

HAZELDENE SCHOOL



ASTHMA POLICY WRITTEN SEPTEMBER 2017

SIGNED DATE.....
HEADTEACHER

SIGNED DATE

CHAIR OF GOVERNORS

TO BE REVIEWED MAY 2019

HAZELDENE SCHOOL

ASTHMA POLICY

This policy has been written using guidance from the Department of Health (September 2014). All staff who come into contact with children with asthma are provided with training from the school nurse.

The Principles

The School recognises that:

- Asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Children with asthma can participate fully in all aspects of school life including PE
 - Immediate access to reliever inhalers is vital
 - Records of children with asthma and the medication they take must be kept
 - The school environment must be favourable to children with asthma
 - All staff who come into contact with children with asthma must know what to do in the event of an asthma attack
 - We need to work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully

Medication

When children make a request to use their inhaler, all staff will let children take their own medication when they need to. All staff understand that immediate access to their inhaler is vital. All inhalers and spacers must be labelled with the child's name and stored in individual bags in the child's classroom cupboard. The cupboard has a sign with a white cross in a green square on it. All children are encouraged to administer their own medicine, when their parents and health specialists determine they are able to start taking responsibility for their condition. Should the medicine change or be discontinued, or the dose or administration method change, parents will notify the school immediately. If a pupil refuses their medicine, staff should record this. Parents or carers should be informed as soon as possible. All staff attending off site visits should be aware of any children on the visit with asthma. They should receive information about what to do in an emergency and any other additional support necessary, including any additional medicines or equipment needed.

Storage of inhalers at school

All inhalers are supplied and stored, in their original containers. All inhalers are labelled with the pupil's name. Inhalers are stored in accordance with instructions paying particular note to temperature. All inhalers are sent home with children at the end of every half term. Inhalers are not stored in school over holidays. It is the parent's responsibility to ensure new and in date inhalers come into school on

the first day of the new academic year. Parents are asked to collect out of date inhalers from school. If parents do not pick up out of date inhalers at the end of the school year they are taken to a local pharmacy for safe disposal. A named member of staff (Mrs Magre) is responsible for checking the dates of inhalers, informing parents when they require renewing and arranging for the disposal of those that have expired. This check is done at the start of each half term.

Health Care Plans

A school health care plan is sent to all parents of children with asthma for completion at enrolment or when a diagnosis is first communicated to the school. Completed Health Care Plans are kept on file and stored in the medical room. The school Asthma Health Care Plans are used to create a centralised register of children with asthma. The health care plan also details what medicines and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition. An identified member of staff (Mrs Magre) has responsibility for the register. Parents are reminded to update their child's Asthma Health Care Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse) or their medicines and treatments change. All members of staff who work with groups of children, have access to the health care plans of children in their care. When a member of staff is new to a pupil group, the school makes sure that they are made aware of (and have access to) the health care plans of children in their care.

PE

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warm up of a couple of short sprints over five minutes before the lesson. Each child's inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so.

Making the School Asthma Friendly

The school does all that it can to ensure the school environment is favourable to children with asthma. The school has a non-smoking policy. The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website www.asthma.org.uk.

Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma. All parents of children with asthma are given a National Asthma Campaign school card to give to their child's GP or asthma

nurse to complete and return to the school. From this information the school keeps its asthma register which is available for all school staff. Cards are then sent to parents on an annual basis to update. If medication changes in between times, parents are asked to inform the school.

Hazeldene School now has in school an emergency inhaler as per 'Guidance on the use of Emergency Salbutamol inhalers in schools' September 2014

The school holds inhalers for each child and they are regularly checked for expiry dates by Mrs Magre

Emergency Inhaler

Government regulations allow schools to obtain, without prescription, salbutamol inhalers for use in emergencies. The emergency salbutamol inhaler is only for use by children, for whom written parental consent for the 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 a reliever medication. Permission to use the emergency inhaler will be kept with the child's healthcare plan. The inhaler can be used if the pupil's prescribed inhaler is not available (for example because it is broken, empty or out of date) A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life. The emergency inhaler will be kept in the medical room, at the appropriate storage temperature, as part of an emergency asthma inhaler kit which includes: -

- a salbutamol metered dose inhaler;
- two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- instructions 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 as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

The designated adult Mrs Magre will be responsible for maintaining the emergency inhaler kit. They will ensure that:

- on a half termly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that 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.

To avoid the possible risk of cross infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. 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. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. However, if there is a risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of. Spent inhalers will be returned to the pharmacy to be recycled. To do this legally, the school has registered as a low level waste carrier.

Consent to administer medicines

All parents of children with asthma are asked to provide consent on the health care plan giving staff permission to administer medicines. If a child requires regular/daily help in administering their medicines then we will outline our agreement to administer those medicine/s on the health care plan. Parents of children with asthma are asked at the start of the school year on the healthcare plan if they and/or the child's healthcare professional believe the child is able to self manage and administer their own emergency medicines. All parents of children with asthma attending an overnight visit are asked to give consent for staff to administer medicines at night or in the morning if required. Written consent must be given for use of the emergency inhaler.

Asthma Attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the procedures from the Department of Health guidelines, which are displayed in the medical room.

Signs of an asthma attack include:

- Persistent cough (when at rest)
 - A wheezing sound coming from the chest (when at rest)
 - Being unusually quiet
 - The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
 - Difficulty in breathing (fast and deep respiration)
 - Nasal flaring
 - Being unable to complete sentences
 - Appearing exhausted
 - A blue / white tinge around the lips
 - Going blue
- Responding to signs of an asthma attack
- Keep calm and reassure the child
 - Encourage the child to sit up and slightly forward.
 - Use the child's own inhaler – if not available, use the emergency inhaler.
 - Remain with child while inhaler and spacer are brought to them.
 - Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately.

- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate.

After the attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. The child's parents must be told about the attack.

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – work

Telephone – mobile

Doctor/nurse's name

Doctor/Nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Does your child tell you when he/she needs medicine?
 Yes No

Does your child need help taking his/her asthma medicines?
 Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play? Yes No

If yes, please describe below

Medicine	How much and when taken

Does your child need to take any other asthma medicines while in the school's care? Yes No

If yes please describe below

Medicine	How much and when taken

Reliever treatment when needed
 For wheeze, cough, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature

Date

Dates card checked by doctor or nurse

Date	Name	Job title	Signature

What to do in an asthma attack

- 1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer
- 2 Sit the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

The Asthma UK Helpline - Here when you need us
 0800 121 62 44 www.asthma.org.uk/helpline
 9am–5pm, Monday–Friday

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature

Date

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?

Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do if a child is having 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 a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am - 5pm; Mon - Fri)

www.asthma.org.uk

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