

# **School Asthma Policy**

**School Name:** The Godolphin Junior Academy

**Principal:** Pav Dhillon

**Asthma Lead:** Pav Dhillon

**Asthma Champion:** Athea Aslam and Kimberly Digby

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## **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. This 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 & champion
- all pupils with immediate access to their rescue inhaler at all times,
- all pupils have an up-to-date asthma action plan,
- display emergency management plans around the school
- an emergency salbutamol inhaler
- ensure all 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 yearly. When

parents/carers inform us that their child is asthmatic or has been prescribed a rescue inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date copy of their personal asthma action plan,
- their rescue device (salbutamol inhaler and spacer / Symbicort turbobaler) in school,
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

### **Asthma Lead & Champion**

This school has an asthma lead who is named above. It is the role of the Asthma Lead to facilitate the resources required to implement and maintain the school's Asthma Friendly Status. These resources include the provision of time for staff to complete required training and implement the Asthma Friendly Schools programme.

This school has an Asthma Champion who is named above. The Asthma Champion has attended specific Asthma Champion training provided by the Frimley Health Respiratory Nursing Team and continues to attend yearly training updates. It is the responsibility of the asthma champion to implement the Asthma Friendly School programme. Including management of the asthma register, update the asthma policy, 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 rescue device, salbutamol (usually blue) or their Symbicort Turbohaler (white and red) at all times. The rescue 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 may have a Maintenance and Reliever Therapy (MART) Symbicort Turbohaler. This inhaler is taken morning and night as a preventer inhaler and used as needed to relieve symptoms rather than the blue salbutamol inhaler.

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)

Children are encouraged to carry their rescue inhaler as soon as they are responsible enough to do so. We would expect this to be by key stage 2. However, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler.

For Younger children, rescue inhalers are kept in front of the classroom in a labelled box where they can easily access them.

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 result in hospitalisation or even death. Staff who have had asthma training and are happy to support children 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)

### **Asthma Action Plans**

Asthma & Lung UK evidence shows that if someone with asthma has a personalised asthma action plan they are four times less likely to be admitted to hospital due to their asthma. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK).

Those who have a Maintenance and Reliever Therapy (MART) Symbicort Turbohaler should have a MART Asthma Action Plan.

### **Staff Training**

Staff will need regular asthma updates. This training can be provided by the school nursing team (yearly) or Educare Understanding Asthma module (yearly) or accessed online via Education for Health [Supporting Children's Health and Young People with Asthma \(educationforhealth.org\)](https://www.educareforhealth.org/). (every 2 years) We aim to ensure a minimum of 85% of staff complete this.

### **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 asthma triggers will be recorded as part of their asthma action plans and the school will ensure, where possible, that pupils will not come into contact with their triggers. 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. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler 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)

### **When asthma is affecting a pupil's education**

The school is aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting on a child's 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, medication review or an updated Personalised Asthma Action Plan, 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 3 emergency kit(s), which are kept in the **Medical Room, Cafe and Year 5 (kitchen)** so it is easy to access.

Each kit contains:

- A salbutamol metered dose inhaler;
- Two 'aerochamber' with flow vu spacers;
- Instructions on using the inhaler and spacer;
- Instruction 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;
- 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 and 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.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a rescue inhaler, and for whom written parental consent has been given. Those who are on a Symbicort (white and red) MART regime can safely be administered the school emergency salbutamol in the event of their device being empty, not being available or broken.

The school's asthma lead and team will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available.
- Replacement inhalers are obtained when expiry dates approach.
- The plastic inhaler housing (which holds the canister) should be washed and dried as per manufacturer instructions between usage.

Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air.

Any puffs should be documented so that it can be monitored when the inhaler is running out. All pressure metered dosed inhalers have 200 puffs per device (Unless your device states otherwise), so when it gets to 150 puffs having been used we will order a replacement.

Following use, the plastic housing which holds the canister of the inhaler will be washed and dried as per manufacturer instructions and can be used again. Once the plastic spacer has been used this should be sent home with the child with a request that the family replace it. It should not be used by another child. In the meantime, the school should replace the spacer.

Or if able to do so use the

child's personal spacer to administer the school's emergency inhaler.

Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma and prescribed a rescue inhaler
- OR who have been prescribed a rescue inhaler
- **AND** for whom written parental consent for use of the emergency inhaler has been given.

The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

## References

- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines. • BTS/SIGN asthma

Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

## EMERGENCY ASTHMA PLAN FOR SCHOOLS

### Asthma Attack

For children diagnosed with Asthma/Wheeze

#### SIGNS OF :

- Wheezing
- Coughing
- Shortness of Breath



#### Treatment

GIVE UP TO 10 PUFFS OF RESCUE INHALER (BLUE)

OR

UP TO 6 INHALATIONS OF MART (WHITE AND RED)  
TURBOHALER AT A SINGLE TIME

Number of puffs needed of  
BLUE inhaler :

2- 6 PUFFS

OR

Number of inhalations  
needed of your MART  
device:

Take 1 inhalation of your  
MART device, wait a few  
minutes and repeat if  
necessary, up to a total of 6  
inhalations.

Tell a member of staff

If better no further action  
required

Number of puffs needed of  
BLUE inhaler:

6- 10 PUFFS

OR

You can take up to 6  
inhalations of your MART  
device.

Tell a member of staff

Parents to be called and  
child to be collected and  
seen by medical  
professional the same day.

If little or no improvement  
after 10 puffs of BLUE  
inhaler:

**Dial 999**

Continue to give BLUE  
inhaler 10 PUFFS every 15  
minutes until medical help  
arrives or symptoms  
improve.

OR

If you have taken 6  
inhalations of your MART  
device and your symptoms  
have not improved or used  
your maximum daily  
inhalations, seek urgent  
help.

\*\*\*If their own RESCUE  
inhaler is **NOT AVAILABLE**, please use the school's emergency inhaler kit \*\*\*