SHANKLEA PRIMARY SCHOOL

Asthma Policy

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Shanklea Primary School: Asthma Policy

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, such as a cough, wheezing, a tight chest and shortness of breath. Triggers vary between individuals but common ones include viral infections, cold air, pollen, animal fur and house dust mites. Exercise and stress can also provoke asthma attacks in susceptible people.

As a school, we recognise that asthma is a widespread, serious, but controllable condition. We welcome all pupils with asthma and will support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register (with details of expiry dates for inhalers kept at school)
- up-to-date asthma policy,
- all pupils have access to their reliever inhaler at all times,
- all pupils have an up-to-date healthcare plan,
- ensure all staff have had appropriate asthma training,
- promote asthma awareness pupils, parents and staff.
- an emergency salbutamol inhaler may be purchased following review

We keep records of healthcare needs, including asthma, for children within the school. Parents/carers need to complete a healthcare plan and a permission to administer medication form. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that pupil records are updated and the pupil has:

- an up-to-date copy of their healthcare plan,
- their reliever (salbutamol/terbutaline) inhaler in school,
- If school decides to purchase an an emergency inhaler then permission will need to be sought from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost. (see back of policy)

School staff are well placed to make observations that may help in recognising asthmas and in monitoring its severity. They should be aware that there are three principal symptoms or any combination of them. These are:

- Wheezing
- Breathlessness

- Coughing

If staff note symptoms that suggest that a child might have asthma they will inform the parents/carers of what they have observed. It is not the responsibility of school to diagnose. Parents and carers will be informed if an asthmatic child is seen to have any change in symptoms.

All the children in school will be encouraged to understand the needs of fellow pupils with asthma. We will work together in partnership with children, staff, parents, carers, governors and health professionals to make sure this policy remains effective.

Medication and Inhalers

All medication, including inhalers are kept in the school office. Inhalers must be clearly labelled with the child's name and will be kept in the lower medicine cupboard sorted by year group.

Office staff will remind families when their child's inhaler is running low or nearing its expiry date but it is the responsibility of parents and carers to ensure that school has sufficient stocks of in-date medication for their child.

Office staff will manage the emergency salbutamol inhalers if purchased (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015)

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler (sometimes called bronchodilators) is a fast acting medication that opens up 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 should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. Very occasionally children are prescribed extra doses to be taken during the day when the asthma has become troublesome and, 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.

Spacers make inhalers easier to use and are more effective. They allow more of the medication to be breathed straight down into the lungs. Guidance on using a spacer is included in Appendix C.

School staff will support all children to administer asthma medicines. Younger children in particular may have poor inhaler technique, or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they 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 advise parents/carers. Please

refer to the administration of medicines policy for further details about administering medicines.

Staff will ensure that children's inhalers and spacers are taken on all school trips and off-site activities.

Staff training
The majority of staff have received asthma training from specialist asthma nurses. Written instructions on what to do in the event of an asthma attack are displayed in the office, (see Appendix 1)

School Environment
The school does all that it can to ensure the school environment is safe and favourable to pupils with asthma. The school has a definitive no-smoking policy and cleaning of the school is undertaken outside of school hours. Classrooms are well-aired and kept free from condensation. A pupil's asthma triggers will be recorded as part of their healthcare plans and the school will ensure that pupil's 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, Autumn leaves*
- *Feathers*
- *Furry animals*
- *Exercise, laughing*
- *Stress*
- *Cold air, high winds, change in the weather*
- *Chemicals, glue, paint, aerosols*
- *Food allergies*
- *Fumes and cigarette smoke*

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 teachers at the school will be aware of which pupils have asthma from the school's asthma register, kept in the office.
Pupils with asthma are encouraged to participate fully in all activities. The need to use inhalers and requirement for rest will be dealt with sensitively and sensibly by staff. Staff will ensure that those children who need to do so take their inhaler as appropriate. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

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 and outside of school. The same rules apply for out of hours sport as during school hours PE.

When asthma is effecting 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 if asthma is impacting on their life 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
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 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. The school is currently reviewing whether emergency inhalers are to be purchased.

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 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 any emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Common 'day to day' symptoms of asthma
As a school we require that children with asthma have a fully completed healthcare plan. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. Parents/carers will also be required to complete an Administration of Medicines Consent Form.

We recognise that every child is different and some of 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/pain/sore tummy

- Not as active/quiet

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per DOH document; 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 asthma training periodically and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack

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 or unable to talk in a sentence
- Is going blue
- Has a blue/white tinge around lips
- Severe agitation or has collapsed
- Tracheal tug- accessory muscles – chest/neck

It goes on to explain that in the event of an asthma attack:

- Keep calm, confident 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)

- 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

Appendix 1

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 of 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

Appendix 2

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

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 for 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.**

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Information for patients/parents

Using a Large Volume Spacer

Children's Respiratory Department

Introduction

This leaflet will inform you how to use a Large Volume Spacer.

A spacer is a device that helps your child to take the inhaled asthma medicines that have been prescribed for them. It can be used to take reliever inhalers (blue) and prevention inhalers (brown) from an aerosol inhaler. Children under five should always use a spacer for their aerosol inhaler. A nurse will show you / your child how to use the spacer and will make sure that you are using it correctly. This leaflet will explain how to use the spacer with and without a mask.

Using the spacer for the first time

1. Remove the spacer from the plastic bag.
2. Wash the two pieces in warm soapy water.
3. Do not rinse or dry with a towel as rinsing and drying with a cloth can increase the static inside the spacer, causing the medicine to stick to the sides.
4. Leave to air dry on the draining board.
5. Use when dry.
6. Do not store in a plastic bag.

How do I use a spacer?

1. Put the two pieces of the spacer together.
2. Shake the inhaler to mix up the medicine and put it in the hole at the end of the spacer.
3. Encourage your child to sit up straight or stand up.
4. Put the mouthpiece into your child's mouth sealing it with the teeth and lips.
5. Encourage your child to breathe in and out at a normal rate to make the valve click.
6. Push the top of the inhaler so that a dose of medicine is released – "a puff".
7. Encourage your child to breathe in and out at a normal rate for 4-5 breaths or a count of 10, clicking the valve..
8. Take the mouthpiece out of your child's mouth, remove the inhaler from the spacer and shake it before repeating for the next puff. However, there must be 30 seconds between puffs – this is important as the medication in the next puff may not be an accurate dose if you do not wait for this time.

It is important that you do wait for 30 seconds as it takes this long to reload the drug in the canister.

9. If your child is using the spacer when taking inhaled steroids, please ensure that they clean their teeth or at least, have a drink afterwards. This will prevent the side effects that your nurse will have informed you about.

What if my child is four years or under or is having difficulty using the spacer with the mouthpiece?

- For children aged four years or under, you will need to use a mask with the spacer. The mask will be provided.
- If your child is over four years of age but is finding it difficult to use the spacer with the mouthpiece, continue with the mask. Keep trying to see if your child can manage without the mask. We know that your child will get more of the medication if they do not use the mask.

How do I use a spacer with the mask?

1. After you have put the two halves of the spacer together attach the mask to the mouthpiece of the spacer.
2. You may find it easier to lay your child back in a comfortable position if they are very young, this allows the valve to open.
3. Place the mask over your child's mouth and nose.
4. Try to ensure that you have a good seal but do not push too hard as this may upset your child. However, if it is not firm enough, this will allow the medicine to escape from around the mask.
5. Now continue as instructed from point 4 in the section How do I use a spacer?'
6. If your child is having inhaled steroids via the spacer using the mask, you will need to wipe their face and rinse the mask. This prevents the skin around the mouth becoming red and sore.

How do I clean the spacer?

1. There is no need to wash the spacer more than once a month or unless it is very dirty or sticky from food.
2. Take the spacer apart and wash in warm soapy water.
3. Do not rinse.
4. Leave to air dry on the draining board.
5. When dry, make sure that the valve is still moving.
6. Wipe the mouthpiece or wash the mask more often, whenever you think it is needed.
7. A spacer will need replacing after about twelve months (or if the valve sticks) depending on how often it is used. Ask your GP to prescribe a new one for you.

General Tips

- It can be difficult to give a small child their asthma medicine using a spacer but please persevere, it will get better and easier.
- Try to stay calm but firm and positive. Do not restrain your child to administer the inhaler – if they are crying the medication will go into their tummy and not their lungs so will be of no benefit.
- Allow your child to play with the spacer and mask, to become familiar with it
- Make it more child-friendly by putting stickers on the outside of the spacer.
- Make medicine time a fun time by making it a bit of a game or play a video when you are using the spacer.
- If using a mask, it is sometimes easier to administer the medicine with two people – one to hold the mask and one to administer the medicine.

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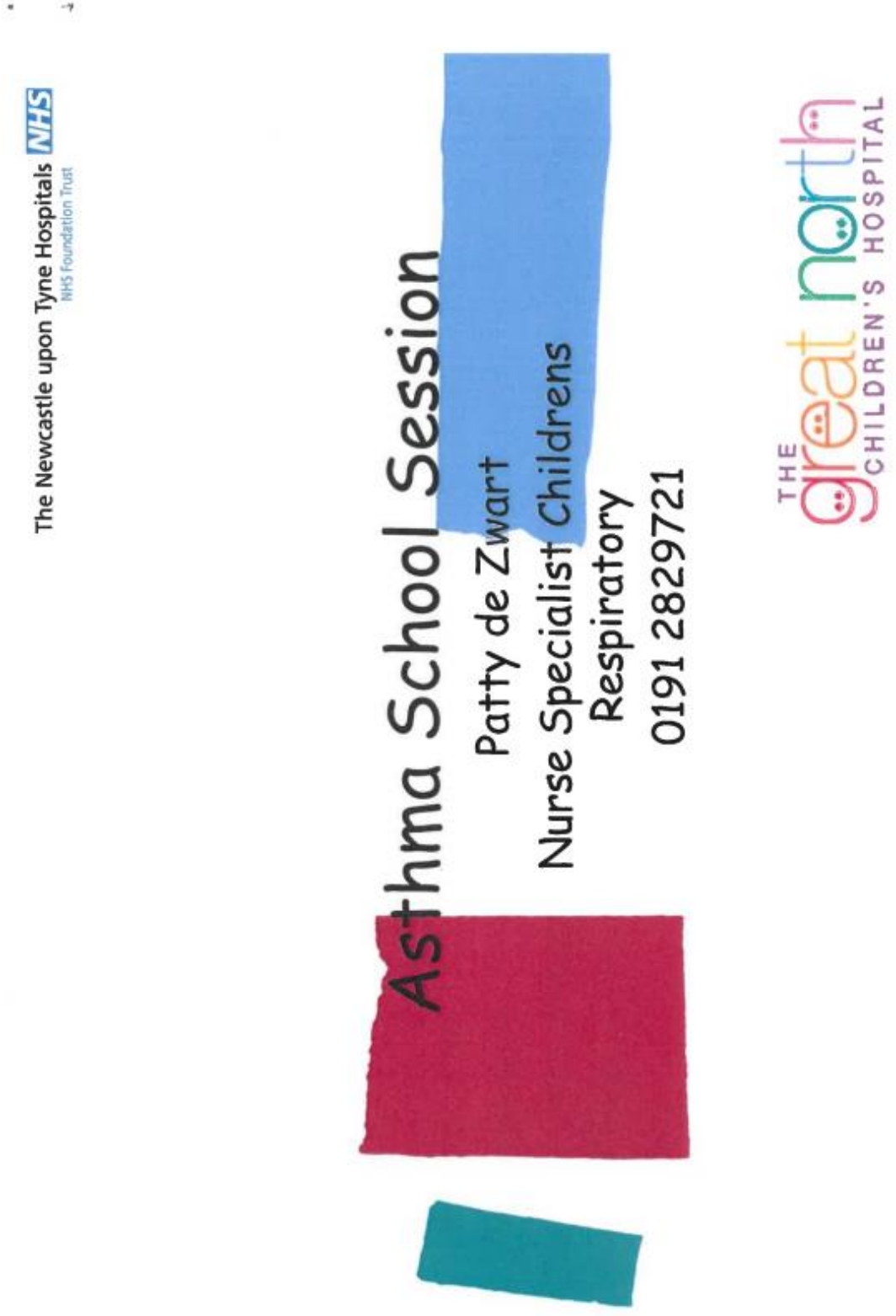
Appendix 4
Slides from school training done by Great North Children's Hospital



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Aim of this Session

- What is asthma?
- Causes
- Triggers
- Signs and symptoms
- Medications
- What to do

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ASTHMA

- Common, chronic inflammatory condition affecting the small airways of the lungs
- Hyper responsive airways
- Reversible obstruction
- Variable
- Chronic

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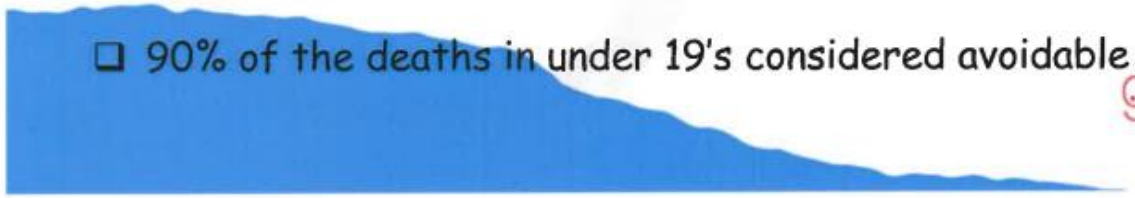
Prevalence of Asthma

- Most common chronic condition in childhood
- Affects 1.1 million (1 in 11) children in the UK – 2 children in every class
- UK has the highest prevalence of asthma symptoms in children worldwide
- 1:8 children with asthma suffer symptoms so severe that they cannot speak
- Asthma kills – 195 deaths, 28 under 19years (Feb 2012 – Jan 2013)
- 90% of the deaths in under 19's considered avoidable



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Causes

- Difficult to say
- Inherited
- Modern lifestyles
- Smoking during pregnancy
- Environmental pollution
- Post viral infection
- Occupational

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Triggers

Pets

Stress

Deodorants

Perfumes

Chemicals

Dust/Dust mites

Medication

Change in weather

Air temperature

Cold & Flu

Upper respiratory tract infections

Smoking

Grass/pollen/moulds

Exercise

Especially in cold/damp air

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Avoiding school triggers

- Furry/feathery animals
- Chemicals and fumes
- Dust
- Moulds
- Well aired classrooms/condensation
- Autumn leaves
- Pollen/grass cutting
- Scented aerosols

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Properties of the lungs

- There are 2 with approx 26 branches
- At each division, the tubes get smaller
- They are lined with mucous membrane
- They end in the Alveoli
- They continue to increase in size to about aged 8

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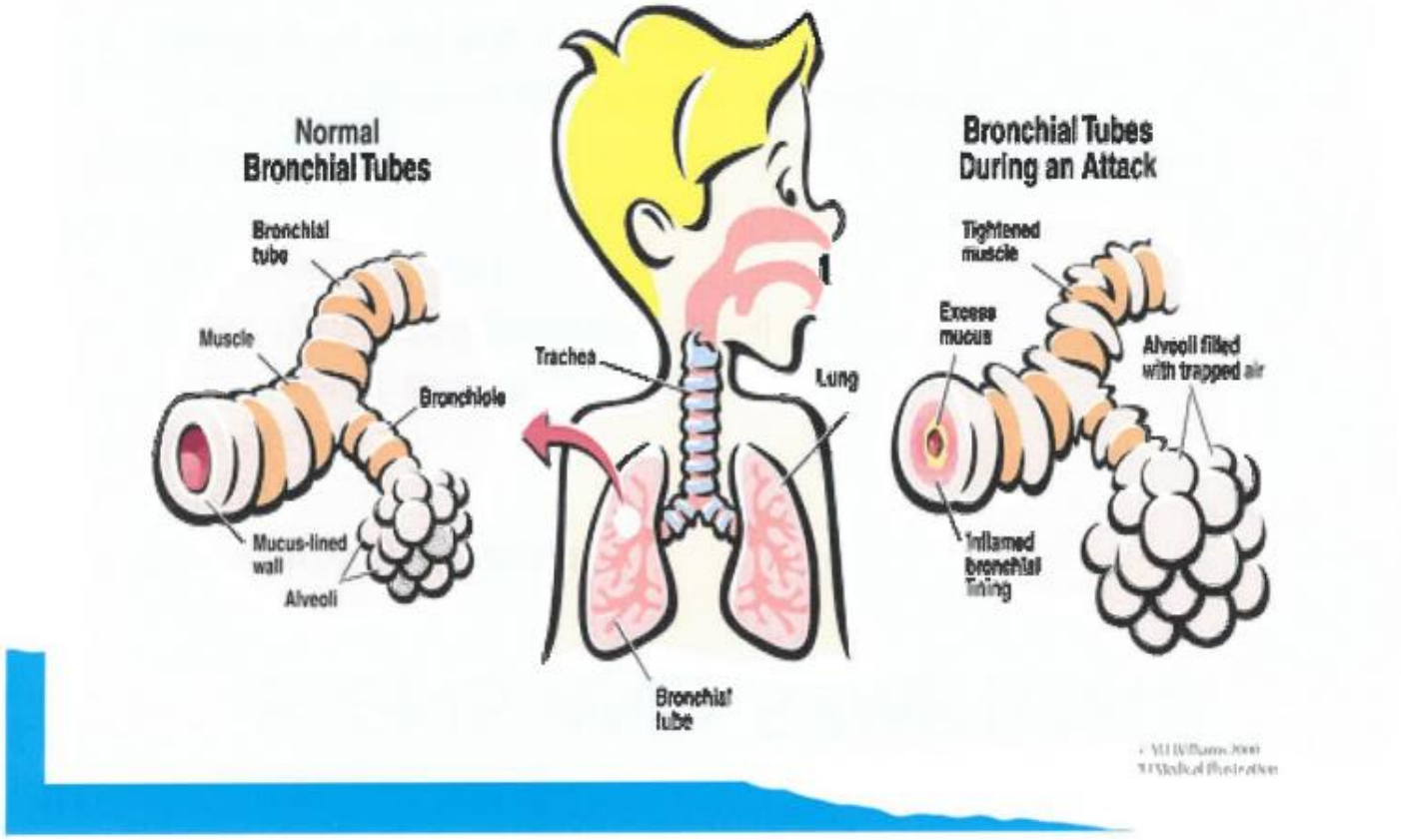
Asthma



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SIGNS AND SYMPTOMS

- Every child is different
- Cough
- Wheeze
- Shortness of breath
- Chest tightness/pain/sore tummy
- Not as active/quiet

SEVERE SIGNS

- Tracheal tug/accessory muscles – chest/neck
- Inability to talk in a sentence
- Colour changes
- Agitation/collapse

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What to do - acute

- Stay calm reassuring and confident
- Blue inhaler and spacer – know where it is
- Administer 4-6 puffs – correct technique
- Watch/observe for improvement - 15-20minutes
- Can go back to class
- If need to repeat within 4hrs, repeat & phone parent to take them home
- If need to repeat within 2 hours or less - 999
- Continue to give the blue inhaler until the ambulance arrives
- If anyone says "do you think we need an ambulance?" - 999

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Daily management

- All pupils with a diagnosis of asthma should have an asthma management plan/health care plan in place detailing day to day management plus acute care – specialist nurse can provide ONLY if under the care of The Paediatric Respiratory team
- Older children should be allowed to carry a handheld device with them – access to a spacer
- Should have triggers listed – pupil should know them!
- Administer "reliever" inhaler before exposure to triggers and 4hrly if they have a cold
- 2 to 4 puffs usually sufficient when no acute symptoms
- Home to school diary's useful
- Proven to reduce asthma deaths/improve school attendance
- Follow the child's asthma management plan

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Medications

Reliever - blue
work quickly – within a few minutes/best after 15mins/lasts for 4 hrs
relax muscles
should be the only inhaler in school

Preventer - Shouldn't bring to school
brown/orange
take 2 weeks to start working full effects after 6 weeks
take every day
reduce inflammation/prevent
no acute effect
oral side effects

DON'T CURE ASTHMA AND DON'T WORK IF THEY ARE NOT TAKEN CORRECTLY

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Large Volume Spacer Technique

- All pupils with a metered dose inhaler should have a spacer
- Large volume spacer or smaller aerochamber
- Remove spacer from plastic bag – discard (if brought in new must be washed in warm soapy water before use, don't rinse and leave to air dry)
- Shake the inhaler and put in the hole at the end of the spacer
- Put the spacer in the child's mouth – teeth & lips
- If using a mask, need to have a seal over the nose & mouth
- Release 1 puff of inhaler
- Encourage to breath at a **normal** rate for up to 20 seconds (4 – 5 breaths when well, 10 if unwell)
- Repeat – make sure there is 30 seconds between puffs
- Should be washed no more than monthly – suggest at end of every half term

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Other Delivery Systems

- Metered Dose Inhalers
- Dry Powder Inhalers
- Breath Actuated Inhalers

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Recent developments

- 1st of October 2014 – The Human Medicines Regulations updated to allow schools to purchase and keep an emergency supply of salbutamol inhalers and spacers
- Survey by Asthma UK – 86% of children with asthma have at some time been without an inhaler at school
- New guidance sets out how schools should safely keep and administer spare emergency inhalers
- Applies to primary and secondary schools in England
- Can be purchased by schools – not compulsory
- Can only be used for children who:-
  - Have a diagnosis of asthma
  - Have been prescribed a salbutamol inhaler
  - Have written parental consent for use of an emergency Inhaler

www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

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Suggestions

- Engage with a local pharmacist!
- To order – letter from school head/headed paper/signed
- Include – name of school/why needed/quantity required
- Suggest 3 spacers plus 3 metered dose inhalers depending on the size of the school.
- Asthma UK website – technique
- Work in progress with emergency kits

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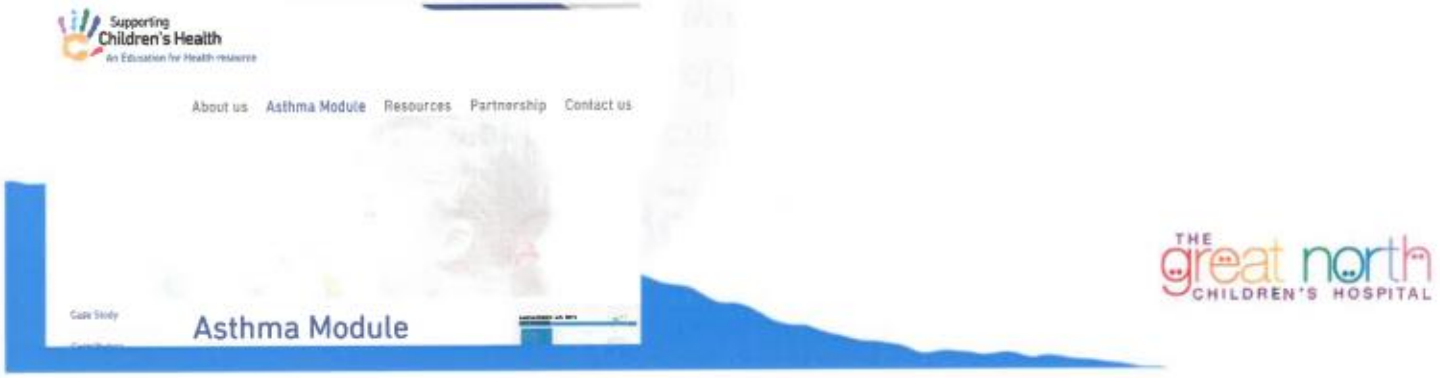
Further information

- Free online educational resource for anyone working with children including teachers, other school staff, sports coaches, youth group leaders
- 30 minute module covering
  - what asthma is
  - how asthma is treated
  - how to recognise an asthma attack
  - what to do
  - inhalers and devices



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The National Review of Asthma Deaths May 2014

- 12 month period – February 2012 to January 2013
- 195 deaths from asthma – 28 under 19yrs
- Nearly 1/2 died at home (41%), 1/4 on the way to hospital (23%), 1/3 in hospital (30%)
- **Children** 80% under 10's and 72% died before reaching hospital
- 65% - major factors that could have been avoided
- Deaths not just in severe asthma – 58% mild/moderate
- 23% had an asthma management plan (PAAP)
- 45% died before seeking medical help
- Most asthma deaths avoidable

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