

# *Asthma Policy*

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**THE JO RICHARDSON**

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ACHIEVE

## 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).



As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all students 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
- have an up-to-date asthma policy
- have asthma leads
- ensure all students have immediate access to their/a reliever inhaler at all times
- ensure all students have an up-to-date asthma action plan
- have an emergency salbutamol inhaler
- ensure all staff have regular asthma training
- promote asthma awareness amongst students, 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 student 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

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from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost

### **Asthma Leads**

This school has asthma leads who are based in the Student Services Department. It is the responsibility of the asthma leads to manage the asthma register, update the Asthma Policy and manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015). Asthma leads will send reminders to parents via the website and the school's weekly newsletter requesting that their child is carrying their asthma pump and to keep the school updated with any changes to their child's condition.

### **Medication and Inhalers**

All children with asthma should have immediate access to their reliever 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 student 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).

In senior school, students are expected to carry their own reliever inhalers. We recognise that students with severe asthma may still need supervision while taking their inhaler.

School staff **are not** required to administer asthma medicines to students; however, many students have poor inhaler technique, or may be 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 students as they use their inhaler can be essential for the well-being of the student. If we have any concerns over a student'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 school's Medical policy for further details about administering medicines. (Source: Asthma UK)

### **Asthma Action Plans**

Asthma UK evidence shows that if someone with asthma has a 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 students 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. This training will be provided by the school nursing team.

### **School Environment**

The school does all that it can to ensure the school environment is favourable to students with asthma. The school has a definitive no-smoking policy. Students' asthma triggers will be recorded as part of their asthma action plans and the school will ensure that students will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mites
- 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 students. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which students have asthma from the school's asthma register. (Source: Asthma UK)

Students with asthma are encouraged to participate fully in all activities. PE teachers will remind students 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 students will carry their inhaler with them. If a student needs to use their inhaler during a lesson, they will be encouraged to do so. (Source: Asthma UK)

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve students with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE. (Source: Asthma UK)

### **When asthma is effecting a student'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 asthma is impacting on the life of a student 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 and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the student needs an asthma review, to review inhaler technique, a medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, the school recognises that students with asthma could be classed as having a disability 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 on the use of emergency salbutamol inhalers in schools' from the Department of Health (March 2015). We have summarised key points from this policy below.

As a school, we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

We have one emergency kit, which is kept in the Student Services Department. The Student Services team will support administering the pump as and when required.

Each kit contains:

- A salbutamol metered dose inhaler
- At least two spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions 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

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. The school's asthma leads / Student Services 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

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 air dry 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.

The emergency salbutamol inhaler will only be used by students 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. 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. This form must be returned immediately and will be kept with our asthma register.

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 (eg, stopping exercise). As per the Department of Health guidance, the child would not normally be required to be sent home from school or to need urgent medical attention.

### **Asthma Attacks**

The school recognises that if all of the above is in place, we should be able to support students 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.

### **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 follow the ambulance protocol immediately and proceed 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 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 (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 we have had to treat a child for an asthma attack in school, it is important that the parents/carers are informed and advised 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 we are worried at ANY TIME before we 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 inhalers in schools