

# WHEATLANDS PRIMARY SCHOOL



## Asthma Policy

Written: March 2019

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## What is Asthma?

1. 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).
2. 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
  - an up-to-date asthma policy
  - all pupils have 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 to pupils, parents and staff

## Asthma Register

3. 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 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from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost (*see back of policy*)

## Asthma Lead

4. This school has an asthma lead (Samantha Pyle). 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

5. 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).
6. 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 parents or carer.
7. Some children may have a number of other medications which are taken morning and/or night, as prescribed by the doctor/nurse. These medications need to be taken regularly for maximum benefit.
8. 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).

9. Parents should be encouraged to report to school if their child has started a new medication or a course of oral steroids in case of any side effects.

## **Asthma Action Plans**

10. 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 and interrupt children's educational activities.

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).

## **Staff Training**

11. Staff will need regular asthma updates. The South Tees respiratory network will explore further, with schools, the approaches to facilitate training for schools.

## **School Environment**

12. 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.

13. 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)

14. 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**

15. 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).
16. 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 and spacer before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that pupils who are mature enough will carry their rescue inhaler and spacer 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 PE lesson they will be encouraged to do so (Source: Asthma UK).

17. It is 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 (Source: Asthma UK).

## **When Asthma is affecting a Pupil's Education**

18. 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 asthma is impacting on the pupils' lives, 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.

19. ***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**

20. 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. The document can be found on [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf). We have summarised key points from this policy below.
21. As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We can do this using the NHS request form for schools issued by the Department of Health.

We have 2 emergency kits, which are kept in the staff room and main office.

Each kit contains:

- 2 salbutamol metered dose inhalers;
  - At least two spacers compatible with the inhaler;
  - Guidance on using the inhaler and spacer;
  - Manufacturer's information;
  - A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
  - A list of children permitted to use the emergency inhaler:
  - A record of administration
  - Staff training record log
  - Letters to inform parents that their child has used the emergency inhaler
22. 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 been diagnosed with asthma OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of emergency inhaler has been given.***

23. The school's *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 150 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 has not 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 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

24. 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.

25. 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 Guidance, they would not usually require the child to be sent home from school or to need urgent medical attention.

## Asthma Attacks

26. 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.

27. All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise and manage an asthma. In addition, guidance will be displayed in the staff room (*see Appendix 2*). This can also be downloaded from school website.

28. **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.

#### 29. The Guidance 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. ( r 1 puff to 5 breaths or 20 seconds per dose with mask )
- 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

However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Cannot speak /short sentences
- Symptoms getting worse quickly
- Appears exhausted
- Has a blue/white tinge around lips
- Has collapsed

#### References

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

## APPENDIX 1

**School Action Plan**

**Date:**

Name:.....	Affix photo here
Date of birth:.....	
Allergies:.....	
Emergency contact:.....	
Emergency contact number:.....	
Doctor's phone number:.....	
Class.....	

What are the signs that you/your child may be having an asthma attack?

Are there any key words that you/your child may use to express their asthma symptoms?

What is the name of your/your child's reliever medicine and the device?

Does your child have a spacer device? (please circle)                      Yes                      No

Does your child need help using their inhaler? (please circle)                      Yes                      No

What are your/your child's known asthma triggers?

Do you/your child need to take their reliever medicine before exercise? (please circle) Yes  
No

If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:

I give my consent for school staff to administer/assist my child with their own reliever inhaler as required. Their inhaler is clearly labelled and in date.

Signed.....Date.....

Print Name.....Relationship to child.....

**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 they will bring with them to school every day/that will be left at school (delete as appropriate)
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).....

Relationship to child.....

Child's Name.....

Class.....

Parent's address and contact details:  
.....  
.....  
.....

Telephone.....

Email.....



## 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.

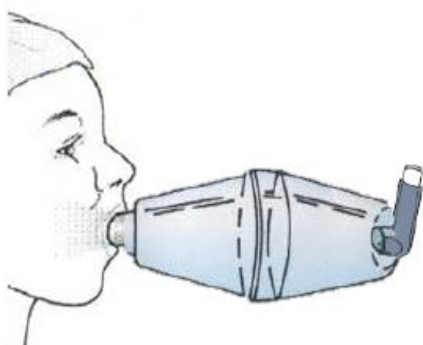
**CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD**

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

## Administering Reliever Inhaled Therapy through a Spacer

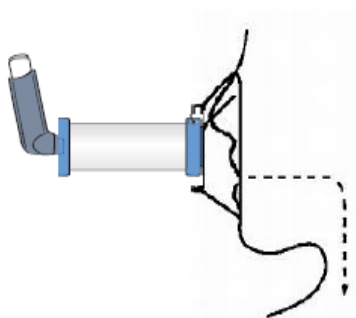
A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks then press the inhaler twice into the air to clear it.**

A Spacer without mask might be  
Small spacers  
• Pink  
• Green  
• Blue  
Large spacer  
• Clear

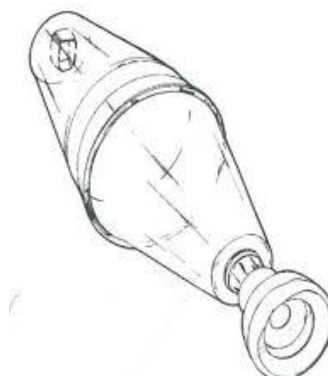


1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the end of the spacer
5. Place mouthpiece in mouth with a good seal,
6. Press the canister encouraging the child to continue to breathe in and out for 5 slow breaths.
7. Remove the spacer.

A spacer with mask    small spacer



large spacer



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 end of the spacer
5. Place mask over nose and mouth with a good seal, (Tipping inhaler end of the spacer up)

6. Press the canister encouraging the child to continue to breathe in and out for 20 seconds
8. Remove the spacer from the face.
9. Repeat from step 1 until the dose needed has been given.

Depending on responses, 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.**

#### **Useful resources and tools**

**IF A CHILD WITH ASTHMA HAS COUGH /WHEEZE/BREATHLESS  
GIVE THEIR USUAL DOSE OF BLUE INHALER.**

**IF better after 15 mins continue as usual.**



**REASSURE THE CHILD SIT THEM DOWN AND ENCOURAGE CALM  
DEEP BREATHING**

Give 10 separate doses of blue (salbutamol) inhaler in the large spacer with 5 slow breaths per dose or with mask on and tipped up for 20 seconds per dose. Shake inhaler in between until 10 doses has been given



**If after 15 minutes the child is better and fully recovered and looking /behaving in the usual way. Please make a note of this for parents**

**IF BLUE INHALER NEEDED AGAIN WITHIN 4 HOURS AT SCHOOL AND THERE IS A GOOD RESPONSE. PLEASE FOLLOW THIS GUIDELINE AND ALSO SEEK PARENTAL ADVICE.**



**No response or poor response  
OR GETTING WORSE**

- **Wheezy/coughing**
  - **Breathing quickly.**
  - **Tight chest**
  - **Not speaking/joining words together**
  - **Distressed or anxious**
  - **Pale/listless/blueness**
  - **Carer still has concern!**
- Give another 10 puffs (blue) in the LARGE spacer while another member of staff is calling an ambulance.999.  
State severe asthma.**