

ASTHMA POLICY



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ASTHMA POLICY

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ASTHMA POLICY AND GUIDELINES

Aims

- A** To enable all students with asthma to participate fully in all school activities.
- B** To ensure that all staff are able to deal with a student who has an asthma attack.
- C** To enable all students to take responsibility for their own medication.
- D** To help all parents, students and staff to be well informed about asthma and to adopt a responsible attitude in its treatment.

1. What is asthma?

Asthma is a disorder of the lungs. Underlying sensitivity and inflammation causes air passages or bronchial tubes to become narrowed, making it difficult to breathe in and out. Sudden narrowing produces what is usually called an attack of asthma.

2. How does asthma affect children?

Children with asthma may develop episodes of attacks of breathlessness and coughing during which wheezing or whistling noises may be heard coming from the chest. Tightness felt inside the chest is sometimes frightening and may cause great difficulty in breathing.

Individual children are affected by their asthma in different ways. One student may have very occasional, brief and mild attacks, while another may be forced to stay off school, be unable to participate in games and need regular treatment every time they catch a cold.

3. What causes attack of asthma?

- 3.1 Asthma is a physical disorder of the lungs in which the air passages become sensitive to a variety of common stimuli. It is not an infectious disease. Nor is it a nervous or psychological disease, although strong emotions may lead to symptoms.
- 3.2 A trigger is anything that irritates the airways and causes asthma symptoms. There are many asthma triggers. Everybody's asthma is different and everyone will have different triggers, most have several. It is important that children and young people with asthma get to know their own triggers and try to stay away from them or take precautions.
- 3.3 Common triggers include viral infections (colds and flu), house-dust mites, pollen, and cigarette smoke, furry and feathery animals, exercise, outdoor air pollution, laughter, excitement and stress.

4. Common 'Day to day' symptoms of Asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough.

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4.1 These symptoms are usually responsive to use their own inhaler and rest (e.g. stopping exercise). They would not usually require the student to be sent home from school or to need urgent medical attention.

5. Signs of an asthma attack include:-

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The student complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue/white tinge around the lips
- Going blue.

5.1 If a student is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

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

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed.

6. Responding to signs of an asthma attack

- Keep calm and reassure the student
- Encourage the student to sit up and slightly forward
- Use the student's own inhaler – if not available, use the emergency inhaler
- Remain with the student while inhaler and spacer are brought to them
- Immediately help the student to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the student. Stay with the student until they feel better. The student can return to school activities when they feel better.
- If the student does not feel better or you are worried at ANYTIME before you have reached 10 - puffs, CALL 999 FOR AN AMBULANCE

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- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The student's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a student taken to hospital by ambulance and stay with them until a parent or carer arrives.

7. Record keeping

- 7.1 At the beginning of each school year or when a student joins the school, parents/carers are asked if their son/daughter has any medical conditions including asthma with details completed on a medical form.
- 7.2 A register is kept of all students who suffer from asthma, this register will be kept in the Medical Room and a copy on Fronter so that all staff can access.
- 7.3 All staff will have access to the Asthma Policy.
- 7.4 The register will also record if parental consent has been given to use the emergency salbutamol inhaler

8. Exercise and Activity – PE and Games

Taking part in sports, games and activities is an essential part of school life for all pupils. All PE teachers at the school are aware of which students have asthma from the school's asthma register.

9. Staff Awareness

The school has a responsibility to advise its entire staff on asthma management. Staff should share with their colleagues or in particular the Welfare Assistant any information or concern about a particular student's asthma. Posters detailing what to do in the case of an asthma attack will be displayed in the staffroom and changing rooms and all classrooms.

10. Types of Inhalers

a) Preventive Inhalers – They are not allowed in school

These are usually brown in colour and contain steroids. They are taken regularly to reduce the sensitivity of the air passages so that attacks no longer occur or are only mild. Students will take this medication at home before coming to school and last thing at night.

This type of inhaler does not help when the child is having an asthma attack.

b) Relief Inhalers

These are generally blue in colour and are used to relieve pupils when breathless, coughing or wheezing.

Pupils may also take these inhalers before exercise.

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11. Guidance on the Use of Emergency Salbutamol inhalers in Schools

- 11.1 From 1 October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.
- 11.2 **The emergency salbutamol inhaler should only be used by children, for whom written parental consent of 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 a reliever medication.**
- 11.3 The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).
- 11.4 Haydon School will purchase inhalers and spacers from a local pharmaceutical supplier without a prescription for use in an emergency.

12. The Emergency Kit

- 12.1 An emergency asthma inhaler kit will include:
- A salbutamol metered dose inhaler;
 - At least two plastic 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 check recorded;
 - A note of the arrangements for replacing the inhaler and spacers;
 - A record of administration (i.e. when the inhaler has been used).

13. Storage and Care of the Emergency Salbutamol Inhalers

- 13.1 The staff responsible for maintaining the emergency inhaler kit are Viv Vaughan and Linda Carlin who 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;
 - That replacement inhalers are obtained when expiry dates approach;
 - Replacement spacers are available following use;
 - The plastic inhaler housing (which hold the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary
 - They will be stored in the medical room and PE Office.
 - The inhaler and spacers should be kept separate from any student's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a Student's inhaler.
 - An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.
 - To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the student to take home for future personal use.
 - The inhaler itself however can usually be reused, provided it is cleaned after use.

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- The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place.
- The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.
- However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

14. Disposal

- Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away.

15. Students who can use an emergency inhaler

15.1 The emergency salbutamol inhaler should only be used by students:-

- Who have been diagnosed with asthma, and prescribed a reliever inhaler;
- Or who have been prescribed a reliever inhaler.

All parents will be sent a letter regarding the use of emergency inhaler and requesting them to respond in writing if they do not wish their son/daughter to have access to the emergency inhaler.

A student may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these students if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

16. Responding to asthma symptoms and an asthma attack.

16.1 Salbutamol inhalers are intended for use where a student has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the students getting the treatment they need.

16.2 For this reason the emergency inhaler should 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 whose parents have given consent for an emergency inhaler to be used.

17. Recording use of the inhaler and informing parents/carers.

17.1 Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom) how much medication was given, and by whom.

17.2 The student's parents will be informed by phone so that they can inform the student's GP.

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18. Roles and responsibilities**18.1 Welfare assistant (Designated members of staff)**

- Maintain an accurate asthma register and make this available to all staff
- Liaise with the school nurse with regards to asthma training for all staff
- Raise any concerns regarding a student with asthma with the school nurse
- Inform parents/carers if their child has had an asthma attack
- Should be trained in:-
 - Recognising asthma attacks (and distinguishing them from other condition with similar symptoms;
 - Responding appropriately to a request for help from another member of staff.
 - Recognising when emergency action is necessary
 - Administering salbutamol inhalers through a spacer
 - Making appropriate record of asthma attacks
 - Monthly update to Hillingdon Hospital

18.2 All staff

18.2.1 It would be reasonable for ALL staff to be:

- Trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- Aware of the Asthma policy;
- Aware of how to check if a student is on the register;
- Aware of how to access the inhaler;
- Aware of who the designated members of staff are, and the policy on how to access their help;
- know which pupils they come into contact with have asthma
- know what to do in an asthma attack
- allow pupils with asthma immediate access to their reliever inhaler
- tell parents/carers if their child has had an asthma attack
- tell parents/carers if their child is using more reliever inhaler than they usually would
- ensure pupils have their asthma medicines with them when they go on a school trip.
- ensure pupils who have been unwell catch up on missed school work
- be aware that a pupil may be tired because of night-time symptoms
- keep an eye out for pupils with asthma experiencing bullying
- liaise with parents/carers, special educational needs coordinators or Learning Support Department if a child is falling behind with their work because of their asthma.

18.2.3 If another member of staff requires to use the emergency inhaler they should call Viv Vaughan or Linda Carlin in the medical room on Ext. 540126

18.3 Parents

- tell the school if their child has asthma
- inform the school about the medicines their child requires during school hours

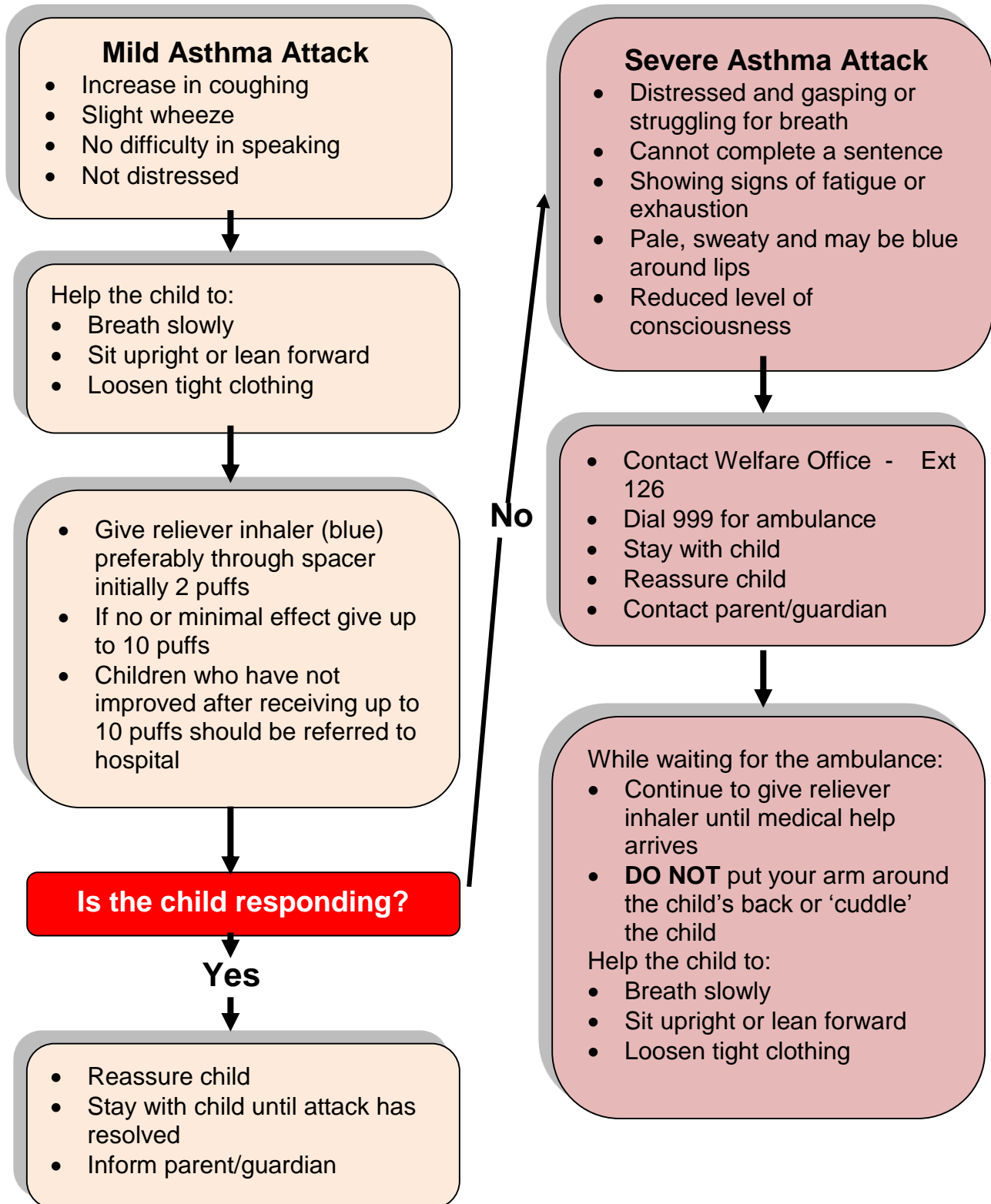
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- inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
- tell the school about any changes to their child's medicines, what they take and how much
- inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name
- ensure that their child's reliever inhaler and the spare is within its expiry date
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)

18.4 Pupils

- treat other pupils with and without asthma equally
- let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called
- tell their parents/carers, teacher or PE teacher when they are not feeling well
- treat asthma medicines with respect
- know how to gain access to their medicine in an emergency
- know how to take their own asthma medicines

The Asthma Attack – What to Do



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USEFUL ADDRESSES

Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014)

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

Access to Education and Support for Children and Young People with medical Needs (Welsh Assembly government Circular No: 003/2010, May 2010)

<http://wales.gov.uk/topics/educationandskills/publications/guidance/medicalneeds/?lang=en>

The Administration of Medicines in Schools (Scottish Executive, 2001)

<http://www.scotland.gov.uk/Publications/2001/09/10006/File-1>

Supporting Pupils with Medical Needs, (Department of Education, Department of Health, Social Services and Public Safety, 2008)

http://www.deni.gov.uk/index/support-and-development-2/specialeducational_needs_pg/special_educational_needs-supporting_pupils_with_medication_needs2.htm.

Asthma UK Website

<http://www.asthma.org.uk/>

Education for Health

<http://www.educationforhealth.org>

School Asthma Cards

<http://www.asthma.org.uk/Shops/school-asthma-card-pack-of-20-healthcare-professionals>

NHS Choices, Asthma in children

<http://www.nhs.uk/conditions/asthma-in-children/pages/introduction.aspx>

NICE Quality Standard

<http://publications.nice.org.uk/quality-standard-for-asthma-qs25>

Children and Maternal Health Intelligence Network

<http://www.chimat.org.uk/>

Getting it right for children, young people and families. Maximising the contribution of the school nursing team: Vision and Call to Action (March 2012)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf

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Document History

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