

# Mountfields Lodge Primary School (Academy)



## Appendix G (Medications Policy): Asthma Policy

**Aim High, Reach for the Sky**

## **Background**

This policy has been written with advice from the Department for Education & Skills, Asthma UK, local healthcare professionals/the school health service.

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear Asthma Policy that all staff are made aware of.

All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is updated once a year.

### **Asthma medicines**

Immediate access to reliever medicines is essential. The reliever inhalers are kept in the classroom in named baskets. Parents/carers are asked to ensure that the school is provided with a labelled reliever inhaler that is in date.

All inhalers must be labelled with the pupil's name by the parent/carer. School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this if required. School staff who agree to administer medicines are insured by the local education authority insurance scheme (LAOS) when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

### **Record keeping**

At the beginning of each school year or when a pupil joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.

All pupils who are diagnosed as having Asthma should have a 'My Asthma Plan' 'card' (Asthma UK) completed by their GP or Asthma Nurse or a School Asthma Card which should be updated at the child's annual Asthma review. Parents are asked to provide a copy of this (or bring it in to school for the school to make a copy of it).

From this information the school then creates an 'Asthma Register' which is made available to school staff on a needs-to-know basis and in line with our school's Privacy Notice.

Parents are asked to update or provide a new version of the 'card' if their child's medicines, or how much they take, changes during the year.

### **Exercise and activity – PE and games**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which pupil in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register. Pupils with asthma are encouraged to participate fully in all PE lessons. 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. All inhalers for pupils are taken to the site of the PE lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. The same principles as described above for games and activities involving physical activity.

### **Out-of-hours sport**

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 after school clubs. This information is also provided on the Asthma UK 'Out There & Active' poster, which is displayed in several locations around the school. The poster helps to encourage pupils with asthma to be active and get more involved in PE and exercise and has tips to help them do this.

For more information, parents and staff can be referred to the Asthma UK website at [www.asthma.org.uk](http://www.asthma.org.uk)

### **School Trips/Residential Visits**

No pupil will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant.

The pupil's reliever inhaler will be readily available to them throughout the trip, being carried either by the pupil themselves or by the supervising adult in the case of Key Stage 1 pupils.

It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided.

Group leaders will have appropriate contact numbers with them.

### **Training**

All school staff are made aware of the potential triggers for pupils with asthma, tips to minimise these triggers and what to do in the event of an asthma attack. Training is usually provided by the school nursing service but may be 'led' in-house' as appropriate. This 'update training' is generally carried out in August each year.

### **School environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma. *Asthma UK have a national helpline – 0800 121 6244 – which can be contacted at any time for advice.*

### **When a pupil is falling behind in lessons**

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and SENDCo (Special Education Needs and Disabilities Coordinator) about the pupil's needs. The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

### **Responsibilities**

#### ***Parents/Carers have a responsibility to:***

- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits, outings or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.
- Regularly check the inhaler kept in school to ensure there is an adequate amount of medicine available and that it is in date.

#### ***All school staff (teaching and non-teaching) have a responsibility to:***

- Understand the school Asthma Policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if a pupil has had an asthma attack.

- Inform parents if they become aware of a pupil using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a pupil may be more tired due to night time symptoms.
- Liaise with parents/carers, school nurse, SENDCO, etc.

### **Asthma attacks**

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

In the event of an asthma attack the school follows the procedure outlined by Asthma UK on Asthma UK 'Out There & Active' poster and listed in the individual Asthma Plans or School Asthma Cards. This procedure is visibly displayed in the staffroom and around the school. The directions to the pupils are:

- 1. Take 2 puffs of your reliever inhaler (usually blue).**
- 2. Sit up and loosen any tight clothing.**
- 3. If there is no immediate improvement during an attack, continue to take one puff of your reliever inhaler every minute for up to 10 minutes until the symptoms improve (max. of 10 puffs in total).**
- 4. If the symptoms do not improve within 5 to 10 minutes – or if you are in doubt – someone will call 999.**
- 5. Continue to take one puff of your reliever inhaler every minute (up to 10 puffs), if you need to, until help arrives.**

### **Remember (for those supporting the pupil):**

- Stay calm
- Sit the pupil comfortably - do not let the pupil lie down
- Do not crowd the pupil
- Speak quietly and calmly to the pupil - encourage slow deep breaths.
- Do not put your arms around the pupil's shoulders - this restricts breathing.

If this does not work, then the pupil 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 pupil has difficulty speaking - e.g. can only say 2 or 3 words before taking a breath.

Or

- The pupil is breathing quickly.
- Pupil can look pale - lips can turn blue.

It is however recognised that in some cases the individual Asthma Plan may state a different protocol BUT it is also recognised that to do something is always going to be better than doing nothing and that any member of staff administering support to a pupil will only do so acting in a caring and well-meaning manner.

### **Emergency asthma medication (salbutamol)**

Pupils should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. We do however recognise that at some time a pupil with asthma may be in school without their inhaler, having forgotten, lost or broken it, or the inhaler having run out. As such as a school we have decided to hold an emergency inhaler in line with the guidance given in the Department of Health document, 'Guidance on the Use of Emergency Salbutamol Inhalers in Schools' – September 2014.

The emergency salbutamol inhaler is only for use by pupils, for whom written parental consent for the use of the emergency inhaler has been given and 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, for a known asthmatic, will be kept with the copy of the child's 'My Asthma Plan'/School Asthma Card and this will be stored with a copy of the Asthma Register.

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 pupil 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 pupils if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

The emergency inhaler is kept in the School Office.

A record of administration (i.e. when the inhaler has been used) will be completed by the staff member administering it.

A member of the Office Reception Staff will ensure that:

- On a monthly basis check the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- A replacement inhaler is 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 the Office for 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 pupil 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.

# HOW TO RECOGNISE AN ASTHMA ATTACK

## 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)

## 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

# WHAT TO DO 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 (+ spacer)
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give one puff every minute, 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 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**