



## South Bersted CE Primary Asthma Policy

<b>Web and/or Internal</b>	<b>Web &amp; Internal</b>
<b>This policy should be reviewed every</b>	<b>Every two years</b>
<b>Policy approved by Governors</b>	<b>Autumn 2019</b>
<b>Date of Review</b>	<b>Autumn 2021</b>
<b>Member of staff responsible</b>	<b>Business Manager</b>
<b>Policy created by</b>	<b>WSCC Model Policy, personalised</b>
<b>Signed by Chair of Governors and/or Headteacher</b>	

## **What is asthma?**

Asthma is a condition that affects the 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 becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to symptoms of asthma. Triggers can include, hot or cold weather, increased humidity, fumes, powders, physical exercise and stress.

It's difficult to say for sure what causes asthma however you're more likely to develop asthma if you have a family history of asthma, eczema or allergies. It's likely that this family history, combined with certain environmental factors, influences whether or not someone develops asthma.

Asthma is a widespread, serious but controllable condition, and schools should ensure that pupils can and do participate fully in all aspects of school life. Pupils with asthma need immediate access to reliever inhalers and in an emergency, a spacer.

The school should ensure that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are and know the school's procedure to follow in the event of an asthma attack.

## **Symptoms of asthma**

The usual symptoms of asthma are:

- coughing
- wheezing
- shortness of breath
- tightness in the chest.

Not everyone will get all of these symptoms. Some people experience them from time to time; a few people may experience these symptoms all the time and occasionally some may not experience any symptoms.

## **Asthma medicines**

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor/asthma nurse and class teacher agree they are mature enough. Those deemed competent to do so may self-administer their asthma medication. The reliever inhalers of younger children should be kept in the classroom.

It is advised that the school has an in date spare reliever inhaler on site. These are held in case the pupil's own inhaler runs out, or is lost or forgotten and are kept in the school office. The school may ask a pupils parent or guardian to provide a second inhaler. All inhalers must be labelled with the child's name by the parent/carer.

From October 1<sup>st</sup> 2014 following changes to the Human Medicines Regulations 2012 schools will be able to purchase inhalers for emergency use from their local pharmacist provided it is done on an occasional basis and not for profit schools. It is recommended that schools keep a small stock of back-up inhalers for emergency use. Schools wishing to purchase inhalers should put their request in writing on headed paper signed by the principal or head teacher stating:

- The name of the school for which the product is required
- The purpose for which that product is required
- The total quantity required

It is recommended that emergency asthma medication is delivered via a spacer device and schools should ensure they have a spacer on site. Spacers may not be shared therefore once used a spacer should be allocated to the pupil that used it and a new one purchased. Spacers can be purchased from a local pharmacist. It is the schools responsibility to ensure the school inhaler remains in date. Spacers provided by pupils for their own individual use should be cleaned between uses. Wash spacer in warm soapy water, rinse with clean running water and leave to dry naturally.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate pupils to take their medicines when they need to.

### **Record keeping**

When a child joins the school, parents/carers are asked to declare any medical conditions (including asthma) that require care within school, for the school's records. At the beginning of each school year, parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given an asthma information form to complete and return to school. From this information the school keeps its asthma records. All teachers know which children in their class have asthma. Parents are required to update the school about any change in their child's medication or treatment. Records must be kept for the administration of asthma medication as for any other prescribed medication.

Schools must gain consent from parent to administer the schools emergency inhaler and a register must be kept with the inhaler that details which parents/guardians have

given permission for the school inhaler to be administered. It is the responsibility of the school to keep the register up to date.

### **Exercise and activity - PE and games**

All children are encouraged to participate fully in all aspects of school life including PE. Children are encouraged/reminded to use their inhalers before exercise (if instructed by the parent/carer on the asthma form) and during exercise if needed. Staff are fully aware of the importance of thorough warm up and cool down. Each pupil's inhaler will be labelled and kept in a bag at the site of the lesson.

### **School Environment**

It is recommended that schools endeavour to ensure that the school environment is favourable to pupils with asthma. The school will need to take into consideration, any particular triggers to an asthma attack that an individual may have and seek to minimise the possibility of exposure to these triggers.

### **Training**

It is best practice that all school staff are trained to recognise the symptoms of worsening asthma, how to respond in an emergency and how to administer of reliever medication (inhaler).

### **Asthma Attacks – School's Procedure**

In the event of an asthma attack, staff will follow the school procedure:

- Encourage the pupil to use their inhaler
- Summon a first aider who will bring the pupil's Asthma Information Form and will ensure that the inhaler is used according to the dosage on the form
- If the pupil's condition does not improve or worsens, the First Aider will follow the 'Emergency asthma treatment' procedures
- The First Aider will call for an ambulance if there is no improvement in the pupil's condition
- If there is any doubt about a pupil's condition an ambulance will be called

Dear Parent/Carer

**Asthma Information Form**

Please complete the questions below so that the school has the necessary information about your child’s asthma. **Please return this form without delay.**

CHILD’S NAME..... Age ..... Class .....

1. Does your child need an inhaler in school? Yes/No

2. Please provide information on your child’s current treatment. (Include the name, type of inhaler, the dose and how many puffs? Do they have a spacer?

.....  
.....

3. What triggers your child’s asthma?

.....

It is advised to have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child’s name and must be replaced before they reach their expiry date. The school will also keep an emergency salbutamol inhaler for emergency use.

**I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school. I agree that the school can administer the school emergency salbutamol inhaler if required.**

Signed:      Date.....  
*I am the person with parental responsibility*

Circle the appropriate statements

- My child carries their own inhaler.
- My child requires a spacer and I have provided this to the school office
- My child does not require a spacer
- I need to obtain an inhaler/spacer for school use and will supply this/these as soon as possible

4. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

.....

5. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency?

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**  
Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Yes/No

Signed:     Date.....

*I am the person with parental responsibility*

Please remember to inform the school if there are any changes in your child's treatment or condition.

Thank you

<b>Parental Update</b> (only to be completed if your child no longer has asthma)	
My child ..... no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed	Date
<i>I am the person with parental responsibility</i>	

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1 <sup>st</sup> inhaler		With pupil/In classroom			
2 <sup>nd</sup> inhaler Advised		In office/first aid room			
Spacer (if required)					

Record any further follow up with the parent/carer:

Example letter to send to parent/carer who has not provided an in-date inhaler.  
Please amend as necessary for the individual circumstances.

Dear [Name of parent]

Following today's phone call regarding [Name of pupil]'s asthma inhaler, I am very concerned that an inhaler has not been provided. You have stated on [name of pupil]'s Asthma Information Form that [name of pupil] requires an inhaler in school and you have agreed to provide an inhaler [and spacer]. Please ensure that:

- an inhaler
- a spacer

are provided without delay.

If [name of pupil] no longer requires an inhaler, please request his/her Asthma Information form from the school office and complete the parental update section.

Please be aware that in the absence of an inhaler, should [name of pupil] suffer an attack, staff will not be able to follow the usual Asthma Emergency inhaler procedures. They will be reliant on calling 999 and awaiting the Emergency Services.

Yours sincerely

## Emergency asthma treatment

### **Asthma attacks & wheeziness**

Signs of worsening asthma:

- Not responding to reliever medication
  - Breathing faster than usual
  - Difficulty speaking in sentences
  - Difficulty walking/lethargy
  - Pale or blue tinge to lips/around the mouth
  - Appears distressed or exhausted
- 
- Give **6 puffs of the blue inhaler via a spacer**
  - Reassess after 5 minutes
  - If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**
  - Reassess after 5 minutes
  - **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
  - **CALL AN AMBULANCE and CALL PARENT**
  - **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**