St John's Church of England School

Head of School – Anita Donnelly

'I can do everything through Christ, who gives me strength'

Philippians 4:13

St John's School Asthma Policy

What is Asthma?

1. 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).

2. 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
- Asthma Champion
- Class medical boxes for children to have immediate access to their medication at all times
- All children have an up to date Asthma health care plan
- Children all have in date medication and spacers
- Staff have regular asthma training
- Communication about asthma to pupils, parents and staff
- Spare emergency asthma inhalers in upper and lower school for pupils to use in an emergency.

Asthma register-

We maintain a whole school asthma register of children in lower and upper school which we review and update regularly. We carry this out by asking parents to complete an asthma health care plan in which they can update if and when necessary. This is also for children who do not have a diagnosis of asthma but require an inhaler for an asthma induced wheeze or another health condition. Once this care plan has been complete we then add the child/children to the asthma register and ensure that:

- An up-to-date copy of the action plan has been handed into the welfare officer.
- Their inhaler (reliever) is in date along with a spacer.
- Receiving permission from the parent/carer to administer the medication
- Receiving permission to administer the schools emergency inhaler if required in an emergency

- Ensuring that all inhaler's are in date and notifying parents/carers if the inhaler is due to expire or run out.

Asthma Lead/Champion

This school has an Asthma champion and their responsibilities are;

- Managing the asthma register
- Updating the asthma policy
- Managing the emergency salbutamol inhalers
- Ensuring measures are in place so that children have immediate access to their inhalers
- Making sure medication is in date
- Updating asthma health care plans when needed
- Liaising with the LA School Nurse team

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 may have a number of other medications which are taken morning and/or night, as prescribed by the doctor/nurse. These medications need 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).

Parents should be encouraged to report to school if their child has started a new medication or a course of oral steroids in case of any side effects.

Asthma Action Plan

Asthma UK evidence shows that if someone with asthma uses personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family and interrupt children's educational activities. 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).

Staff Training

Staff will need regular asthma updates. St John's works alongside the school nurses and asthma nurses to insure the school has all the right and up to date information they need.

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 personal asthma action plan and the school will ensure that pupils 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 whilst in school 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 Activities

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)

We encourage all children who have asthma to take part in physical activity and we are sure to follow the actions in the AHCP as follows whilst doing PE. Children will have access to their inhalers before and during the PE lesson as the class medical box will be with them. If a child needs their inhaler whilst taking part in any sporting activity then staff will encourage them to do so.

It is 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 asthma is impacting on the pupils' lives, 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 Personal Asthma Action Plan, to improve their symptoms.

However, the school recognises that pupils with asthma could be classed as having a 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.

The document can be found on https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf.

We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We purchase these through a medical catalogue.

We have two emergency inhaler kits located in lower school welfare and upper school welfare which is easily accessible to staff and the welfare officer. Each kit contains:

- Two Salbutamol inhalers
- Two spacers
- Emergency asthma list for those permitted to use the emergency inhaler
- Foil blankets
- A record of administration
- Instructions on how to administer

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 been diagnosed with asthma OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of emergency inhaler has been given.

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;
- 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.
- 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. The inhaler has 200 puffs, so when it gets to 20 puffs having been used we will replace it.

The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it has not come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced. Spent inhalers will be returned to the pharmacy to be recycled.

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

Common 'Day to Day' Symptoms of Asthma

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in individual basis. We will also send home our own information and consent form for every child with asthma each school year (see Appendix 1). This needs to be returned immediately and kept with our asthma register.

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 Department of Health Guidance, 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.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise and manage an asthma attack. In addition, guidance will be displayed in the staff room (see Appendix 2). This can also be downloaded from school website.

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.

The Guidance 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 – if not available, use the emergency inhaler
- 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 or 20 seconds per dose with mask)
- 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 However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:
- Cannot speak /short sentences
- Symptoms getting worse quickly
- Appears exhausted

- Has a blue/white tinge around lips
- Has collapsed

References

1. Asthma UK website (2015)
2. BTS/SIGN asthma Guideline
3. Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

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