



ASTHMA POLICY

This policy applies to the whole school, including the EYFS

Introduction

This Asthma Policy has been written with advice from the Department for Education and Employment, Asthma UK (<https://www.asthma.org.uk/advice/resources/#schools>) and the Department of Health (DOH 2015, Guidance on the use of emergency salbutamol inhalers in schools). St Piran's school recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma. St Piran's School encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. We endeavour to do this by ensuring we have:

- . An asthma register and up to date asthma policy reviewed yearly
- . Asthma named lead nurse: Alyssa Binks
- . All pupils having immediate access to their reliever inhalers at all times
- . All pupils having an up to date asthma action plan
- . An emergency Salbutamol inhaler
- . Ensure all staff have regular asthma training
- . Promote asthma awareness to pupils, staff and parents.

Medication and Control

All children with asthma should have immediate access to rescue inhaler (usually blue) or their Symbicort Turbohaler (white & red) at all times. Parents are asked to ensure that the school is provided with a labelled, in date, spare Salbutamol inhaler. These will be kept with the children in their classroom. School staff are not required to administer medication to children except in an emergency however many of our staff are happy to do this, having had appropriate training from the nurses and an annual refresher in September. Staff are aware of how to access the asthma policy and know where the inhalers are stored for each child. Inhalers for pupils in the Nursery and Reception Departments are kept securely, but easily accessible in an unlocked cupboard. All pupils who require an inhaler on a regular basis are listed in the medical room. Each year group are given an individual list of the relevant pupils who have an inhaler. All children with asthma are allowed to take their inhaler with them whilst doing cross-country. For sporting events held on site, pupils should only receive Salbutamol if symptomatic not as prophylaxis prior to games, unless documented by their asthma specialist/nurse. During off site games and school trips the nurse will pack a first aid kit including the child's supplied inhaler.

An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. However, before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available. In 2013 in response to this, and following advice from the Commission of Human Medicines 2013 the Medicines and Healthcare Products Regulatory Agency (MHRA) recommended changes to legislation to enable schools to purchase and hold emergency salbutamol inhalers, without a prescription.

St Piran's school holds emergency Salbutamol inhalers in an unlocked cupboard in the medical room as well as 3 other locations around the school premises. The main emergency Salbutamol kit contains a salbutamol inhaler with an aerochamber, mouth piece and mask. *Following use, the plastic housing which holds the canister of the inhaler will be washed and dried as per manufacturer instructions and can be used again. Once the plastic spacer has been used this should be sent home with the child with a request that the family replace it. It should not be used by another child. In the meantime, the school should replace the spacer. Or if able to do so use the child's personal spacer to administer the school's emergency inhaler.* The administration of puffs is recorded and a new inhaler is ordered if supply is low. It is the nurse's responsibility to ensure all inhalers are in date and request parents to supply new stock as required for their child.

Recording use of the inhaler and informing parents/carers

The use of the emergency inhaler or the child's own inhaler are recorded and parents are notified accordingly. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given and by whom.

Record keeping

At the beginning of each academic year, or when the child joins the school, parents are asked if their child has asthma. Information concerning children with asthma will be kept in the School Medical Register which is available for all staff to see. If the medication changes at all, parents are asked to inform the nurses so that records can be updated. All parents are asked to fill out a School Asthma Card on an annual basis. If a child's asthma requires regular treatment or appears uncontrolled the parent will be asked to complete an individual health care plan and advised to see the GP.

Games, PE and Swimming

Taking part in sports is an essential part of school life. Games, PE and swimming teachers are aware of which children have asthma from the Medical Register and via the nurses. Children with asthma are encouraged to participate fully in PE games and swimming. Each inhaler is labelled and if a child needs to use their inhaler during the lesson they will be encouraged to do so.

The School Environment

St Piran's school does all it can to ensure the school environment is favourable to children with asthma. The school has a no smoking policy.

As far as possible the school does not use chemicals in science and art that are potential triggers for children with asthma. Bearing in mind that there are potentially many triggers for children with asthma

Recognising an asthma attack

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

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 child 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

Call for an ambulance and ring the parents if:

- The reliever has no effect after 5-10 minutes
- The child is distressed or unable to talk
- The child is getting exhausted
- You have any doubts about the child's condition

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

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

Procedure to be followed in the event of an Asthma attack

1. Ensure that the Salbutamol inhaler is taken immediately.
2. Stay calm and reassure the child.
3. Help the child to breathe by ensuring tight clothing is loosened.
4. The child should rest, sitting up, breathing slowly and deeply.
5. Do NOT take the child into cold air.

What to do in an asthma attack

1. Sit up straight - don't lie down. Try to keep calm.
2. Take one puff of your Salbutamol inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. If you feel worse at any point while you're using your inhaler or you don't feel better after 10 puffs or you're worried at any time, call 999 for an ambulance.
4. If the ambulance is taking longer than 15 minutes you can repeat step 2.

After the attack

Minor attacks should not interrupt a child's involvement in school. After a short rest the child can return to the classroom. The parents of the child **MUST** be told of the asthma attack.

Reviewed By: School Nurses
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