

Cleobury Mortimer Primary School

Asthma Policy

Headteacher/Principal.....Mrs S Desborough.....

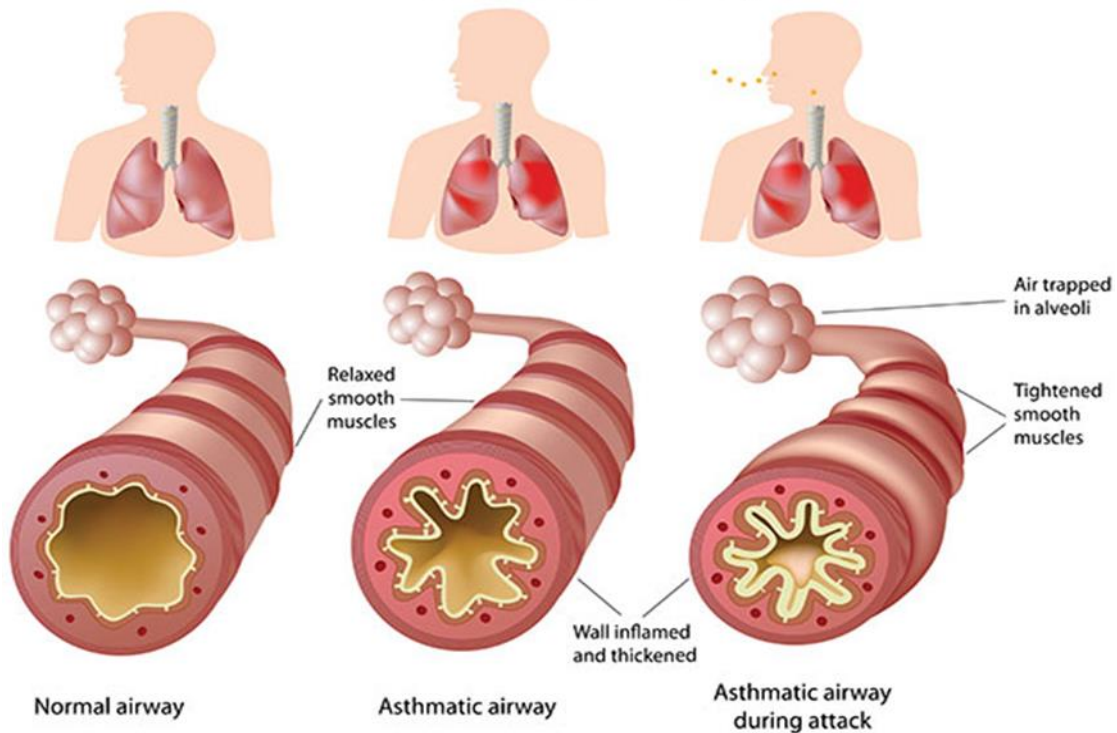
Asthma Lead.....Mrs L Hector.....

School Nursing teamShropshire Public Health Nursing Team .

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).

Asthma and Your Airways



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

Asthma Register

We have an asthma register of children within the school, which we review 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 action plan,
- their reliever (salbutamol/terbutaline) inhaler in school and spacer if prescribed,
- 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from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.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)
- In addition, we remove pupils from the register should their diagnosis be withdrawn by a medical professional and are instructed by parents/carers.

Asthma Lead

This school has an asthma lead who is named above. 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 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. (Source: Asthma UK). Inhalers are kept in the classroom for easy of access.

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. 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.

School staff are not required to administer asthma medicines to 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 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 school nurse 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)

Asthma Action Plans

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)

Parents/carers are contacted at the beginning of each academic year to complete/update the asthma care plan and return to school at their earliest convenience with the medication. An appointment with the Asthma Lead can be made to discuss any parental concerns and an additional meeting relating to pupils of statutory school age can be arranged with a member of the Public Health Nursing Team. This ensures that contact can be made directly with health care professionals in the management of more serious cases that require the school to consider making reasonable adjustments to provision. It also ensures that school, parents and pupils have the oversight of medical staff in the facilitating of environmental and educational provision through making recommendations.

Parents/carers are reminded to check medication regularly and ensure that updates are shared with school in a timely manner.

A record is kept when a child uses their inhaler and frequent usage is shared with parents/carers.

Staff training

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

- All staff receive up to date yearly training by the Asthma Nurses. Staff unable to attend have access to view the training materials.

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. This information is also shared with supply staff and cover supervision staff.

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 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.

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 pupils 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 and staff are aware of the procedures to minimise triggers through conducting risk assessments and also manage asthma symptoms as documented in individual asthma care plans.

When asthma is effecting a pupil's education

The school 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 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 Personal Asthma Action 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 and arrange a meeting with the schools Special Education Needs Coordinator about the pupil's needs. Pupils who are recognised as having additional needs and require support in emergency situations will have additional arrangements/procedures added to their Personal Emergency Evacuation Plans regarding medication.

Making the school asthma-friendly

The school ensures that all pupils understand asthma. Asthma can be included in the National Curriculum Key Stages 1 and 2 in science, design and technology, geography, history and PE.

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 (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 3 emergency kit(s), which are kept in the Office so it is easy to access. Each kit contains:

- A salbutamol metered dose inhaler;
- 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

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.

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 schools asthma 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 2 weeks or more, shake and release 2 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 ___170___ 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.

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.

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 (*see appendix 1*). This needs to be returned immediately and 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 (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 of the above is 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.

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 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

Staff with Asthma

Any staff who suffer from Asthma should speak to the head teacher about their needs and any special provision required.

Equal Opportunities (see Equal Opportunities Policy)

Equal opportunities is about ensuring that every member of the school community is regarded as being of equal worth and importance, irrespective of culture, race, gender, sexual orientation, gender identity, learning abilities, sensory or physical impairment, social class or lifestyle. This also applies to people with asthma; it is about recognising differences, meeting individual needs and taking positive action, so that everyone has equal access to the educational opportunities offered by the school; it is also about regularly monitoring that each child has the opportunity to achieve.

- **References**
- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines.
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

Written: September 2022

Review: September 2024

Appendix 1

Appendix 1 - example of an Asthma Health Plan

Asthma Health Care Plan

Child's name

Date of birth

Group/class/form

Child's address

Date Asthma Diagnosed

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers '

.....

.....

Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose

(E.g. once or twice a day, just when they have asthma symptoms, before sport)

.....

.....

Describe what an asthma attack looks like for your child and the action to be taken if this occurs

.....

.....

Who is to be contacted in an emergency? Give three contact telephone numbers

Name /type of inhaler:
(as described on the container)

--

Dosage and method:

--

Are there any side effects that the school needs to know about?

--

Procedures to be taken in an emergency:

--

I accept that this is a service that the school/setting is not obliged to undertake.

I agree that a school inhaler can be used in an emergency, if available.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering medicine in accordance with

the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of medication or if medication is stopped.

Date: _____ Signature: _____

Please note: It is your responsibility to ensure that the school is keep informed about changes to your child's medicine, including how much they should take and when. It is also your responsibility to provide the school with medication that is clearly labelled and in date.

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.

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

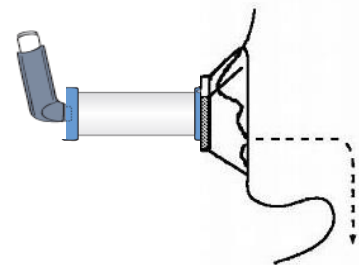
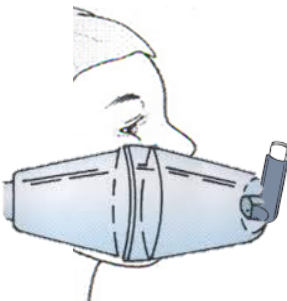
A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks then press the inhaler twice into the air to clear it.**

A Spacer might be

- Orange
- Yellow
- Blue
- Clear

A spacer may have

- A mask
- 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 – Example of NHS Optional Care Plan

Asthma check-ups
It's really important that I see my doctor or asthma nurse for regular check-ups, at least every 12 months, even when I am well. I go more frequently if my asthma control is not good.

Date my Asthma Plan was completed/...../.....

Date of my next asthma review/...../.....

My best peak flow is litres/min

Spacers
Spacers make it much easier to use a puffer inhaler. They are the best way of getting the medicine down into my lungs. If I have one I will always use it, especially when I have a bad asthma attack and need lots of my blue inhaler.

Triggers
Things that make my asthma worse and what you can do to help

.....

.....

.....

.....

Share this asthma plan with everyone who looks after me

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door

Where can I find out more about asthma?
My doctor or asthma nurse are the best people to give advice on looking after my asthma. But there are lots of websites that give asthma information, and two good ones are:

- www.asthma.org.uk
- www.nhs.uk— type in the word "asthma" into the search box at the top right of the page

For more help and support you can also contact the **Asthma UK Advice-line**
Call 0300 222 5800 (9am –5pm Mon–Fri)
or
Message on WhatsApp 07378 606 728

Useful Contact Numbers

My GP Surgery:

Tel:

Out of hours: 111

The Princess Royal Hospital:
The Children's Assessment Unit
01952 565918

The Children's Respiratory Nurse Specialists
01952 565931, 01952 565932, or 01952 641222 ext. 4003

Version 12	
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This Asthma Plan belongs to

.....
(Insert child's full name)

.....

(DOB NHS Number)



Shrewsbury and Telford Hospitals NHS Trust

Telford and Wrekin Clinical Commissioning Group

Shropshire Clinical Commissioning Group

My asthma control is good

Perfect control means that I have no symptoms and I do not need to use my blue inhaler. If I am on a preventer treatment it's important to take this every day, even when I am well

My Preventer Treatments

The medicine in my inhaler is called

The strength of my inhaler

The colour of my inhaler is

Every morning I take Puffs

and in the evening Puffs

Other asthma medicines I take are

.....

.....

..... (name) (dose) (times a day)

My Blue Reliever Inhaler

The medicine is called

I take 1 to 2 puffs when I wheeze or cough, or if my chest feels tight and it's hard to breathe.

It works in minutes & wears off in about 3-4 hours

My blue reliever inhaler and spacer are kept with me, or are close by, at all times

Question: Are you needing to take your blue inhaler more than three times per week? Or is asthma waking you more than one night per week?

Advice: This means your asthma is not well controlled & you need to talk to your doctor or asthma nurse.

My asthma control is worse

My asthma is getting worse if any of the following are happening

- I have a cough or a wheeze and it's getting harder to breathe
- My chest is tight or hurts
- I am waking up at night because of my asthma
- 2 puffs of my blue inhaler doesn't help or it wears off after 2 or 3 hours
- My Peak Flow is less than.....litres/min

When this happens

- I should increase my **Blue Inhaler**
- So I take 4 puffs every 4 hours, using my spacer
- If I am on a preventer treatment it's important that I carry on taking them regularly
- I will increase my preventer inhaler (if I have been advised to by my Doctor or nurse)

This helps, and I don't need my reliever inhaler more than 24 hours

I should be seen by my doctor or nurse for a review of my asthma as soon as possible

This helps, but I don't get better in 24 hours

I should continue to take 4 puffs every four hours and be seen by a doctor or nurse that day

It doesn't help at all, or 4 puffs do not last for 2 to 3 hours

Treat as an Asthma Attack

Question: Does running, playing or doing PE always make you wheezy?

Advice: Then try taking 1 or 2 puffs of blue inhaler before you exercise. If you need to take it again during exercise, talk to your nurse or doctor.

When I have an asthma attack

I may be having an asthma attack if any of the following are happening

- 4 puffs of my Blue Inhaler is not helping at all or it wears off after 2-3 hours
- I can't walk, talk, eat or drink easily
- I am breathing hard and fast
- I am coughing or wheezing a lot, my chest is very tight or hurts a lot
- My peak flow is less thanlitres/min

When this happens

I should take 2 puffs of my Blue Inhaler using my spacer every 2 minutes, up to 10 puffs, until I feel better

I feel better

But I don't want this to happen again.

- I keep taking 4 – 10 puffs every 4 hours
- I need to see a doctor or asthma nurse today



I don't feel better

I need to call 999 or see a doctor straight away

- **Call for help**
- Sit up
- I take up to 10 puffs every 15–30 minutes until help arrives or I start to feel better



