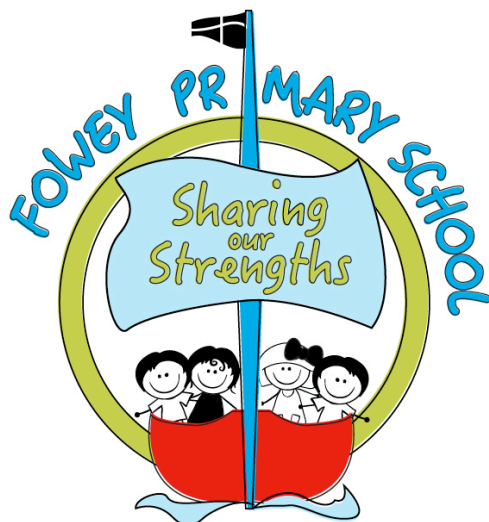


Fowey Primary School



Asthma Policy

Reviewed: September 2015

Agreed by Governors 18th September 2015

Signed..... Chair of Gobs

Signed..... Headteacher

What is Asthma?

Asthma is an inflammatory condition of the lungs. The airways become overly sensitive to certain stimuli or triggers causing spasm and narrowing of the airways, leading to the signs and symptoms of asthma i.e. cough, wheeze and breathlessness.

Known common triggers found in the school environment:

Viral infections (common cold)	House dust mite
Fumes	Pollens and spores
Animal dander	Exercise
Cold air	Emotional upset or excitement

Signs and symptoms of asthma

Asthma affects the airways which are almost always swollen and inflamed. This makes them very sensitive to triggers such as those mentioned below. The inflammation is normally kept under control with medications which need to be taken daily. However, symptoms do occasionally occur.

The usual symptoms of someone with asthma are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (could be breathing fast and with effort, using all accessory muscles in the upper body)
- Unable to talk or complete sentences. Some people may go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

These symptoms are not necessarily there all the time and will vary with different people. They often get worse after contact with a trigger, with exercise or with colds. Usually all that is needed is two puffs from a reliever inhaler such as salbutamol to control the symptoms.

Occasionally however, the symptoms become so bad that the child will need urgent treatment and may have to be admitted to hospital. This can be preceded by a recognisable period of deterioration over a number of days.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE PERSON:

- **APPEARS EXHAUSTED**
- **HAS A BLUE/WHITE TINGE AROUND LIPS**
- **IS GOING BLUE**
- **HAS COLLAPSED**

Policy aims and objectives

Aim:

To ensure that asthmatic children at Fowey Primary School are able to safely take part in a full school life and to develop their potential both academically and emotionally. It also aims to support school staff in making decisions about issues relating to asthmatic children in their care.

Objectives:

- To make all members of the school community *asthma aware*.
- To provide school staff with a clear statement of support from the Health Community and the Local Authority.
- To provide a framework for staff to follow in managing asthmatic children and students in school.
- To provide school staff with clear instructions on how to manage an acute attack.
- We have appointed a **voluntary** Asthma Link member of staff: Jo Bayes
- We ensure that all school staff receive training by appropriate health professionals
- We maintain a register of asthmatic children in school.

POLICY STATEMENT

At Fowey Primary School we:

1. Welcome all children with asthma.
2. Will encourage and help children with asthma to participate in all activities.
3. Recognise that asthma is an important condition affecting many young people.
4. Recognise that immediate access to inhalers is vital.
5. Will do all we can to make sure that our environment is sympathetic to children and students with asthma.
6. Will ensure that other children understand asthma so that they can support their friends who have asthma.
7. Have developed guidelines on the action to be taken in the event of a child/student having an asthma attack.
8. Have a clear understanding of what to do in the event of a child having an asthma attack.
9. Will work in partnership with parents, health professionals and other staff to ensure the successful implementation of this school's asthma policy.

Treatment for Asthma

The majority of children with asthma will be taking regular inhaled therapy. This most commonly consists of a steroid inhaler which usually will be kept at home. Examples of these are Becotide and Flixotide. These inhalers will not be effective once an attack has started.

The inhalers which should be in school are relievers, usually coloured blue, which work by relieving muscle spasm thereby opening up the airways. They can also be used before exercise to prevent asthma symptoms in susceptible children.

There are many different kinds of inhaler devices available and each individual child should be able to use the device prescribed by their doctor. The most commonly used is the metered dose inhaler which is often used with a spacer.

Signs of deteriorating Asthma

- Waking at night with coughing, wheezing or breathlessness
- Increased breathlessness in the morning
- Needing to use the reliever inhaler more often than usual and/or the inhaler does not seem to work as well and/or the effects do not last as long as usual
- Becoming more breathless with exercise

If any of these are happening the child's parents/carers should contact their GP or Asthma Nurse for advice. Sometimes patients have written Asthma Action Plans which will tell them what to do in the event of worsening asthma.

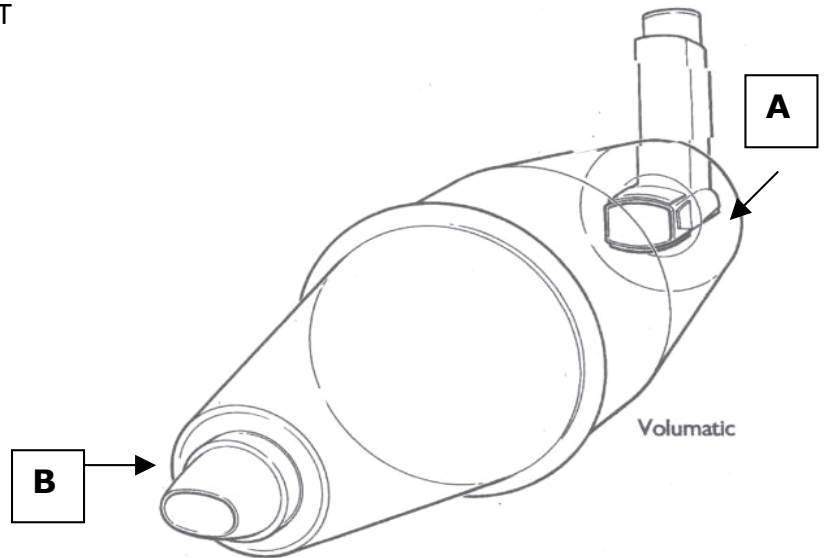
If any school staff notice any of these signs, they should inform the parents and Headteacher as soon as possible.

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- 1. Keep calm and reassure the child**
 - 2. Encourage the child to sit up and slightly forward – do not put your arm around the child's shoulder as this can be restrictive**
 - 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. Immediately help the child to take two puffs of salbutamol via the spacer**
 - 6. If there is no improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs**
 - 7. Stay calm and reassure the child. Stay with the child until they feel better. The child can then return to school activities when they feel better. Inform parents (office calls home and follow up with completed template at end of this policy)**
- If the child does not feel better or you are worried ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE**
 - If an ambulance does not arrive in 10 minutes, give another 10 puffs in the same way**
 - Office to contact parents/carers on alternative phone line after ambulance has been called**

A COPY OF THIS **MUST** BE KEPT
WITH THE KIT AT ALL TIMES

INSTRUCTIONS FOR USE



1. Assemble spacer.
2. Remove cap from inhaler.
3. Shake inhaler well.
4. Insert inhaler into spacer (**A**).
5. Place spacer mouthpiece (**B**) in child's mouth.
6. Depress canister **ONCE**.
7. Encourage child to breathe in and out **SLOWLY** through the spacer at least **SIX** times (keeping a seal with the lips around the mouthpiece)
8. The valve should click at least **SIX** times.
9. Repeat steps 3-9 once more. (Total of two puffs)
10. Monitor the response over the next 5 – 10 minutes.

ASTHMA MANAGEMENT POLICY

Application of policy:

1. Once the school has been informed, add the child's name and details of treatments to the school asthma register.
2. Parent or legal guardian to complete and sign the school Asthma Care Plan and Consent Form.
3. Inform the child's class teacher.
4. In the case of a child developing asthma after initial admission apply steps 1-3.
5. Carry out a review of any changes at least annually.

**ALL PUPILS SHOULD HAVE INSTANT AND EASY ACCESS TO
THEIR ASTHMA MEDICATION AT ALL TIMES**

All children with asthma should have their asthma medications labelled clearly with their name.

Some pupils may need to take their reliever medication before activity.

Parents/pupils should ensure they have an adequate supply of asthma medication at school at all times.

Your School Nurse is:

Kirsty Tait

Contact number: 01872 221400

Your Asthma Link/Asthma
Support Person is:

Jo Bayes

Storage of Inhaler Devices

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom. Inhalers should be labelled. When children are away from the classroom, e.g. PE on the school field, children will either carry their inhaler as above or it will be labelled and kept in a box at the site of the lesson. Likewise, if away from school, the child will carry their own inhaler or it will be carried by the member of staff supervising the child. **The inhaler should always be in proximity of the child who might need it.**

Asthma medications are extremely safe and should not pose any threat or danger if they are inadvertently used by non-asthmatic individuals.

Administration of asthma medication and legal liabilities

Many pupils with asthma will need to take their inhalers during the course of the school day. They should be encouraged to manage their own medication, but may also need supervision.

The school register indicates who is able to administer their own inhalers and who need adult intervention. Class teachers hold this information also.

There is no legal duty which requires school staff to administer medication; this is a voluntary role.

Staff who volunteer to administer medication have support from the head and parents, access to information and training, and reassurance about their legal liability.

Information about liability and health and safety regarding the use of asthma medication can be found in the Health and Safety Handbook. It is good practice to keep a record of medicines given to pupils so that staff are protected and have proof that they have followed agreed procedures. This record is kept in the Asthma Care Plan folder and should be completed by any member of staff administering or supervising a child administering, inhalers.

Use of Emergency Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for the use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). In our school, the emergency inhaler will be stored in the **First Aid Storeroom (in the Staff Room)**. **The inhaler and spacer should not be locked away. It will be out of reach and sight of children.** The children's own inhalers are either carried in person or stored in the child's classroom – see 'Storage of Inhaler Devices'.

The emergency kit

An emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler – which should be primed when first used (two puffs). It should also be regularly primed;
- At least two single-use spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer/plastic chamber;
- Instructions on cleaning and storing the inhaler;
- Manufacturers' 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 as detailed in their individual healthcare plans;
- A record of administration (i.e. when the inhaler has been used).

Storage and care of the inhaler (within the emergency kit)

Jo Bayes and Jacqui Kay have responsibility for ensuring that:

- On a monthly basis the inhaler and spacers present and in working order, and the inhaler has sufficient number of doses available;
- That replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- To avoid possible risk of cross-contamination, the plastic spacer should not be reused. It can be given to the child to take home for future personal use;
- **The inhaler itself can usually be reused, provided it is cleaned after use. The plastic inhaler housing (which holds the canister) is cleaned by washing it in warm running water and left to dry in air in a clean, safe place. The canister should be returned to the housing when dry, and the cap replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination with blood, it should be disposed of.**

Role of the School Nurse

School Nurses should be seen as the key group of workers forming links between doctors, schools and parents. They are supported by Respiratory Specialist Nurses and together they will provide uniformity of information dissemination. Relevant training is available for any staff who wish to be involved.

- 1) to be known as the first point of contact for the school after an asthma emergency has been dealt with by the school.
- 2) to be known to the school by name – Kirsty Tait
- 3) Asthma Link/Asthma Support Person to be known to the School Nurse by name - Jo Bayes.
- 4) to provide a contact number for all schools: 01872 221400
- 5) to respond to general asthma management concerns of Asthma Link/Asthma Support Person (may be referred on to the Respiratory Specialist Nurse or GP).
- 6) to liaise with school re update of training for school staff.
- 7) refer training requests to Respiratory Specialist Nurses.

It is recommended that School Nurses have yearly updates.

Role of the Asthma Link Person

- 1) to be a named contact within the school for dissemination of information on asthma.
- 2) to receive basic asthma training provided by asthma specialists.
- 3) to give re-assurance to other members of staff who are nervous of asthma conditions.
- 4) to ensure that the inhaler is in date (replacement procedures to be clarified).
- 5) to disseminate positive messages concerning children with asthma in school.
- 6) co-ordinate with the school office, Jacqui Kay.
- 7) to act in the best interests of the child.

It is recommended that the Asthma Link Person attend yearly updates.

ASTHMA AWARENESS

We will:

1. Allow children (where able) to take responsibility for their own asthma medication.
2. Allow those staff who wish (teaching and support), to take part in **free** training provided by Health Professionals.
3. Permit use of Reliever Medications for children and students with asthma before taking part in exercise.
4. Promote a healthy liaison between parents and teachers in order to communicate information relevant to the child's care.
5. Avoid known trigger factors as much as possible to lower the risk of attacks taking place in school.
6. Have a delegated person responsible for liaising with health services known as an Asthma Link Person.
7. Monitor the number of absences due to asthma.
8. Keep a register of children known to have asthma.

Record Keeping of Children with Asthma

We keep a record of children with medical conditions which are relevant to their care whilst at school. We keep a separate register for children who have been diagnosed as having asthma by a doctor. This information is recorded as part of our Admissions Procedure or updated when necessary by parents.

FOWEY PRIMARY SCHOOL

LETTER TO INFORM PARENTS OF INHALER USE

Please complete this form as soon as possible and log in First Aid Room and send a copy home to parents.

Name of child.....

Class.....

Date.....

Dear _____

This letter is to formally notify you that.....has had problems with his/her breathing today.

This happened when

Please tick as appropriate:

() A member of staff helped them to use their asthma inhaler. They hadpuffs.

() 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 givenpuffs.

() Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were givenpuffs.

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

Yours sincerely,

Chris Wathern

Details of person who administered or supervised medication and completed this form:

Name Signature

Position Date.....

FOWEY PRIMARY SCHOOL

ASTHMA CARE PLAN

Name of child dob

Address

.....

Telephone: **a** **b**

GP name.....

Surgery Tel:

Description of treatment:

.....

I confirm that:

1. 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 is stored in their classroom
3. My child is able to take responsibility for the self-administration of his/her asthma medication
4. My child is not able to self-administer his/her asthma medication and will require assistance

(please delete 3 or 4 as applicable)

5. 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 of Parent/Carer

I understand to inform the school immediately if my child's medication/treatment is changed.