

# Asthma Policy

## Introduction

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). Asthma is the most common chronic condition affecting one in eleven children. On average there are two children with asthma in every classroom in the UK and over 25,000 emergency hospital admissions a year.

## The School

Our school recognises that asthma is a widespread, serious but controllable condition and we welcome all pupils with asthma. At the beginning of each school year or when a child joins the school, parents and carers will be asked if their child has any medical conditions. If a child or young person has asthma this will be documented on the asthma register. Every asthmatic child should have a reliever inhaler and spacer in school. The school will ensure they have received the child's individual action plan from the GP practice or parent. The school recognises that pupils always need immediate access to reliever inhalers including all out of school activities.

## Safe storage

- Emergency asthma medicines are readily available to children who require them at all times during the school day.

- Each class will have an asthma box. In the box children will have individual asthma packs which will have their inhaler, spacer care plan and record sheet in them.
- Extra curricular staff (clubs) know to access asthma bags from the classroom.

Children with asthma are encouraged to take control of their condition and feel confident in the support they receive from school. In case of an emergency where a child is unable to self administer their inhaler all staff should feel confident in managing this situation. All staff must understand their duty of care to children in an event of an emergency. 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 the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK)

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 well-being 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 a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines. (Source: Asthma UK).

How to administer a metered dose inhaler via a spacer

One puff of blue reliever inhaler is administered via a spacer as follows:

- 1) Check the inhaler is in date and not empty
- 2) Remove the cap
- 3) Shake the inhaler
- 4) Fit the inhaler into the spacer
- 5) Place the spacer mask onto the child's face (or the mouthpiece into their mouth), ensuring a good seal
- 6) Actuate the inhaler once by pressing the canister into the casing

7) Allow the child to breathe for 5-6 breaths or 10 seconds before removing the spacer. If another puff is required, start again at step 3.

8) Replace the cap

### Exercise and Activity

Taking part in sports, games and activities is an essential part of school life for all pupils. The health benefits of exercise are well documented, and this is also true for children and young people with Asthma. Consequently, it is vital that pupils with asthma are encouraged to participate fully in all physical education lessons. Teachers should 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 exercise. The school ensures the whole environment which includes physical, social, sporting, and educational activities is inclusive and favourable to children with asthma.

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 that the class Asthma bags will accompany the class to PE sessions. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. (Source: Asthma UK) 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 involves 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 effecting a pupil's education

The school is aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their 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 disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

### Emergency Inhaler in School

We have an emergency inhaler kit located in the school office

Each kit contains:

A salbutamol metered dose inhaler;

- Disposable spacers (child can use their own spacer if preferred)
- 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, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers;
- A list of children permitted to use the emergency inhaler:
- A record of administration

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 school's asthma lead and team 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;
- 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.

Any puffs should be documented so that it can be monitored when the inhaler is running out. We use disposable spacers which are thrown away after each use.

#### Staff Training / Awareness

We ensure all school staff (teachers, teaching assistants, kitchen staff, out of school club staff, supply teachers) are aware of the potential triggers and ways to minimise these signs and symptoms of a pupil's asthma and what to do in the event of an attack. The school ensures that all staff including supply teachers and support staff who come into contact with pupils with asthma know what to do in an event of an attack. This includes awareness sessions for all staff delivered at least once a year. All staff understand that pupils with asthma should not be forced to take part in an activity if they feel unwell.

#### Staff Responsibilities

The designated asthma staff member (Karen Bilner, Rachelle Jones or Lisa Allum) is responsible for:

- Supporting staff in an emergency
- Ensuring that inhalers are checked monthly to guarantee that replacement inhalers are obtained before the expiry date
- Ensuring that used or out of date inhalers are returned to the parent for disposal (emergency inhalers for school use are returned to the local pharmacy)
- Ensuring that the asthma register is accurate and up to date

All staff responsibilities:

- The school emergency inhaler logbook should be completed if emergency inhaler has been used.
- Staff must inform designated asthma staff member if a school emergency inhaler has been used so they can monitor the disposable spaces/inhalers use
- If pupils require their inhaler, then staff need to record the amount of usage on their personal sheet and inform parents

- All staff should be aware of which children have asthma, be familiar with the content of their individual action plan, have read the schools Asthma policy and completed the Asthma training.
- All staff must ensure children have immediate access to their emergency medicines.
- Maintain effective communication with parents including informing them if their child has been unwell at school
- Ensure children have their medicines with them when they go on a school trip or out of the classroom
- Be aware of children with asthma who may need extra support
- Liaise with parents, the child's healthcare professionals, SENCO and welfare officers if a child is falling behind with their work because of their condition
- Ensure all children with asthma are not excluded from activities they wish to take part in
- Parents to be informed if child/young person has used their inhaler at school.

## References

### 1. Asthma UK

<https://www.asthma.org.uk/about?gclid=CJqmpbWsrM0CFYdAGwod4KQEnQ&gclid=CJqm pbWsrM0CFYdAGwod4KQEnQ>

### 2. Department of Health (2015), Guidance on the use of emergency salbutamol inhalers in schools

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)