# Estcots Primary School

## Asthma Toolkit Policy

NHS England have launched a National Bundle of Care to support integrated management for children and young people with asthma across UK. This aims to improve quality of life, taking a whole systems approach working in collaboration with health care, schools and local authorities. A free online training package has been developed to support this work with tier 1 training being aimed at school staff and interested parents.
The link to the training can be found here
https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/

## 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 breath and leading to symptoms such as cough, wheeze and shortness of breath. Triggers can include exposure to tobacco smoke, furry pet's, changes in the weather, fumes, physical exercise and stress however one of the most common triggers is a viral infection that causes cough or cold symptoms

It is difficult to say for sure what causes asthma however you are more likely to develop asthma if you have a family history of asthma, eczema or allergies. It is 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 with asthma can and do participate fully in all aspects of school life. Pupils with asthma need immediate access to reliever inhalers in an emergency and schools are now able to keep a generic spacer for children diagnosed with asthma or prescribed a reliver inhaler by their GP to use[1]. Parental consent is required.

The school should ensure that they have a register of all children with asthma and 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. A policy should be in place within the school outlining what to do in the event of a child having an asthma attack.

## Symptoms of asthma

The usual symptoms of asthma are:

- coughing

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

Not every child will get all of these symptoms. Some experience them from time to time; a few people may experience these symptoms after exposure to a trigger. The aim of asthma management is to be free of 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 but should let a member of staff know if they are needing it more than every 4 hours. 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/first aid room]. The school may ask a pupil's parent or guardian to provide a second inhaler. All inhalers must be labelled with the child's name by the parent/carer. It is the parents' responsibility to ensure inhalers are in date.

From October 1st 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 is not for profit [1]. 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 school's 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 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. All children with asthma should have a personal asthma action plan provided by their GP, asthma nurse or hospital.

Schools must gain consent from a parent/guardian to administer the school's 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 box at the site of the lesson.

## Asthma Friendly 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. This will need consideration in science classes where fumes may trigger an attack and in schools where pets are kept.

## 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
- Reliever inhalers should only be given every 4 hours, if the pupil is getting symptoms in the time between doses this indicates the onset of an attack.

**Mild Symptoms:**

- **Cough**
- **Feeling of 'tight chest'**
- **Wheeze**

**Ensure that the pupil has access to their reliever (blue inhaler)**

- **Sit the pupil down in a quiet place if possible. Do not lie the pupil down**
- **Younger pupils or those using 'puffer' / aerosol style inhalers should use a spacer**
- **Allow the pupil to take 2 puffs of their inhalers**
- **Assess effect and if fully recovered, the child may re-join usual activities**
- **Document dose and time reliever inhaler given**

**Moderate Symptoms:**

- **Increased cough and wheeze**
- **Mild degree of shortness of breath but able to speak in sentences**
- **Feeling of 'tight chest'**
- **Breathing a little faster than usual**
- **Recurrence of symptoms / inadequate response to previous 'puffs'**

**Ensure that the pupil has access to their reliever (blue inhaler)**

- **Sit the pupil down in a quiet place if possible and loosen any tight clothing around their neck**
- **Younger pupils or those using 'puffer' style inhalers should use a spacer**
- **Allow the pupil to take 2 - 4 puffs of the inhaler**
- **Assess effect, if fully recovered the pupil may re-join activities but a parent/carer should be informed**
- **Document dose and time reliever inhaler given**

**Severe symptoms:**

- **Not responding to reliever medication**
- **Breathing faster than usual, finding it hard to breathe**
- **Difficulty speaking in sentences**
- **Difficulty walking/lethargy**
- **Pale or blue tinge to lips/around the mouth**
- **Appears distressed or exhausted**

**Ensure that the pupil has access to their reliever (blue inhaler)**

- **Sit the pupil down in a quiet place if possible and loosen any tight clothing around their neck. Try to keep calm.**
- **Younger pupils or those using 'puffer' / aerosol style inhalers should use a spacer**
- **Help the child take one puff of their reliever inhaler every 30-60 seconds with a spacer, up to a maximum of 10 puffs.**
- **If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, call 999 for an ambulance.**
- **Contact the child's parents/carers.**
- **If symptoms are no better step 3 can be repeated and if the ambulance has still not arrived call 999 immediately and seek advice from the call operator.**

**Remember to document any use of reliever inhaler and inform the pupil's parent or carer of the dose given and time.**

**Individual protocol for Mild Asthma**

Please complete the questions below, sign this form and return without delay.

CHILD'S NAME……..

D.O.B. ……..…

Class ……

Contact Information

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Name | | | | | Relationship to pupil | | | |
| Phone numbers | Work | | Home | | Mobile | | Other | |

If I am unavailable, please contact:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Name | | | | | Relationship to pupil | | | |
| Phone numbers | Work | | Home | | Mobile | | Other | |

1. Does your child need an inhaler in school? Yes/No (delete as appropriate)

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?

……

4. It is advised that pupils 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 a salbutamol inhaler for emergency use.

Please delete as appropriate:

- My child carries their own inhaler YES/NO
- My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office
- I am aware I am responsible for supplying the school within date inhaler(s)/spacer for school use and will supply this/these as soon as possible. YES/NO

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

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

Emergency Procedure – severe symptoms (see full schools asthma attack procedure)

- **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 via a spacer**
- 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**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed: Print name…….. 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

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

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) |
|---|---|---|---|---|---|
| 1st inhaler | | With pupil/In classroom | | | |
| 2nd inhaler | | In office/first aid | | | |

| | | | | | |
|---|---|---|---|---|---|
| Advised | | 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 or auto injector. Please amend as necessary for the individual circumstances.

Dear (Name of parent)

Following today's phone call regarding (name of pupil)'s asthma inhaler/adrenaline auto injector, I am very concerned that in date medication has not been provided. You have confirmed on (name of pupil)'s Individual Protocol (name of pupil) requires an inhaler in school and you have agreed to provide the medication. Please ensure that:

- an inhaler/ adrenaline auto injector
- a spacer

are provided without delay.

If (name of pupil) no longer requires an inhaler/auto injector, please inform the school in writing as soon as possible.

Please be aware that in the absence of in date medication, should (name of pupil) suffer an attack, if you have given your consent staff will administer the schools reliever inhaler/adrenaline auto injector. However if you have not given consent for the school reliever inhaler/adrenaline auto injector to be administered staff will not be able to follow suitable emergency procedures. They will be reliant on calling 999 and awaiting the Emergency Services.

Yours sincerely

References

1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf