



Asthma Policy

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Policy Statement

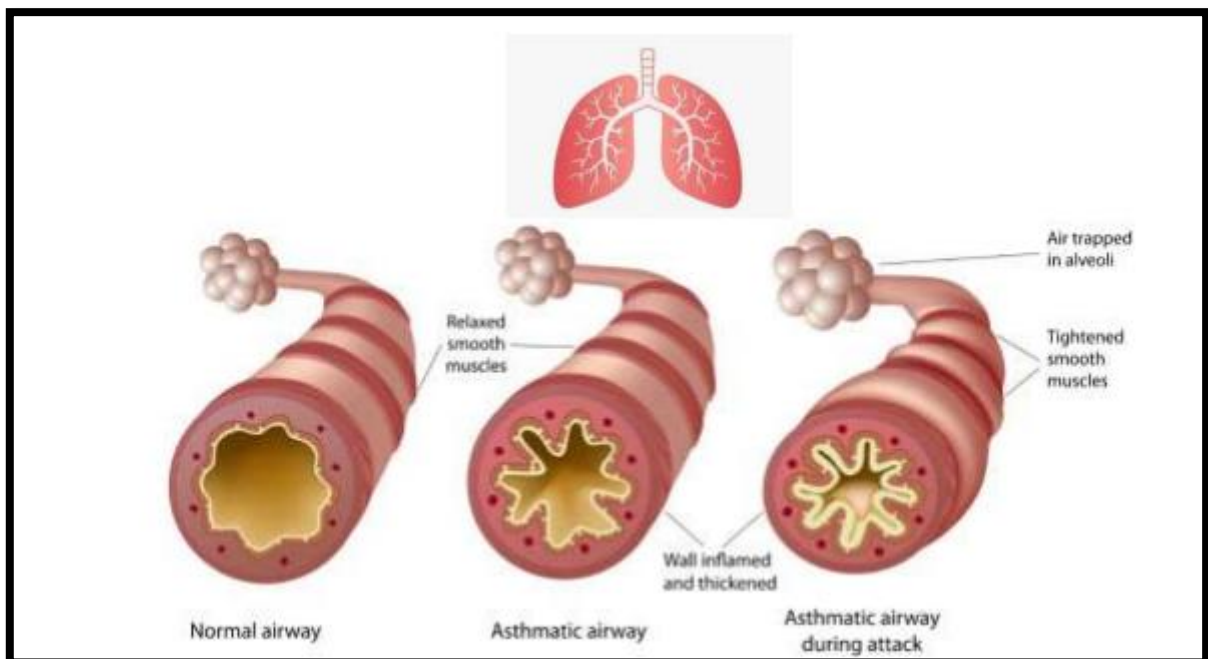
North Farnborough Infant School recognises that asthma is a widespread, serious but controllable illness.

We welcome all pupils with asthma and aim to support these children in participating fully in school life. We endeavour to do this by ensuring:

- we have an asthma register
- we have an up-to-date asthma policy
- we have an asthma lead member of staff
- all pupils with asthma have immediate access to their reliever inhaler at all times
- all pupils with asthma have an up-to-date asthma action plan
- we have an emergency salbutamol inhaler
- all staff have regular asthma training
- we promote asthma awareness amongst pupils, parents and staff

What is 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 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 action plan
- their reliever (salbutamol/terbutaline) inhaler and a spacer 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from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.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

North Farnborough Infant School has two asthma leads – **Liz Ujzaszi Evans** and **Tina Todd**. It is the responsibility of the asthma leads and the Headteacher 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), and ensure measures are in place so that children have immediate access to their inhalers.

Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses 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 children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions (see appendix 1). (Source: Asthma UK).

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).

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. (Source: Asthma UK)

Reliever inhalers are kept in the child's classroom in a labelled box.

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, recognising that this 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 Supporting Pupils with a Medical Condition for further details about administering medicines. (Source: Asthma UK).

If the child uses their inhaler at school, parents will always be informed in writing (see appendix 2).

Staff training

Staff will need yearly asthma training updates. This training can be provided by the school nursing team or accessed online via Education for Health Supporting Children's Health and Young People with Asthma (educationforhealth.org). We aim to ensure a minimum of 85% of staff complete this.

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, where possible, that pupils will not come into contact with their triggers.

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. (Source: Asthma UK) Pupils with asthma are encouraged to participate fully in all activities. 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. (Source: Asthma UK)

When asthma is affecting 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. If we believe that asthma is impacting on the life of a pupil, and they are unable to take part in activities, are tired during the day, or falling behind in lessons we will discuss this with parents/carers, 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.

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.

We have 1 emergency kit, which is kept in the cupboard in the school office.

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 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 (see appendix 3).

The school's asthma leads 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
- 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 180 puffs having been used, we will replace it.

The spacer can be reused, after each use it will be dismantled and washed in hot soapy water using a soft cloth, it will be left to air dry then reassembled. The inhaler can also be reused. 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 (see appendix 4).

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 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 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 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 training 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 all classrooms and common areas.

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
- A wheezing sound coming from the chest
- 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**

The Department of Health guidance goes on to explain that in the event of an asthma attack, staff should:

1. Keep calm and reassure the child
2. Encourage the child to sit up and slightly forward
3. Use the child's own inhaler – if not available, use the emergency inhaler
4. Remain with the child while the inhaler and spacer are brought to them
5. ***Shake the inhaler and remove the cap**
6. ***Place the mouthpiece between the lips, or place the mask securely over the nose and mouth**
7. ***Immediately help the child to take two puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths)**
8. If there is no improvement, **repeat these steps* (5-7) up to a maximum of 10 puffs**
9. 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
10. 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
11. 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.
12. 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.
13. 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.

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent / carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists
 Call **0300 222 5800**
 WhatsApp **07378 606 728**
 (Monday-Friday, 9am-5pm)
 AsthmaAndLung.org.uk



What signs can indicate that your child is having an asthma attack?

Does your child tell you when they need medicine?

Yes No

Does your child need help taking their asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Pollen Stress
 Exercise Weather
 Cold/flu Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

Actions to take if a child is having an asthma attack

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**



Letter to inform adults about inhaler use

Dear Parents/ Carers,

This letter is to formally notify you that _____ has had problems with their breathing today.

This happened when _____

They used _____ puffs of their own inhaler.

Although they soon felt better, we would strongly advise that you discuss this with their own doctor or asthma nurse as soon as possible.

Signed: _____ Date: _____

Print name: _____

Child's name: _____

Class: _____



CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which will be in school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:.....

Date:

Name (print).....

Child's name:.....

Class:



Emergency Salbutamol Inhaler Use Form

Child's name:	
Class:	
Date:	

This is to notify you that has had problems with their breathing today.

This happened when

*They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.

They were given puffs.

*Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.

They were given puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

*Delete as appropriate

Signed by staff member.....