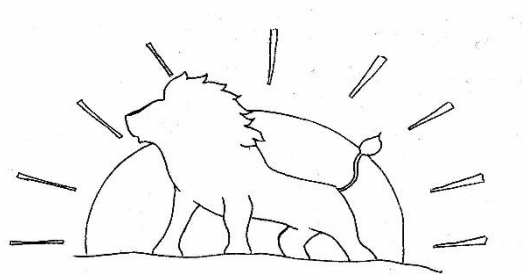


# Supporting Pupils with Asthma Policy

Northwick Park MAT

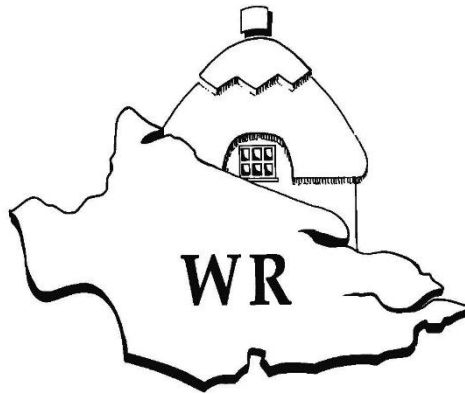


Northwick Park Primary and Nursery

We Take Pride



...working together



Approved by: LGBs

Date: May 25

Last Reviewed On: May 25

Next Review Date: May 28

**Introduction**

## **What is asthma?**

Asthma is a very common long-term lung condition. It affects the airways that carry air in and out of your lungs. People with asthma often have sensitive, inflamed airways. They can get symptoms like coughing, wheezing, feeling breathless or a tight chest.

Asthma symptoms can come and go. Sometimes people may not have symptoms for weeks or months at a time. Asthma needs to be treated every day, even if you feel well, to lower the risk of symptoms and asthma attacks.

## **What triggers asthma symptoms?**

There are lots of things that can make asthma worse, but not everyone will be affected by the same things. Things that set off your asthma symptoms are called triggers. Finding out what sets off your symptoms - whether it is colds and viruses, pets, pollen, pollution, house dust mites or stress - means you can work out ways to avoid your triggers if possible.

The best way to cope with your asthma triggers is to always take your preventer medicine as prescribed, even when you feel well. And if you notice symptoms getting worse always see your GP or asthma nurse.

## **How serious is asthma?**

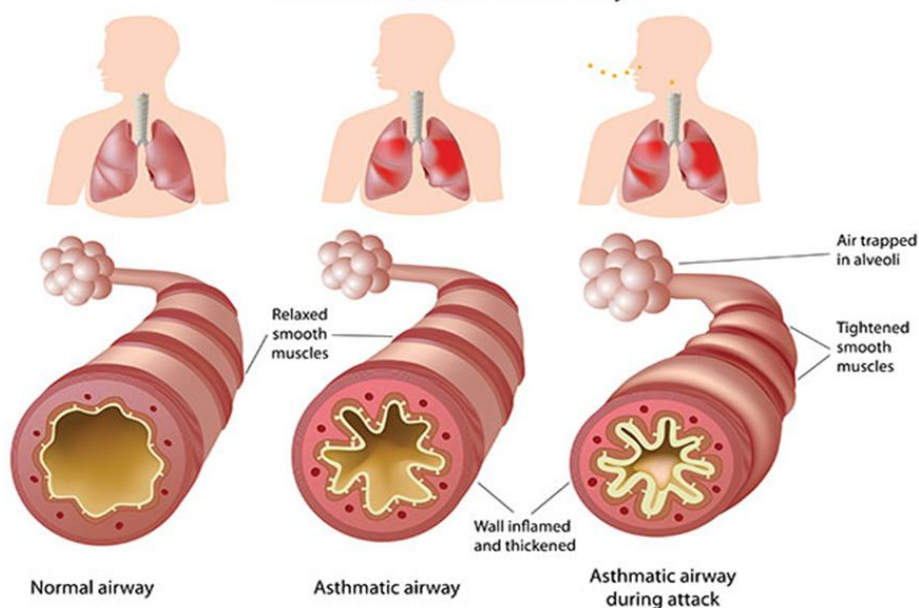
How serious asthma is varies from person to person. There are different types of asthma too. Someone with severe asthma (which affects around 5% of all people with asthma) can have symptoms most of the time and find them very hard to control.

But most people with asthma can manage it well by using a preventer inhaler every day, and a reliever inhaler if their symptoms flare up.

For every type of asthma though, there's the risk of an asthma attack. Asthma attacks can be life-threatening, so it's important to take action if you notice any signs that your asthma is getting worse.

(Source: Asthma UK)

## Asthma and Your Airways



### Purpose of this document

This policy sets out how our school will support students with asthma. We work closely with students, parents/carers and health colleagues to ensure we have robust procedures in place to support asthma management.

This policy reflects the requirements of key legislation and in particular two key documents:

1. Supporting pupils at school with medical conditions (2014).
2. Guidance on the use of emergency salbutamol inhalers in schools (2015).

To enable schools to effectively manage children and young people with asthma in a school setting and be an Asthma Friendly School:

- The schools should have an up-to-date asthma policy that is self-audited regularly.
- The schools should have designated asthma leads.
- The schools will maintain a register of children and young people with asthma that will be shared with each school, staff and the School Nursing Service.
- Every child with asthma should have personal asthma plan (where required), from their doctor or specialist healthcare professional, which is shared with school, staff and School Nursing Service.
- There will be whole schools training around asthma, signs and symptoms and what to do in an emergency as part of medicines management training.
- Children and young people should have easy access to their inhalers and spacers. These may be kept by the child, in the classroom or in the main office as deemed appropriate by the child, parent/carer and school.

## **Asthma Friendly School Statement**

We are an Asthma Friendly School and have audited our school practices and procedures in line with the recommendations in this policy. This means we advocate inclusion, are clear on our procedures and have designated Asthma Leads to ensure these are adhered to.

We welcome parents/carers' and students' views on how we can continue to improve and build upon our standards. The school recognises that asthma is a prevalent, serious but manageable condition and we welcome all students with asthma.

We ensure all staff are aware of their duty of care to students. We have a 'whole school' approach to regular training so staff are confident in carrying out their duty of care, and students know what to do if a child with asthma feels unwell.

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;
- asthma leads
- all pupils have immediate access to their reliever inhaler at all times;
- all pupils with asthma have an up-to-date asthma action plan;
- an emergency salbutamol inhaler and spacer;
- ensure all staff have regular asthma training; and
- promote asthma awareness with pupils, parents and staff.

## **Asthma Register**

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.

## Asthma Leads

Each school has asthma leads. It is the responsibility of the asthma leads to:

- Manage the asthma register.
- Share the asthma register with staff and the School Nursing Service.
- Ensure all children on the register have opt out consent status recorded for use of emergency salbutamol inhaler, their own inhaler and spacer and personal asthma plan shared with the school.
- Manage the school's emergency salbutamol inhalers (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.
- Ensure that medication in school is monitored and check expiry dates of medications every half term and advise parents if new medication is required. It is the responsibility of parents/guardians to ensure all medication is in date.
- Ensure that empty out of date inhalers are disposed of appropriately.
- Ensure that all school staff training is up to date (including their own).
- Ensure parents/carers are notified if a student is using their inhaler an additional 3 times per week, over what is stated on their care plan.
- Ensure parents/carers are informed if a student refuses to use their inhaler or spacer.
- Arrange school-based asthma support sessions, these can be through assemblies, parent updates, form time or PSHE time.
- Carry out an Asthma Friendly School Audit annually with Senior Team and publish the policy on the school website.
- Arrange annual asthma training for staff via the local school nursing service.
- Ensure emergency kits are checked regularly and contents replenished immediately after use;
- Ensure that procedures are followed.
- Be confident to support in an emergency situation.
- School staff are not obliged to administer medication at school, however, some may be happy to do so. School staff are insured to administer medication under the school's or location education's authority's public liability insurance policy.

## Medication and Inhalers

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).

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. 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 their preventer inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

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 parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler.

For younger children, reliever inhalers are kept securely.

School staff are not required to administer asthma medicines to pupils however many children have poor inhaler technique, or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential for the wellbeing of the child. If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse and advise parents/carers to arrange an urgent review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines. (Source: Asthma UK)

### **Asthma Action Plans**

Asthma UK evidence shows that if someone with asthma uses a 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. 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)

### **School Environment**

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.

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)

### **Exercise and activity**

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)

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 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 inhaler 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 a lesson they will be encouraged to do so. (Source: Asthma UK)

There has been an emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore 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**

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we identify that asthma is impacting on the life a pupil, 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. However, the school recognises that pupils with asthma could be classed as having a 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**

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 (March, 2015). We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We have emergency kits, which are kept in school offices so they are easy to access. Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instruction on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date;
- A note of the arrangements for replacing the inhaler and spacers;
- A list of children permitted to use the emergency inhaler; and
- A record of administration of the inhaler.

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 asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

The schools asthma leads 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. It is recommended that puffs should be documented so that it can be monitored when the inhaler is running out.
- 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.
- Ensure that all spacers are cleaned, dried and returned to storage following use or replacements are ordered or requested, as necessary.
- Any spacer in the emergency kit cannot be reused. We will replace spacers following use. The emergency kit inhaler can be reused, so long as it hasn't 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 emergency salbutamol inhaler will 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** for whom written parental consent for use of the emergency inhaler has been given.
- 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**

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. This needs to be returned immediately and kept with our asthma register.

However, we also recognise that some of 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; and/or
- Tight chest.

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per DOH document; they would not usually require the child to be sent home from school or to need urgent medical attention.

### **Asthma Attacks**

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.

All staff will receive an asthma update regularly, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack.

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. However, we also recognise that we need to 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.

It 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 mask securely over the nose and mouth ensuring a good seal.
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths).
- If there is no improvement, repeat these steps 5 to 7 above 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 ANY TIME 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.

## References

- Asthma UK website (2022)
- Asthma UK – Asthma at School and Nursery Guidelines
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhalers in schools

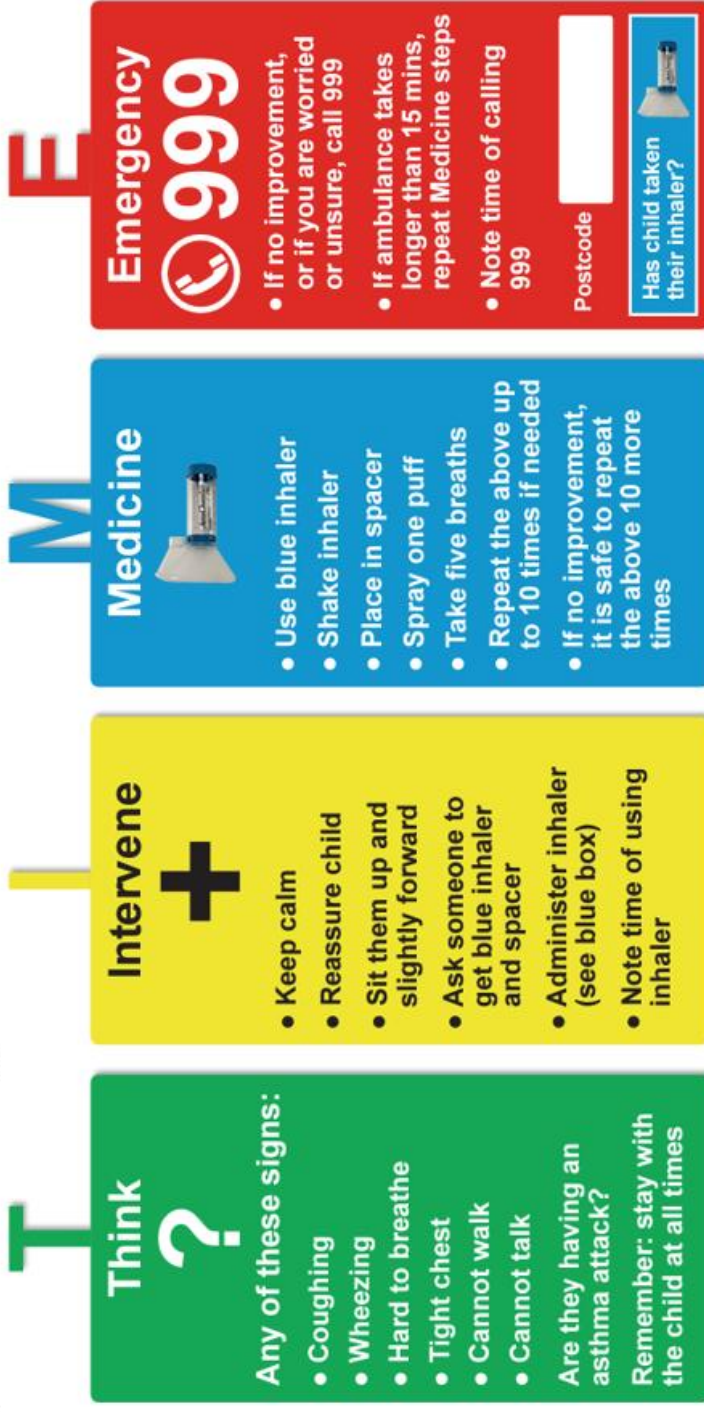
## Review

This policy will be reviewed by LGBs every three years, or when medical advice relating to managing asthma in schools changes.

# Schools Standard Asthma Emergency Kit

<b>An emergency asthma inhaler kit should include:</b>		<b>Yes</b>	<b>No</b>
1.	A salbutamol metered dose inhaler		
2.	Manufacturer's instructions		
3.	At least two single-use plastic spacers compatible with the inhaler: <ul style="list-style-type: none"> <li>▪ Volumatic spacer; and/or</li> <li>▪ Yellow aero chamber (under 5's); and a</li> <li>▪ Blue aero chamber (over 5's)</li> </ul>		
4.	Instructions on how to administer inhaler using spacer/plastic chamber		
5.	Instructions on cleaning and storing the inhaler and spacer		
6.	Label for Expiry date – to be placed on the outside of the bag		
7.	Pharmacy contact details		
8.	A record of administration template (i.e. when the inhaler has been used)		
9.	Pen		
10.	Asthma Leads Details		

## How to manage an asthma attack in children



When asthma strikes, it's **TIME** to act

## Using a spacer device

Asthma UK has videos on inhalers and spacers and from Rightbreathe.

The International Primary Care Respiratory Group (IPCRG) has developed a gallery to offer free downloadable images that can be used by healthcare professionals, journalists and others who influence public and professional knowledge about respiratory (breathing) diseases, including the correct use of medicines and devices such as inhalers and spacers.

### *Examples of inhaler and spacer devices for children and young people*



