St Matthew's Catholic Primary School

Supporting Pupils with Asthma Policy

Name of School: St Matthew's Catholic Primary School Alnwick Grove

Name of Coordinator: Miss Claire Bamborough

Role of coordinator: First Aider/Medical Lead

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Supporting Pupils with Asthma Policy

Policy statement

This policy has been written with advice from Asthma UK and the Department for Children, Schools and Families in addition to advice from healthcare and education professionals. This school recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. This school welcomes pupils with asthma. This school encourages all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents / carers and by pupils. All staff who have contact with these children are given the opportunity to receive training from specialist nurses. Updates for training are offered at regular intervals and this school will ensure attendance by staff. This will take place at least every two years and more often if there are pupils within the school who have significant asthma symptoms, there are significant staff changes or there are significant changes to the management of asthma in children. Developing and implementing an asthma policy is strongly recommended for all schools.

Indemnity

School staff are not required to administer asthma medication to pupils except in an emergency. However, staff should be willing to assist with administering the inhaler at a set time when it has been recommended by an appropriate healthcare professional. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy. All school staff will allow pupils immediate access to their own asthma medication when they need it.

What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

Medication

Only reliever inhalers should be kept in school. Usually these are blue in colour.

Immediate access to reliever inhaler is vital.

Children aged 7 years and over who are considered sufficiently mature are encouraged to carry their own inhaler with them, at the discretion of the parent/carer and teacher. Otherwise the inhaler will be kept in classroom cupboards with a First Aid sign marked on the door. However, when the child is partaking in physical

education or school trips, the inhaler will be taken with the child e.g. hall, playground, swimming.

As a guideline we would recommend that:

KEY STAGE 1 & 2 Inhalers and spacers will be stored in the relevant Staff Member's teacher cupboard, this will be the designated place, of which pupils will be made aware. However, if the child leaves the school for a trip or is taking part in Physical Education etc the inhaler will be taken to accompany the child. Good practice indicates that a spare inhaler is kept in school for staff to use if the original runs out or is lost. The spare inhaler will also be taken on trips outside the school.

Record Keeping

When a child with asthma joins this school, parents/carers will be asked to complete a form, giving details of the condition and the treatment required. Information from this form will be kept in the central medical record, which is available for all school staff and a copy will be held by that child's teacher. This record will be updated at least annually or more frequently if required using the information supplied by the parent/carer.

All administering of the inhaler will be recorded in the child's personal record book. It will indicate the date, time, dosage and who it was administered by together with a witness signature.

Physical Education

Taking part in sports is an essential part of school life and important for health and well being and children with asthma are encouraged to participate fully. Symptoms of asthma are often brought on by exercise and therefore, each child's labelled inhaler will be available at the site of the lesson. Certain types of exercise are potent triggers for asthma e.g. cross country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be encouraged to warm up prior to participating and cool down after. The inhaler must be readily available to the pupil throughout the P.E lesson/sports activity.

School Trips/Residential Visits

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant. The child's reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the supervising adult. For residential visits, staff will be trained in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided. Group leaders will have appropriate contact numbers with them.

Training

On a bi-annual basis, all staff will receive training on signs and symptoms of asthma and how to treat it. Staff will be informed of all children with asthma every year together with their medication requirements. Staff will be advised of any change to a child's condition and the resulting alteration to their medication even if this is only for a short period e.g. covering an illness, cold, hayfever.

Asthma Education for pupils

It is recommended that all pupils should be educated about asthma. This could be through PSHE, drugs education, assemblies etc. Support for this may be available from your school nurse or the paediatric respiratory specialist nurse team.

Concerns

If a member of staff has concerns about the progress of a child with asthma, which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

Storage of Inhalers

The following good practice guidelines for the storage of inhalers will be followed:

1. Inhalers will NEVER be locked away during school hours.
2. All children with asthma will have rapid access to their inhalers as soon as they need them.
3. Devices will always be taken with the child when taking part in trips or activities.
4. Staff will be aware of the location of all emergency inhalers and spacers (if the school have them).

N.B. In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely. Inhalers must be cleaned after such an incident.

Cleaning of spacers

It is recommended that all spacers should be washed once every month: a). Putting it into a dishwasher if available and leaving it to dry thoroughly before putting it away or b) Washing it thoroughly in hot soapy water and leaving it to air dry thoroughly before putting away. The casing of the inhaler can also be cleaned by removing the aerosol from the casing, wash and dry the casing and lid thoroughly before replacing the aerosol. Spray to check the inhaler is working effectively and replace the lid.

Colds/Viruses

When a child has a cold it is sometimes necessary for him/her to use their reliever inhaler regularly for a few days. Therefore a parent/carer may ask you to administer the blue inhaler every lunchtime for approximately 1 week. The number of puffs will be advised by the parent/carer but may be anything between 4 and 8 puffs. This does not replace using the inhaler as and when needed – it is in addition to this.

Children should not be taking their reliever inhaler every break/lunch time 'just in case' of symptoms. This is not a recommended practice. However, if a parent requests this, the school should administer the dose as requested and ask the parent to seek written clarification from their GP/Practice Nurse regarding this.

Emergency Procedures

Good practice suggests that copies of emergency procedures are printed and displayed in the school office, staff room and relevant locations including classrooms where a pupil is known to have severe asthma.

Signs of Asthma Attack Signs & Symptoms

- Cough Wheezing Tight Chest Shortness of Breath Tummy ache (younger child) NB Not all symptoms need to be present for a child to be having an asthma attack
- Administer 2 puffs of blue Reliever medication STAY CALM NEVER LEAVE A CHILD UNATTENDED
- After 4-5 minutes No Improvement Administer up to a further 8 puffs of blue reliever medication (through spacer device) giving 1 puff every minute
- No Improvement/ Difficulty Talking/ Obvious Distress/Pale Skin/Dusky/ Collapse DIAL 999 IMMEDIATELY
- Contact Parent/Carer
- Remain with child reassure and keep calm.
- If the ambulance takes over 15 mins to arrive then administer a further 10 puffs of reliever inhaler via the spacer as above Improving after administering inhaler
- Return to normal activities
- Document episode in child's medical record.
- Dose may be repeated if symptoms return.
- Inform parent/carer should the child need their inhaler 3 times within the day.

Signs of Asthma Attack If, at any stage, the symptoms appear to be worsening i.e. more breathless, difficulty in speaking, more distressed, change of skin colour dial 999 for an ambulance immediately. Continue to use the blue inhaler whilst waiting for help.

Emergency Inhalers

It is recommended that Emergency inhalers are held within school. These can be purchased from medical suppliers, usually with written authority from the Headteacher using school headed paper. Inhalers and spacers can be purchased by the school for emergency use as recommended

In an emergency, where a child, who is a known asthmatic and on the school asthma register is experiencing significant symptoms and has not got their own blue inhaler with them or it is found to be empty, broken or out of date, it is acceptable to use the schools emergency inhaler and spacer (if one is available within the school).

Emergency inhalers will be kept in appropriate locations on the school site, where staff can access one with ease and will be used as per the asthma flow chart. If the school has not subscribed to having an emergency inhaler, then, in a situation where a child who is on the asthma register, is having severe symptoms, it is acceptable to borrow a reliever inhaler spacer from another child. This should then be recorded in the child's records and parent/carer informed.

Any emergency use of another child's or the emergency inhaler must be followed by the cleaning procedures immediately.

Responsibilities

Parents/Carers

Parents/Carers have a responsibility to:

- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition. Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits, outings or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name. Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.
- Provide appropriate clothing for cold weather, in particular a scarf.

All school staff (teaching and non-teaching)

All school staff (teaching and non-teaching) have a responsibility to:

- Understand the school asthma policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if a child has had an asthma attack.
- Inform parents if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to night time symptoms.
- Liaise with parents/carers, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma

Further information

Further Information can be obtained from: Asthma UK www.asthma.org.uk Paediatric Respiratory Specialist Nurse Team The Craven Building Hull Royal Infirmary Anlaby Road Hull HU3 2JZ Tel: 01482 675544 Mobile: 07964686783 Email: daryl.perkins@hey.nhs.uk