



City Health Care Partnership

School Asthma Policy



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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 the school nursing team/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 or there are significant changes to the management of asthma in children.

Developing and implementing an asthma policy is essential for all schools and is important for all schools that hold National Healthy School Status or are engaged with The Healthy Schools Enhancement Programme.

Indemnity

School staff are not required to administer asthma medication to pupils except in an emergency. However many staff may be happy to give routine medication on the advice of an appropriate healthcare professional. School staff who agree to administer asthma medication are insured by Hull City Council 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

Generally, only reliever inhalers should be kept in school. Usually these are blue in colour. On occasion, an older pupil (usually aged 10 or over) may have a white and red inhaler called 'Symbicort' which may also be used as a reliever. However, they will usually have a blue reliever inhaler for use in an emergency.

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.

All other inhalers are kept in the medical room in an unlocked cupboard so that they can be accessed swiftly when needed.

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 used to compile an "Asthma Register" which is available for all school staff. This register will be updated at least annually or more frequently if required using the information supplied by the parent/carer.

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, and may choose to carry it with them and will be encouraged to warm up prior to participating and cool down after.

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 in the case of Key Stage 1 children.

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.

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 asthma specialist nurse.

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 or kept in the school office.
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 moving out of the classroom for lessons, trips or activities.

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.

Emergency Procedures

A flow chart is issued with this policy outlining the action to be taken in an emergency. Good practice suggests that copies are printed and displayed in the school office, staff room and relevant locations including classrooms where a pupil is known to have severe asthma.

From 1st October 2014 the Human Medicines Regulations will allow schools to keep a salbutamol inhaler (blue) for use in an **emergency**, for example where a child, who is a **known asthmatic, is experiencing significant symptoms and** has not got their own blue inhaler with them or it is found to be empty. We hold an emergency inhaler in school for use by children with asthma in an emergency.

NB If a child has **Symbicort (white/red inhaler)** the maximum dose that can be used in an emergency is 4 puffs 1 minute apart. If symptoms do not settle and no blue reliever inhaler is available call 999 and ask for an ambulance.

If a blue reliever inhaler is available follow flow chart.

Responsibilities

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.

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

This policy will be reviewed every two years
January 2018.

Date of next review January 2020.

Signs of Asthma Attack

Signs & Symptoms

Cough
Wheezing
Tight Chest
Shortness of Breath
Tummy ache (younger child)

Signs of Asthma Attack

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

↓
After 2-3 minutes

↙
Improved

↘
No Improvement

↓
Return to normal activities

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.

↓
Administer up to a further 8 puffs of **blue reliever** medication (through spacer device if available) 1 puff every minute

↓
No Improvement/
Difficulty Talking/ Obvious Distress/Pale Skin/Dusky/
Collapse
DIAL 999 IMMEDIATELY

↓
Contact Parent/Carer

↓
Document episode in child's medical record.
Dose may be repeated if symptoms return.
Inform parent/carer at end of day.

↓
Remain with child reassure and keep calm. Administer up to a further 10 puffs **blue reliever** medication whilst waiting for help

Further Information

Asthma UK

Summit House
70 Wilson Street
London
EC2A 2DB

Specialist advice line: 0800 121 6244
www.asthma.org.uk

Mrs Daryl Perkins

Paediatric Asthma Specialist Nurse
Highlands Health Centre
Lothian Way
Hull
HU7 5DD
Tel 01482 303600
Mobile: 07919544304
Email; daryl.perkins@chcphull.nhs.uk



APPENDIX A

CONSENT FORM
USE OF EMERGENCY SALBUTAMOL INHALER
STONEFERRY PRIMARY SCHOOL

Child showing symptoms of asthma/having an asthma attack

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name which is kept in the medical room.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed..... Date.....

Name.....

Child's name.....

Class.....

Parent's address and contact details:

.....
.....
.....
.....

Telephone:



APPENDIX B

LETTER TO INFORM PARENTS OF
EMERGENCY SALBUTAMOL INHALER USE

Child's name:.....

Class:.....

Date:.....

Dear.....

This letter is to formally notify you that..... has
had problems with his/her breathing today. This happened when

.....
.....
.....

*They did not have their own asthma inhaler with them, so a member of staff
helped them use the emergency asthma inhaler containing salbutamol. They
were givenpuffs.

* Their own asthma inhaler was not working, so a member of staff helped
them use the emergency asthma inhaler containing salbutamol. They were
givenpuffs.

**delete as appropriate*

Although they soon felt better, we would strongly advise that you have your
child seen by your doctor as soon as possible.

Yours sincerely

J Harrison
Headteacher



APPENDIX C
Asthma Pumps In School

Dear Parent

Your child, _____, has an asthma pump in school. I am writing to inform you of the school's guidelines with regard to asthma pumps in school.

1. All asthma pumps are kept in a box in the medical room.
2. All asthma pumps will be named by the pharmacy.
3. With the pump there will be written evidence of the frequency of usage necessary for each child. This is to ensure that if a child appears to need their pump rather too frequently, then the parent can be informed.
4. Children are able to use their pump whenever they need it but should inform a member of staff that this is the case.
5. A member of staff will be present when the asthma pump is used.
6. If parents wish for their child to carry their own inhaler they must inform us of this.
7. Asthma pumps are always taken on school trips.

Please complete the slip below indicating your acceptance of our guidelines.

Yours sincerely

J Harrison
Headteacher

Asthma Pumps

Please tick as appropriate

{ } I agree and accept the above guidelines regarding asthma pumps in school.

Signed: _____ Print: _____

Child's name: _____ Date: _____



APPENDIX D

SCHOOL ASTHMA CARE PLAN

Child's name	
Date of birth	
Current year group	
Today's date	
Date asthma diagnosed	
Describe how asthma affects your child including their typical symptoms and asthma 'triggers'	
Describe their daily care requirements including the name of their asthma medicine, how often it is used and the dose	
Describe what an asthma attack looks like for your child and the action to be taken if this occurs	
Who should be contacted in an emergency	

ADVICE FOR PARENTS

Remember:

1. It is your responsibility to tell the school about any changes in your child's asthma and their medication.
2. It is your responsibility to ensure that your child has their asthma pump and spacer with them, clearly labelled with their name.
3. It is your responsibility to ensure that your child's asthma medication has not expired.

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APPENDIX E

Individual Asthma Record

This form to be completed every time the asthma pump is used.

Name of child _____

Date	Time	Dose	Signature

