



VALENCE PRIMARY SCHOOL

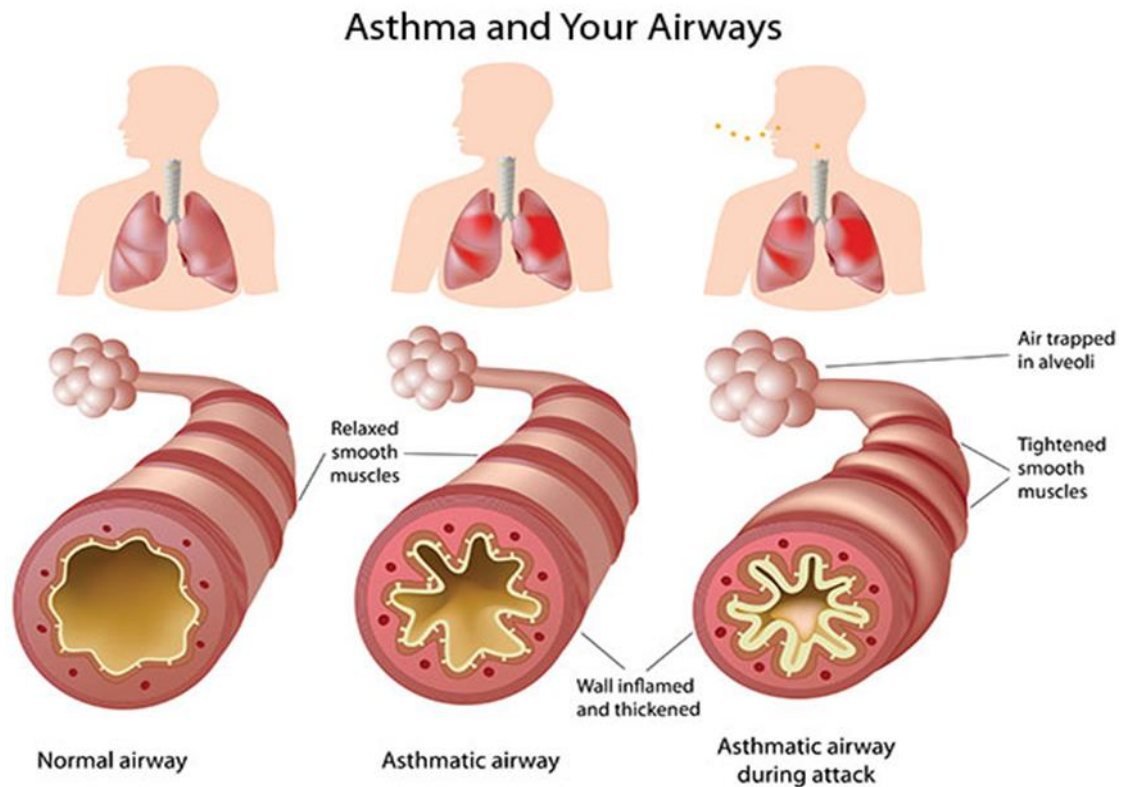
Asthma Policy

Date:	June 2020
Date for review:	



What is Asthma?

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).



As a school, we recognise that asthma is a widespread, serious, but controllable condition. Valence Primary School welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register,
- up-to-date asthma policy,
- an asthma lead, (Lynne Pollard Page and Janet Cater)
- all pupils with immediate access to their reliever inhaler,
- an emergency salbutamol inhaler,
- ensure staff have regular asthma training,
- promote asthma awareness pupils, parents and staff.

Asthma Register

We have an asthma register of children within the school, which we update termly. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- their reliever (salbutamol/terbutaline) inhaler in school and spacer
- an up-to-date Asthma card,
- an up-to-date Asthma Plan issued by the child's GP, asthma nurse or hospital.

Asthma Lead

This school has an asthma lead who is named above. It is the responsibility of the asthma lead to manage the asthma register, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) ensure measures are in place so that children have immediate access to their inhalers.

Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK).

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).

Please read in conjunction with Valence Primary School Risk Assessment CoVID-19 adhering to the use of PPE and social distancing measures where appropriate.

Children are encouraged to carry their reliever inhaler and spacer as soon as they are responsible enough to do so. We would expect this to be by key stage 2.

Reliever inhalers and spacers are kept in the classroom in a cupboard marked with a green cross.



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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)

Staff training

Staff will need regular asthma updates. This training is provided by the school nursing team.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection.
- Dust and house dust mite.
- Pollen, spores and moulds.
- Feathers.
- Furry animals.
- Exercise, laughing.
- Stress.
- Cold air, change in the weather.
- Chemicals, glue, paint, aerosols.
- Food allergies.
- Fumes and cigarette smoke (Source: Asthma UK).

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to, and plans will be put in place to ensure these triggers are avoided, where possible.

Exercise and Activity

Taking part in sports, games and activities is an essential part of school life for all pupils. 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 with PE staff that pupils who are mature enough will carry their inhaler and spacer with them and those that are too young will have their inhaler and spacer labelled and kept in a box at the site of the lesson. 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 involve 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 Affecting a Pupil's Education

The school are 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, 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 and a medication review 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 Salbutamol Inhaler in School

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March 2015).

We have 2 emergency kit(s), which are kept in the First Aid Room and classroom, so they are easy to access. Each kit contains:

- A salbutamol metered dose inhaler.
- A spacer compatible with the inhaler (if required).
- 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 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.

Common 'Day to Day' Symptoms of Asthma

As a school we require that children with asthma have a blue asthma card which can be provided by the school. These cards inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough.
- wheeze (a 'whistle' heard on breathing out) often when exercising.
- Shortness of breath when exposed to a trigger or exercising.
- Tight chest.

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per DOH document, they would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

Staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack.

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest).
- A wheezing sound coming from the chest (when at rest).
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body).
- Nasal flaring.
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

*Appears exhausted

*is going blue

*Has a blue/white tinge around lips

*has collapsed

It goes on to explain that in the event 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 with a spacer – if not available, use the emergency inhaler and spacer.
- Remain with the child while the inhaler and spacer are brought to them.
- *Shake the inhaler and remove the cap.
- *Place the mouthpiece between the lips with a good seal or place the mask securely over the nose and mouth.
- *Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths).
- If there is no improvement, repeat these steps* up to a maximum of 10 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 you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP.
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware, and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.

References

- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines.
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

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Appendix 1

Symptoms of an Asthma Attack

- Not all symptoms listed have to be present for this to be an asthma attack.
- Symptoms can get worse very quickly.
- If in doubt, give emergency treatment.
- Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky or stating that the heart is beating faster.

Cough

A dry persistent cough may be a sign of an asthma attack.

Chest tightness or pain

This may be described by a child in many ways including a 'tight chest', 'chest pain', tummy ache.

Shortness of breath

A child may say that it feels like it's difficult to breathe, or that their breath has 'gone away'.

Wheeze

A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may or may not be wheezing.

Increased effort of breathing

This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger children, the stomach may be obviously moving in and out. Nasal flaring.

Difficulty in speaking

The child may not be able to speak in full sentences.

Struggling to breathe

The child may be gasping for air or exhausted from the effort of breathing.

CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD

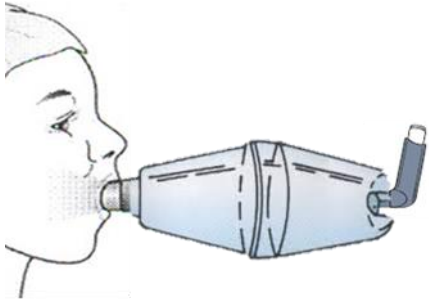
- Appears exhausted.
- Has blue/white tinge around the lips.
- Is going blue.
- Has collapsed.

Administering Reliever Inhaled Therapy Through a Spacer

A metered dose inhaler can be used through a spacer device. If the inhaler has not been used for 2 weeks, then press the inhaler twice into the air to clear it.

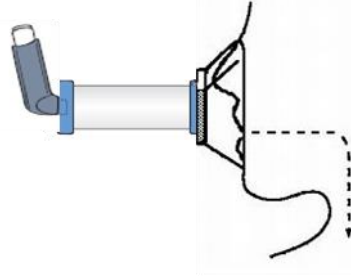
A spacer might be:

- Orange
- Yellow
- Blue
- Clear



A spacer may have:

- A mask
- A mouthpiece



1. Keep calm and reassure the child.
2. Encourage the child to sit up.
3. Remove cap from inhaler.
4. Shake inhaler and place it in the back of the spacer.
5. Place mouthpiece in mouth with a good seal, (or if using the mask place securely over the mouth and nose).
6. Encourage the child to breathe in and out slowly and gently.
7. Depress the canister encouraging the child to continue to breathe in and out for 5 breaths.
8. Remove the spacer.
9. Wait 30 seconds and repeat steps 2-6.
10. Assess for improvement in symptoms.

Dependent on response steps 2-7 can be repeated according to response up to 10 puffs.

If there is no improvement **CALL 999**. If help does not arrive in 10 minutes give another 10 puffs in the same way.

If the child does not feel better or you are worried **ANYTIME** before you have reached 10 puffs, **call 999 for an ambulance and continue to treat as above.**