

Appendix 1

Holmesdale Infant School Asthma Policy

Asthma affects the airways that carry air in and out of your lungs. People with asthma often have inflammation in their small airways leading to symptoms such as cough, wheeze, breathlessness, or a tight chest. Asthma symptoms can come and go and often flare up due to a trigger such as a common cold. There is currently no cure for asthma but with the use of a twice daily preventer inhaler symptoms can usually be managed. A reliever inhaler is for the purpose of when symptoms flare-up. A reliever inhaler and spacer should be kept in school for children and young people who have been prescribed them. Some children will only have one inhaler that is used as a preventer twice daily and as a reliever when required. This is known as maintenance and reliever therapy (MART).

As a school, we recognise that asthma is a widespread, serious, but controllable condition. Holmesdale Infant School welcomes all pupils with asthma and aims to support these children to participate 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 must always have immediate access to their reliever inhaler and spacer,
- all pupils have an up-to-date asthma action plan, or Individual Health Care Plan (IHCP) if appropriate,
- an emergency salbutamol inhaler and spacer with corresponding paperwork
- ensure all staff have regular asthma training
- promote asthma awareness to pupils, parents and staff.

Asthma Register

We have an asthma register of children within the school, which we update annually. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. 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:

- an up-to-date copy of their personal asthma action plan (for those children with a diagnosis),
- their reliever (salbutamol/terbutaline) inhaler and appropriate spacer 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from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.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. It is the responsibility of the asthma lead/champion to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhaler (Emergency asthma inhalers for use in schools - GOV.UK (www.gov.uk)) and ensure measures are in place so all children with asthma have immediate access to their inhalers.

Medication and Inhalers

Children must have easy access to their reliever (usually blue) inhaler and spacer. The reliever inhaler is a fast-acting medication that opens the airways and makes it easier for the child to breathe.

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 do not usually need to bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. If the child is on the maintenance and reliever therapy (MART), they will have just one inhaler that acts as a preventer and reliever and therefore should have one at school.

For Holmesdale Infant School children, reliever inhalers and spacers are kept in the school office and are available when needed.

Staff who have had asthma training will support children as they use their inhaler and spacer. If we have any concerns over a child's ability to use their inhaler and spacer, we will refer to parents and encourage them to arrange a review of their child's Asthma plan with their doctor. Please refer to the medicines policy for further details about administering medicines.

Maintenance and Reliever Therapy (MART)

Some older children may be on a maintenance and reliever therapy plan. This means that they will have one inhaler device that they take in the morning and evening as a preventer, and they use the same inhaler as a reliever if they develop symptoms. The inhaler in this regime for children does not require a spacer and is known as a dry-powder device. The school will ensure that a copy of the asthma action plan specifically for MART regimes written by a healthcare professional is made available by the parent/carer.

Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses a personal asthma action plan, they are four times less likely to be admitted to hospital due to asthma. As a school, we recognise that having to attend hospital can cause stress for a family. 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. Asthma action plans must be provided by a doctor or a nurse. Parents must not fill out an asthma action plan template on behalf of their child as this will not be appropriate and could potentially be clinically incorrect.

Staff training

Staff at Holmesdale Infant School are annually trained with annual asthma updates.

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/individual health care plans and the school will ensure that, where possible, pupil's 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*

As part of our responsibility to ensure all children are safe within the school grounds and on trips away, a risk assessment will be carried out 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. There has been 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 involves 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.

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 full and active life. Therefore, if we recognise that asthma is impacting on their life as a pupil, 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 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

Please see 'Supporting Children with Medical Conditions Policy', pg. 5 number 9

Asthma Attacks

The school recognises that if all 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 an asthma attack and how to manage an asthma attack. In addition, guidance will be displayed in the staffroom.

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**

***Has a blue/white tinge around lips**

***is going blue**

***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 and 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.
- *Insert the inhaler into the spacer.
- *Place the mouthpiece of the spacer between the lips with a good seal or place the mask securely over the nose and mouth.
- *Release one dose of the inhaler into the spacer and count to 5.
- *Remove the spacer from the mouth/face and shake the inhaler again.
- *Place the mouthpiece of the spacer back between the lips or place the mask securely over the nose and mouth.
- *Release the second dose of the inhaler into the spacer and count to 5.
- 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 parent/carers should be informed and advised that the child is 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/ carer arrives.

Template Produced by: Suzanne Bailey, Surrey Heartlands ICS Clinical Respiratory Lead, Jan

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Appendix 2

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 in 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:

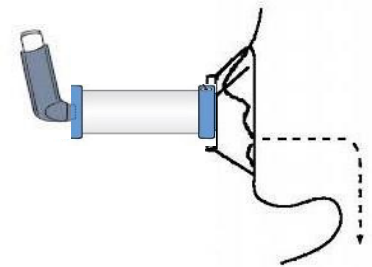
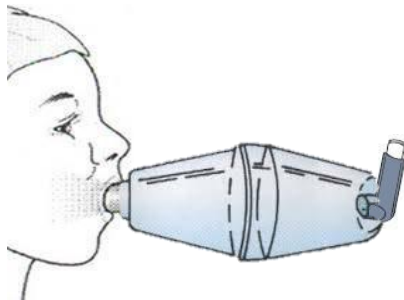
A metered dose inhaler can be used through a spacer device. If the inhaler has not been used for 2 weeks, then press the inhaler twice into the air to clear it.

A spacer might be:

- Orange
- Yellow
- Blue
- Clear
- Cardboard

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 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.