

St Alban's C of E Academy



Asthma Policy

Asthma Policy

Asthma

Asthma is a physical condition in which the air passages in the lungs become narrowed, making it difficult to breathe.

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).



In the UK, one in 11 children (1.1 million) has asthma.

It is the most common long-term medical condition and the predominant reason for children to take medication at school. Asthma causes more absence from school than any other condition. In the UK on average there are two children with asthma in every classroom.

The UK has among the highest prevalence rates of asthma symptoms in children worldwide. Every 20 minutes a child is admitted to hospital in the UK because of their asthma.

In 2014 (latest figures available) 1216 people died from asthma.

(www.asthma.org.uk/asthma-facts-and-statistics (accessed 20/5/16)).

All children have a right to manage their own asthma as best they can and be educated in an environment sensitive to their needs and supported by people who understand their condition.

Well controlled asthma does not usually cause problems at home or at school.

Emergency treatment may be required in ANY child with asthma when they are having an exacerbation.

Rationale

At St Albans C of E Academy we recognise that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma. We ensure that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out of hours school activities.

We recognise that pupils with asthma need immediate access to reliever inhalers at all times and keep a record of all pupils with asthma and the medicines they take.

We ensure that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma and that all pupils understand asthma. We provide annual update training to ensure that all staff (including support staff) who come into contact with pupils with asthma know what to do in an asthma attack. Additional asthma training is delivered to school staff by school nurses on request.

We understand that pupils with asthma may experience bullying and have procedures in place to prevent this. At St Albans C of E Academy, we work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Accountabilities

The School Nurse Will:

- offer asthma training to staff in schools on an annual basis.
- receive a bi-annual update on developments in asthma.
- assist in the completion of additional planning forms for asthma where appropriate.
- audit the asthma process in schools.

The School:

- will supply the school with an emergency salbutamol inhaler and at least one volumatic spacer device from a pharmacy and complete appropriate documentation (DH,2015).
- will replace the emergency salbutamol inhaler prior to the inhaler expiry date.

- recognises the needs of pupils with asthma.
- recognises that immediate access to the pupil's inhalers is vital.
- will encourage and help children with asthma to participate fully in all aspects of school life.
- will do all it can to ensure that the school environment is favourable to all children with asthma.
- will encourage all children with asthma to have their own inhaler in school including a spacer device. In exceptional circumstances the child may have access to the emergency inhaler and spacer following this guidance and procedure.
- will take responsibility for the safekeeping of the emergency salbutamol inhaler. If the emergency salbutamol inhaler is misplaced it is the responsibility of the school to purchase a replacement from a pharmacy.

In order to achieve the above:

All staff at St Albans C of E academy will receive training on the basic awareness of asthma and the correct use of inhalers on an annual basis

All staff will have a clear understanding of what procedures to follow if a child has an exacerbation of their asthma including the use of the emergency salbutamol inhaler with spacer. All pupils with asthma will have clear understanding of what they need to do if they are symptomatic including exacerbations. Emergency Inhalers for all pupils kept accessible at all times, and where appropriate e.g. pupils in K.S.2 upwards, are carried by the individual pupil.

The school will maintain an up to date register of pupils with asthma and individual pupil health care plans (where appropriate) with emergency treatment detailed management of asthma at St Albans C of E Academy. Early administration of the correct reliever treatment will cause the majority of exacerbations to resolve completely. Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom.

Each child should have own inhaler and spacer in school – Pupils are generally responsible for their own treatment with support as required. School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. Parents/carers need to provide the school with a copy of the asthma action plan provided by the GP/Consultant/Practice Nurse.

Information is to be dated and signed by the parent/carer. Parent/carers must notify school in the event of any changes as soon as possible.

Salbutamol aerosol inhaler and one spacer will be supplied by the school. These are intended to be an emergency spare inhaler, to be used for a child with asthma where there isn't access to his/her own salbutamol inhaler.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to. Parents/carers need to provide the school with a completed consent form for use of the emergency inhaler.

Inhalers

There are many types and colours.

Reliever inhalers are usually blue in colour and contain salbutamol. These are the inhalers normally seen in schools.

Aerosol Inhalers (Metered Dose Inhaler – MDI)

Aerosol inhalers or MDI's should ALWAYS be administered using an Aerochamber/Volumatic spacer device (clear plastic chamber).

The emergency inhaler in school is supplied with an Aerochamber/Volumatic spacer device.

An inhaler should be primed when first used or used after a period of non-use (e.g. spray two puffs). Use without a spacer should not be encouraged in ANY person as the delivery of the medication to the lungs is poor. This has even demonstrated in adults assessed with 'good technique'.

Dry Powder Inhalers e.g. Turbohaler, Accuhaler.

These require greater co-ordination than the Aerochamber/Volumatic spacer device and may make the child cough. These devices should usually only be given to children over 8 years of age where the technique has been assessed prior to prescription.

How To Recognise Asthma Exacerbation

Signs:

- A wheezing (whistling noise on breathing out) sound coming from the chest
- The child complains of shortness of breath,
- The child may complain of feeling tight in the chest (younger children may express it as tummy ache)
- Difficulty breathing (fast and deep respiration including nasal flare)
- Unable to talk or complete sentences

- Persistent cough (when at rest and known to have asthma)
- Being unusually quiet

In The Event Of An Asthma Exacerbation

- Keep calm and reassure the child or young person.
- Whenever possible have the emergency medication brought to you. Do not move the child or young person (own medication where possible, emergency medication when not).
- Sit the child up and encourage the child to breathe slow and steady breaths.
- Give the child/young person 1 puff at a time of their reliever medication (usually salbutamol) via a spacer device. With each puff get them to breathe normally for 5 breaths. Repeat the inhalation up to 10 puffs until symptoms improvement. Remove MDI from spacer between each alternate puff, shake and replace.
- Stay with the child/young person until the symptoms have resolved.
- Always inform school staff involved with the child during the school day regarding the need for emergency treatment.
- If the child has had an emergency treatment in school, school staff to notify the parent/carer.

Always Seek Medical Assistance If:

- There is no significant improvement 5 – 10 minutes after taking the medication.
- There are any doubts about child's condition.
- The child has difficulty in speaking.
- The child is getting exhausted.
- The child is pale, sweaty and has blueness around the lips.
- The child is drowsy.
- The child is distressed and gasping.
- If an ambulance does not arrive within 10 minutes repeat administration of the medication (2 puffs every 2 minutes up to 10 puffs).

- Details of the medication administered must be documented in school by the member of staff who treated the child.

Information to be documented:

- Child's Name
- Date of Birth
- Medication
- Dose taken
- Time
- Date
- Signature

A letter will be sent home informing the parent of the use of the emergency inhaler.

Record keeping

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

Exercise and activity PE and games

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and teachers at the school are aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons.

Out of Hours

There has been a large 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 after school clubs.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definite no smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs. The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Safety and Hygiene (Of Emergency Inhaler)

The drug for relief for asthma in blue inhalers is very safe. Someone determined to take an over-dose will not harm themselves if they tried. If too much of the relief inhaler is taken, the worst that will happen is trembling –this will wear off in a short period.

If a non-asthmatic child takes a few doses from a reliever (blue) inhaler, or an asthmatic child takes doses when not needed, they will not harm themselves in any way.

Whilst asthma drugs are not dangerous, the school should take reasonable care to store the emergency inhaler in a safe place, accessible to teachers but not normally accessed by children. The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30°C, protected from direct sunlight and extremes of temperature.

Following use, the plastic inhaler housing (which holds the canister) and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry and the cap replaced, and then the inhaler returned to the designated storage space. Once the spacer has been used it is advised that the school ask the parent of the user of the emergency inhaler to replace the spacer via the GP. Whilst awaiting the replacement spacer, the spacer may be washed and left to air dry.

DO NOT IMMERSE THE AEROSOL INHALER IN WATER

Asthma Attacks

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

Trigger Factors

- ☐ House dust mite
- ☐ Smoke/Second hand smoke
- ☐ Pollution/Fumes (perfume, deodorants, chlorine etc.)
- ☐ Infections

- ☐ Animals
- ☐ Pollen/Grass cuttings/Moulds/Spores
- ☐ Temperature change/ Weather
- ☐ Exercise
- ☐ Some drugs/ Recreational drugs
- ☐ Anxiety/Stress/Emotions
- ☐ Hormones

Signs and Symptoms

- ☐ Cough especially at night
- ☐ Wheeze
- ☐ Breathlessness
- ☐ Tight chest/chest hurting
- ☐ Unusually quiet.
- ☐ Difficulty speaking in full sentences
- ☐ Younger children may express above as 'tummy ache'

To consider:

- ☐ Everyone is different.
- ☐ Rare to see all symptoms together

During an Attack

- ☐ Keep calm and reassure child.
- ☐ Take medication to child.
- ☐ Encourage child to preferably stand or sit up and slightly forward when taking medication. (This applies in non-emergency)

IN THE EVENT OF AN ASTHMA EXACERBATION

Keep calm and reassure the child or young person.

Medication should be given as early as possible. Whenever possible have the emergency medication brought to you. Do not move the child or young person (own medication where possible, emergency medication when not).

Encourage child to preferably stand or sit up and slightly forward when taking medication. (This applies in non-emergency)

Give inhaler as described, using spacer. Give the child/young person 1 puff at a time of their reliever medication (usually salbutamol) via a spacer device. With each puff get them to breathe normally for 5 breaths.

Allow 1-2 minutes to observe effects.

If no relief, repeat 2 puffs every 2 minutes up to 10 puffs until symptom improvement (the full amount is not required if adequate improvement). Remove MDI from spacer between each alternate puff, shake and replace.

DO NOT HUG OR LIE CHILD DOWN.

Stay with the child/young person until the symptoms have resolved. NEVER LEAVE A CHILD ALONE, DURING OR FOLLOWING AN ATTACK.

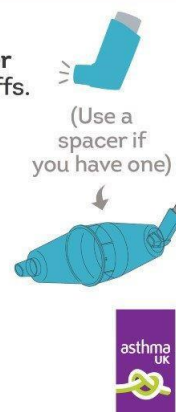
Always inform school staff involved with the child during the school day regarding the need for emergency treatment.

If the child has had an emergency treatment in school, school staff to notify the parent/carer.

Following administration of the medication offer the child/young person a drink to rinse out any drug left in the mouth.

If a child under 12 has an asthma attack

- 1 Help them sit up straight and keep calm.**
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds up to 10 puffs.**
- 3 Call 999 for an ambulance if:**
 - they don't feel better after 10 puffs
 - their symptoms get worse – e.g. cough, breathlessness, wheeze, tight chest or 'tummy/chest ache'
 - you're worried at any time.
- 4 Repeat step 2 if the ambulance takes longer than 15 minutes.**



www.asthma.org.uk

ALWAYS SEEK MEDICAL ASSISTANCE IF:

There is no significant improvement 5 – 10 minutes after taking the medication.

There are any doubts about child's condition.

The child has difficulty in speaking, they are too breathless or exhausted to talk

The child is pale, sweaty and has blueness around the lips.

The child is drowsy.

The child is distressed and gasping.

Or any doubts about condition at any time.

If an ambulance does not arrive within 10 minutes repeat administration of the medication (2 puffs every 2 minutes up to 10 puffs).

COVID-19 UPDATE

The Covid-19 outbreak provides particular challenges because of the close contact required when supporting children. Whilst taking full regard for the measures and approaches outlined in this policy, practice will be modified during such times and the use of enhanced PPE (Personal, Protective Equipment) implemented to protect both children and adults.

Asthma UK have advised both MDI and spacer should not be washed and re used.

This is from the website:

Emergency inhalers

Emergency inhalers should only be used when a child's usual inhaler isn't accessible. It isn't meant to be taken outside or on trips, to save the effort of taking the child's named inhaler.

Emergency spacers should be thrown away after one use, not washed and reused. This is because the spacers are single use.

Under normal circumstances, the metered dose inhaler can be cleaned – see the [Inhalers in School Guidance](#) for more details. However, due to COVID-19, it may be safer to throw away both the spacer and the inhaler after they are used, rather than washing it. You can get advice on this from your School Nurse and Local Infection Control Team.

You may be concerned about cost and waste, but the school's emergency inhaler should rarely need to be used if all children have access to their own inhaler and spacer.

All children should have their own inhaler, advice to schools is they can either send it home with child or keep that inhaler/spacer for that child whilst in school and ask parents either way to replace.

Wearing a face mask or face covering.

Most people with asthma, even if it's severe, can manage to wear a face mask or covering for a short period of time, and shouldn't worry if they need to wear one. Wearing a mask does not reduce a person's oxygen supply or cause a build-up of carbon dioxide.

There isn't a blanket rule about face covering exemptions for everyone with asthma. But if you find it impossible to wear a face covering for health reasons, you don't have to wear one. An example of this might be if a mask makes you too breathless.

We have more information and advice on [wearing a face covering if you have asthma](#), including an exemption card if you can't wear one.

Review

This policy will be reviewed annually by staff and governors and take into consideration guidance received from The Royal Wolverhampton NHS Trust. The Governors may however review the policy earlier than this in Government introduce new regulations or if the Governing Body receive recommendations about how the policy may be improved.

Date of next review
September 2021