly. **Reliever inhalers are blue in colour.** They are the only inhaler children should have in school.

### **Preventers:**

Preventers are a group of medicines that are designed to reduce the inflammation in the airways and prevent asthma symptoms. **These medicines are taken once or twice a day and there is no need for them to come to school with the child.**

The best way to take asthma medicines is to inhale them. There are a variety of devices available.

Younger children tend to use a pressurised aerosol inhaler through a spacer device. Some older children use breath activated inhalers. The spacer device is the most effective way of giving the reliever inhaler during an asthma attack.

### **The federation recognises that immediate access to reliever inhalers is vital.**

- The reliever inhalers of children should be kept where staff and the child have immediate access to them. Delay in administering the inhaler can be caused by locking it up or keeping it in a room away from the child.
- All staff must be aware of where the reliever inhalers are kept.
- Young children will need assistance taking their medication and staff should be competent at administering medication through a spacer.
- Children will be encouraged to administer their inhalers as soon as their parent, doctor or nurse and school agree they are mature enough. In this case self-administration of the reliever inhaler should be on the child / young person's perception of whether or not they need it.
- Where children are deemed mature enough to carry their own inhaler with them, parents will be asked to provide a spare reliever inhaler and spacer, to be left in school in the event of lost, forgotten or misplaced inhalers. Spare inhalers should be stored in a secure but easily accessible place.
- All inhalers and spacers should be prescribed by their General Practitioner / Non-Medical Prescriber and be labelled with the child's name.
- The decision to administer medication by teachers remains voluntary. However, teachers are reminded they have a duty care to the children in their school. Taking no action could be interpreted as a failure of that care.

### **Asthma Health Care Plan & Register**

#### **The federation recognises the importance of keeping an accurate record of children with asthma and the medication they take.**

- When a child joins our federation and/or at the beginning of each school year, parents will be asked if their child has asthma.
- For those children with asthma or receiving asthma medication, parents will be asked to provide information about their child's medication and asthma triggers.
- This information forms, the asthma health care plan and register that will be available to all relevant staff
- The information will be updated on an annual basis or as the child's medication changes.
- Parents are responsible for informing the school of any medication changes in between times.
- If a member of staff administers or supervises a child taking their reliever inhaler, a record will be kept and the child's parent/carer informed – through the use of a slip available in the white assessment files.

### **Physical activity, PE, games and break time**

**The federation encourages children with asthma to participate fully in PE, games and physical activity but we are aware that, for some children, exercise can trigger their asthma.**

- Staff supervising physical activity, PE lessons or break times will be aware of which children have asthma from the register.
- Those children whose asthma is triggered by exercise will be encouraged to take their reliever inhaler a few minutes before exercise and to warm up and warm down with sports sessions (Asthma UK, 2009).
- Children will be encouraged to bring their reliever inhaler to the gym, sports field, swimming pool or playground.

### **Excursions and out of school**

- Children with asthma will need to take their reliever inhaler on excursions. Older children, deemed mature enough by staff, will carry their inhaler with them. Younger children will have their reliever inhaler (and spacer) at hand, held by the supervisory staff.
- Residential excursions may necessitate the inclusion of a preventer inhaler; supervision of this and a plan of care will be negotiated with the parents and staff, as part of the preparation for the residential excursion.

### **Pupils with special educational needs**

Children with special educational needs who may also have asthma will have special requirements to ensure that they take their asthma medication appropriately and that they are appropriately treated in the event of an asthma attack. This will be made explicit by the medical team responsible for giving the medical advice input in to the statement.

### **Information for parents / carers**

Parents / carers have a responsibility to:

- Inform staff their child has asthma.
- Ensure that their child has a reliever inhaler & spacer (if applicable) in school, labelled and that it is within the expiry date.
- Inform staff of any changes in their child's asthma or to their medication.

School has a responsibility to:

- Ensure parents are aware of how the school will manage a child with asthma.
- Assess and address the training needs of staff in relation to asthma
- Ensure all staff understand asthma and know what to do in the event of an asthma attack.

## **Sources of Information**

**The School Health Team**

**Asthma UK**

[www.asthma.org.uk](http://www.asthma.org.uk)

**Department of Education & Skills / Department of Health**

Managing medicines in schools & early years setting, March 2005

[www.dh.gov.uk](http://www.dh.gov.uk)

**Medical conditions at school: Policy & Asthma, 2007**

[www.medicalconditionsatschool.org.uk](http://www.medicalconditionsatschool.org.uk)

## **Management of an asthma attack**

All staff who supervise children with asthma should be able to recognise the signs of an asthma attack and know what to do if a child has an asthma attack.

### **What to do**

- 1) Make sure that the child takes 2 puffs of their reliever inhaler (**BLUE**) immediately – (through a spacer where appropriate)
- 2) Stay calm and reassure the child.
- 3) Help the child to breathe slowly and deeply – loosen any tight clothing.
- 4) Encourage the child to sit up and slightly forward – do not hug them or lie them down

### **If there is no immediate improvement after 5 to 10 minutes**

Ensure the child takes 1 puff of their reliever (**BLUE**) inhaler every minute for 5 minutes **or** until their cough, wheeze, shortness of breath or chest tightness improves.

### **Emergency procedure - if no improvement after a further 5 to 10 minutes**

This should be implemented if the following occurs

- The reliever inhaler has had no benefit in relieving the child's cough, wheeze, shortness of breath or chest tightness.
- The child is distressed or too breathless to talk
- The child is getting exhausted
- There is any doubt at all about the child's condition

### **Action to be taken:**

- **Dial 999 and request an ambulance – staff should not take children to hospital in their own car as a child's condition can deteriorate very quickly.**
- **Repeat the reliever (**BLUE**) inhaler giving 1 puff every minute until the ambulance arrives.**
- **Inform the child's parents.**

***If at any point you are unsure or concerned about a child's condition and their response to treatment, DO NOT HESITATE TO DIAL 999***

### **After minor attacks**

Minor attacks (symptoms over and above a cough, wheeze, breathlessness or sudden chest tightness) should not interrupt a child's involvement in school. When they feel better the child can return to normal activities.

Staff will keep a record each time a child has an asthma attack and needs their inhaler and inform parents / carer that day, through the use of a slip, available in the white assessment files.

### Important things to remember

- Never leave a child unsupervised while they are having an asthma attack
- If the child doesn't have their inhaler and / or spacer with them send someone else to get it.
- A member of staff should always accompany a child taken to hospital and stay with them until their parent / carer arrives.
- In an emergency situation staff are required under common law duty of care, to act like any reasonably prudent parent.

### Asthma Health Care Plan (see letters to parents)

Child's Name:		
DOB:		
Address:		
School / Setting:		Class / Group:
Parent / Carer's name:		GP Name:
Telephone:	Home:	Surgery:
	Work:	Telephone:
	Mobile:	

Does your child tell somebody when s/he needs their inhaler? Yes / No

Does your child need help taking his/her inhaler? Yes / No

Does your child need to take their inhaler before exercise or play? Yes / No / Occasionally		
<b>Medication:</b>	<b>Dose</b>	<b>When to be taken</b>

### **My child's asthma is triggered by:** *(please tick the appropriate boxes of your child's triggers)*

Cold air	Colds / viral infections	Pollen	Excitement
Changes in weather	Exercise	Dust	Emotion
Damp / mould	Night	Pets	Cigarette smoke
Other:			

### **Relief treatment when needed:**

For cough, wheeze breathlessness or sudden chest tightness, give or allow the child to take the inhaler below. After a few minutes the child should feel better & be able to return to normal activities.

<b>Medication</b>	<b>Dose</b>	<b>When to be taken</b>
<i>Salbutamol (blue) 100mcgs</i>	<i>2 puffs</i>	<i>Up to every 4 hours as required</i>
<b>Expiry dates checked</b>	<b>Date</b>	<b>Sign</b>

***The child/young person should not be left unsupervised while experiencing an asthma attack***

### **IN AN EMERGENCY**

***An emergency is if any of the following happen:***

- 1) The asthma attack guideline has been followed and the reliever (blue) inhaler hasn't helped after 2 puffs and then a following 5 puffs.
- 2) Symptoms of cough, wheeze, breathlessness or tight chest get worse or do not improve.
- 3) The child is too breathless to speak.
- 4) The child is becoming tired or exhausted
- 5) There is any doubt about the child's condition

### **WHAT TO DO IF THE RELIEVER INHALER HAS NO EFFECT AFTER A FURTHER 5-10 MINUTES**

- Call an ambulance
- Continue to give the reliever inhaler 1 puff every minute until the ambulance arrives
- Inform the child's parents.





### Parental agreement

I agree that the information in this plan is accurate at the time of writing and give my consent for school / setting staff to administer my child's inhaler in accordance with the school / setting asthma guidelines.

I will provide the school / setting with a reliever inhaler within its expiry date and where necessary, a spacer.

I will inform the school / setting immediately, in writing of any change in dosage or frequency of the inhaler or if it is stopped.

**Parent's signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### School agreement

It is agreed that school staff will administer the child's inhaler in accordance with the agreed asthma health care plan and in line with the school / setting asthma guidelines.

Parents will be informed if their child has used his/her inhaler to relieve the symptoms of a minor asthma attack i.e. over and above a cough, wheeze, breathlessness or sudden chest tightness

**Signature on behalf of the school:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Annual Review Date:** \_\_\_\_\_