Cavendish and Knowleswood Federation

Asthma Policy

Cavendish Primary School

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Asthma Policy and Protocol

Our Rationale

Cavendish and Knowleswood federation acknowledge that asthma is the most prevalent disease of childhood and recognises that many pupils on roll in this school will have the disease. Asthma sufferers should not be isolated by their disease, therefore, asthma awareness should involve all members of the Federation hereafter referred to as ‘the school’.

Explanation of asthma

People with asthma have sensitive air passages which are quick to respond to anything that irritates them (triggers). This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out. Narrowing of air passages produces one or all of the following:

• coughing,

• breathlessness,

• wheezing,

• sudden, severe narrowing of air passages may result in an 'asthma attack'.

Cavendish and Knowleswood federation -

• Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma

• Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out of hours school activities

• Recognises that pupils with asthma need immediate access to reliever inhalers at all times

• Keeps a record of all pupils with asthma and the medicines they take

• Ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma

• Ensures that all pupils understand asthma

• Ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack

• Will work in partnership with all interested parties including the school’s governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Identification of pupils affected:

All parents of children on roll must notify school of current treatment details. Treatment details should be accessible at all times. A school medical needs proforma must be completed by the parent/carer and office staff upon notification.

Prevention

It is important to be aware that many factors provoke narrowing of the air passages. Some of these factors are avoidable within the school environment; therefore appropriate steps should be

taken. Trigger factors include:- coughs, colds, cigarette smoke, furry animals, cold weather, chemical paints - sprays and vapours, grass pollens and spores, extremes of emotion and exercise. The school does all that it can to ensure the school environment is favourable to pupils with asthma.

Storage of Inhalers

• There are two types of inhalers - reliever inhalers (usually blue) and preventer inhalers (usually brown). It is encouraged that only blue inhalers should be in school.

• Children should have access to their relief inhalers (usually blue) at all times.

• Inhalers will be held in the classroom in labelled class boxes.

• Every inhaler in the class box will be in a bag labelled with the pupil's name.

• Class teachers must ensure that they take the inhalers with them whenever they leave the school building e.g. on a visit or P.E. on the field.

Class bags will be checked on a half termly basis to ensure all medication is in date. If any is found out of date a reminder will be sent to the parents of the pupils reminding them to bring new medication in.

Treatment:

1. A reliever inhaler (blue) should be given:

    • if requested by the child.

    • If the child is coughing, wheezing or breathless.

If this is effective, the child can return to normal classroom activity.

Treating worsening symptoms of asthma (asthma attack):

The main symptoms of an asthma attack are coughing continuously, wheezing or shortness of breath. Other symptoms include nasal flaring and if a child is unable to talk or complete sentences. A child may also say their chest feels tight, younger children may express this as tummy ache.

In most cases the following actions are recommended:

1. The child should sit down and try to take slow, steady breaths.

2. Support the child to inhale once or twice with the blue inhaler. Using the inhaler with a spacer device may be easier when the child is having an attack. Each child should have their own equipment. If this is not available, use the emergency inhaler (see appendix A). Remain with the child whilst the inhaler and spacer are brought to them.

3. If the child does not start to feel better, they should take two puffs of their reliever inhaler (one puff at a time) every two minutes (they can take up to 10 puffs).

4. **If they do not feel better after taking their inhaler as above or if you are worried at any time, call 999.**

5. If an ambulance does not arrive within 10 minutes and the child is still feeling unwell, repeat step three.

Remember

• Stay calm,

• Sit the child comfortably - do not let the child lie down

• Do not crowd the child

• Speak quietly and calmly to the child - encourage slow deep breaths.

• Do not put your arms around the child's shoulders - this restricts breathing.

If this does not work, then the child may be having a severe asthma attack. This constitutes an emergency situation. An emergency situation is recognisable when:

• Blue inhaler does not work,

Or

• The child has difficulty speaking - e.g. can only say 2 or 3 words before taking a breath.

Or

• The child is breathing quickly.

• Child can look pale - lips can turn blue.

Appendix A

Use of an Emergency Inhaler

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can only be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The School keeps several emergency inhaler kits.

Each emergency inhaler kits contains
- A salbutamol metered dose inhaler;
- At least 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 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).

Checking Emergency Inhaler Kits

On a monthly basis the inhaler and spacers need to be checked. The check needs to consist of;

- Check inhaler and spacers are in working order (two puffs)
- Expiry dates are checked
- Plastic housing is cleaned, dried and returned to storage.

The lead first aider in school will be responsible for this.

Using the emergency inhaler and responding to an asthma attack

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

If a child is displaying the signs of an asthma attack, the guidance on responding to an asthma attack in the asthma policy should be followed.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

• Appears exhausted • Has a blue/white tinge around lips • Is going blue • Has collapsed

Recording the use of the emergency inhaler and informing parents/carers

Use of the emergency inhaler will be recorded. This will include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.

The child's parents must then be informed in writing so that this information can also be passed onto the child's GP.