



Asthma Management Policy

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Date of next Review	September 2022
Who reviewed this policy?	Miss Catherine McCleallan (DHT, DDSL)
Designated Safeguarding Lead	Mrs Georgina Delmonte

This policy has been reviewed; to the best of our knowledge we do not feel it impacts negatively on any specific group or individual within our school community.

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Hilldene Primary recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. We positively welcome all pupils with asthma and encourage pupils with asthma to achieve in all aspects of school life by having a clear policy that is understood by school staff.

The school will ensure that relevant members of staff have a clear understanding of what to do in the event of a child having an asthma attack.

We will ensure that other pupils have some knowledge of the asthma condition so that they can support their friends and attach no stigma to those who have this chronic medical condition.

We undertake to work with partnership with parents, school governors, health professionals, school staff and children to ensure the successful implementation of this school policy.

What is asthma?

Asthma is a condition that affects the airways. When a young person with asthma comes in to contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. All these reactions cause the airways to become narrower and irritated – leading to symptoms of asthma. 1 in 10 children in the UK has asthma.

Asthma in the individual

Asthma varies in severity from person to person. Some children and young people will experience an occasional cough or wheeze, while for others; the symptoms will be much more severe.

Some children and young people may experience symptoms from time to time (maybe after exercise or activity), while others may need to take time off school because of their asthma symptoms. They may also experience night-time symptoms disturbing sleep, so they could be tired in class.

The usual symptoms of asthma:

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children will express feeling tight in the chest as a tummy ache

Asthma Triggers

A trigger is anything that irritates the airways and causes asthma symptoms. There are many triggers and everybody's asthma is different. Most children and young people with asthma have several triggers.

Common triggers include:

- viral infections
- house-dust mites
- pollen
- cigarette smoke
- furry and feathery animals
- exercise
- outdoor air pollution
- laughter
- excitement
- stress

Medication

Relievers are medicines that can be taken immediately when asthma symptoms start. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again. Relievers do not reduce the swelling in the airways.

Reliever inhalers are usually blue and are essential in treating asthma attacks. Relievers are a very safe and effective medicine and have very few side effects. Some children and young people do get an increased heart rate and may feel shaky if they take a lot. However, children and young people cannot overdose on reliever medicines and these side effects pass quickly.

Children and young people with infrequent asthma symptoms will probably only have a reliever inhaler prescribed. However, if they need to use their reliever inhaler three or more times a week, they should see their doctor or asthma nurse for an asthma review as they may also need to take preventer medicines.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many staff members are happy to do this. Staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will supervise pupils when taking their own medicine and give advice if necessary.

Access to medication

We realise that it is essential for a pupil to have immediate access to their reliever inhaler/medication when necessary. Asthma bags containing individual pupils' medication are kept in each classroom in identified places. These asthma bags are red in colour and are clearly labelled with the class name. At break and lunchtimes, asthma bags in KS1 and KS2 buildings are collected and placed on the medical trolley (located in each playground) to allow for quick and easy access should a pump be required.

During the school day, asthma bags are carried with the class teacher or class monitor to all out of classroom activities; including assemblies, PE lessons, fire evacuations, outdoor learning and library sessions.

We endeavour to do all we can and is practicable to make sure that the school environment is favourable to pupils with asthma.

Storage of medication

Labelled with the pupil's name and stored in an individual asthma wallet which includes a spacer if necessary, the pupil's individual school asthma card and the individual asthma log.

Record Keeping

At the beginning of each school year or when a pupil joins the school, parents/carers are asked if their child has any medical conditions including asthma on their admissions form.

All parents/carers of pupils with asthma are consequently sent an Asthma UK School Asthma Card to complete. This informs us as to their individual child's triggers, symptoms and whether we have permission to administer emergency medication if necessary. From this information the school keeps an asthma register, which is available to all school staff. Parents/carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

The school asthma register records all pupils with asthma across the school. It holds information including expiry dates, asthma card advice and consent for emergency inhaler use.

Day to day record keeping consists of individual asthma logs. Each occasion of a pupil requiring their pump is recorded and signed by the member of staff supervising the intake of the medicine.

On each occasion of needing a pump, a class record card is also completed by the supervising member of staff as a tool to monitor and track an individual pupil's use of their pump. The purpose of this is to gain information about a pupil's usual patterns of pump use and to inform parents of any changes to the 'usual' use of their child's pump. We ask parents to sign the class record card to confirm conversations about asthma management.

Emergency Inhaler Procedures

The school holds two emergency inhalers kits which are stored in both buildings of the school on the medical trollies.

The kit includes; salbutamol metered dose inhaler, three plastic spacers, instructions on using the inhaler and spacer, and instructions on cleaning and storing the inhaler.

The kits are maintained by school staff and are checked on a monthly basis to determine working order and replaced when expiry dates approach.

The emergency inhaler should only be used by pupils, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and

prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The emergency inhaler should be stored at the appropriate temperature, usually below 30C, protected from direct sunlight and extremes of temperature. An inhaler should be primed when first used (e.g. spray two puffs), as it can become blocked again when not used over a period of time. To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the pupil to take home for future personal use.

If used, the inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place.

Asthma attack - what to do

What to do

- Keep calm
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child

If there is no immediate improvement

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in
- 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

Common signs of an asthma attack are:

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Asthma attack - important things to remember

- Never leave a pupil having an asthma attack
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing
- Send another pupil to get another teacher/adult if an ambulance needs to be called
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives
- Generally staff should not take pupils to hospital in their own car However, in some situations it may be the best course of action
- Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.

Inhaler techniques:

To refer to when a pupil is using their pump

Test the inhaler before use

- Take the cap off
- Shake the inhaler well
- Pointing away from you, press canister to release a puff into the air.

Once tested

- Check the mouthpiece is clear
- Shake the inhaler well
- Sit or stand up straight and tilt your chin up (this helps the medicine reach your lungs)
- Breathe out gently and slowly until your lungs feel empty
- Put your lips round the mouthpiece
- Breathe in slowly and press the canister at the same time
- Continue to breathe in until your lungs feel full
- Take the inhaler out of your mouth and hold your breath for 10 seconds
- Then breathe out gently

Wait for 30 seconds and repeat the steps for the next puff

Inhaler (with mask/spacer) techniques:

To refer to when a pupil is using their pump

Test the inhaler before use

- Take the cap off
- Shake the inhaler well
- Pointing away from you, press canister to release a puff into the air.

Once tested

- Check the mouthpiece is clear
- Shake the inhaler well
- Place the inhaler in to the hole at the back of the spacer
- Sit or stand up straight and tilt your chin up (this helps the medicine reach your lungs)
- Breathe in and out slowly with the mask/spacer to your mouth
- Press the canister and breathe in and out slowly 5 times

Wait for 30 seconds and repeat the steps for the next puff