

'Love God, Love others' and 'let your light shine'



# **The Blue Coat CE Infant and Junior Schools' Federation**

## **Asthma Policy and Procedures**

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## ASTHMA POLICY AND PROCEDURES

The Blue Coat C.E. Federation recognises that asthma is a widespread, serious but controllable condition and the school welcomes all children with asthma. We have many children at Blue Coat with asthma.

We ensure that children with asthma can and do fully participate in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.

Blue Coat C.E. Federation Schools will do all it can to make sure that the academic environment is favourable to children suffering from asthma.

### **The aims of this policy are:**

- to ensure the safety of all children at Blue Coat C.E. Federation who suffer from asthma now, or who may develop asthma in the future;
- to set out, in detail, the emergency procedures adopted by this academy in the event of any child suffering an asthma attack, whether mild or acute;
- to make clear to all concerned what is expected of this policy;
- to make clear details concerning the storage and use of inhalers;
- to work in partnership with parents, school governors, health professionals, federation staff and children, to ensure the successful implementation of the Federation asthma policy.

The Blue Coat C.E. Federation operates a no smoking/ vaping policy throughout the buildings and grounds, so that no child, whether an asthma sufferer or not, is exposed to the dangers of passive smoking.

## WHAT IS ASTHMA?

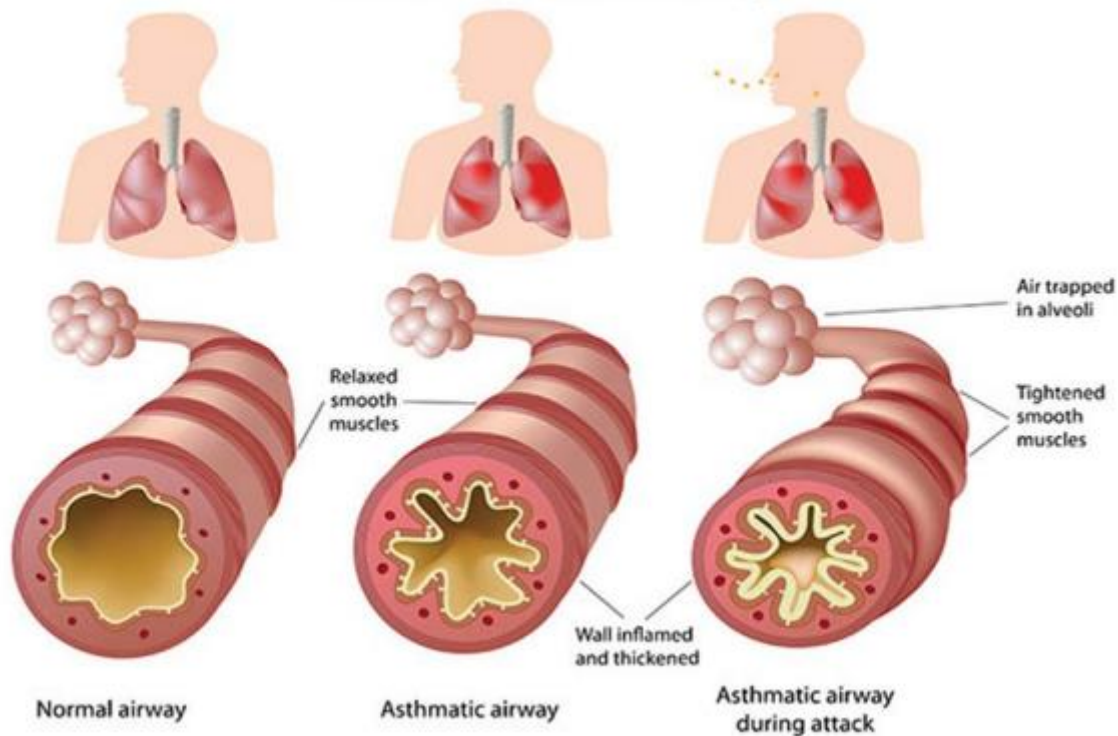
Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the 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).

Known common triggers are:

- Allergens i.e. dust, pollen etc.
- Vigorous exercise
- Cold weather or strong winds
- Excitement or prolonged laughter
- Cigarette smoke

It is not possible to avoid all triggers at all times. It is important for the whole Federation community to be aware of these and take extra care, noting that some triggers can be seasonal.

## Asthma and Your Airways



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,
- all pupils with immediate access to their reliever inhaler at all times,
- all pupils have an up-to-date asthma action plan,
- an emergency salbutamol inhaler
- ensure all staff have regular asthma training
- promote asthma awareness pupils, parents and staff.

### TYPES OF MEDICATION

There are two types of treatment, both of which come in the form of an inhaler.

1. **Preventer:** Usually taken daily to make the airways less sensitive to triggers, mostly in either a brown or white container. These are normally used at home in the morning and evening and take approximately two weeks to take effect when first used. Medication needs to be taken daily to ensure that treatment continues successfully. These inhalers are not commonly found in school.
2. **Relievers** Also known as a bronchodilator. These quickly open up narrowed airways, helping the child to breathe more easily, generally in a blue container, these are frequently found in use in school. These inhalers are crucial for the successful management of asthma, delay in taking the reliever, even for a few minutes can lead to a severe attack.

Both types of inhaler can be used with a spacer (volumiser), particularly for young children. This is a cylindrical plastic chamber: the inhaler fits in one end and the child breathes through the other, having first activated the inhaler.

## ASTHMA REGISTER

We have an asthma register of children within the school, which we update yearly. 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,
- their reliever (salbutamol/terbutaline) inhaler in school with the appropriate spacer.
- 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. (see back of policy)

## ASTHMA INHALERS

Asthma inhalers will **not be locked away** and will be accessible at all times. They will be clearly marked with the **name of the child** and kept in a labelled first aid bag (red) within the child's classroom. During break children can request the use of an inhaler in an emergency from the medical room. During lunch times, the labelled first aid bag containing inhalers will be taken outside by the asthma box monitor. Children can request to use their inhaler when needed.

Children are encouraged to carry their reliever 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 Page | 2 parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler. For Younger children, reliever inhalers are kept in the classroom in \_\_\_\_\_ on \_\_\_\_\_.

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

## ASTHMA ACTION PLANS

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. 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)

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 an individual basis. We will also send home our own information and consent form for every child with asthma each school year (see appendix 1).

However, we also recognise that 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

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.

## MISUSE OF MEDICATION

Should an asthmatic child take too much medication by mistake, they may experience dizziness. The child will be monitored by a member of staff. A non-asthmatic child should not have access to medication related to asthma. In such an event, should a non-asthmatic child use an inhaler, they may experience dizziness. The child will be monitored by a member of staff.

## STAFF RESPONSIBILITY

### **HEADTEACHERS**

The headteacher should ensure:

- All staff are aware of the policy for supporting pupils with medical conditions and understand their role in implementing it (your governing body is responsible for making sure it's implemented)
- Enough trained staff are available to implement the policy (your governing body should make sure this is the case)
- All appropriate staff are aware of a pupil's medical condition
- All pupils with asthma have individual health care plans

### **STAFF**

To make the Federation as asthma friendly as possible staff should:

- Ensure accessibility to medication at all times, and ensure that each individual child knows where his/her inhaler is kept.
- Keep a record of when the child has received their inhaler and the amount that they have had.
- Be aware of the child's condition and any limitations and triggers, and be prepared to try to eliminate these if possible. Triggers may be seasonal, and this should be born in mind.
- Each classroom teacher should decide on his/her strategy should an attack occur in class i.e. how to summon help, how to deal with an attack, know where the inhaler is kept and how to use this in an emergency situation (see appendix 1)
- All inhalers to be checked regularly and parents advised if these need changing or topping up.
- To ensure that all medication is taken on school trips.
- To know and understand the different types of inhalers and how to use them.
- To know the school emergency procedures in calling for medical help i.e. dialling 999.
- Be prepared and able to help younger children, or those newly diagnosed, with the use of inhalers and spacers, if necessary.
- To raise a concern if a child seems wheezy, particularly after exercise, as some asthma is only exercise induced.
- To liaise with school nurse/parents if necessary to provide the best possible care for all asthmatic children.
- To attend appropriate training/INSET to keep up to date with information. Staff complete asthma training every two years.
- To send all medication home at the end of the school year to enable parents to check and renew if necessary.
- Keep up to date records for each child suffering from asthma, thus ensuring that any supply staff will know of any child with this condition.

### **PARENTS**

Should:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in developing and reviewing their child's individual healthcare plan
- Provide the school with the necessary medicines and equipment

- Make sure that they or a nominated adult are contactable at all times

Parents/carers will be responsible for ensuring that there is sufficient medicine to be administered and that it is within the expiry date.

Medication should be provided in the original container from the pharmacy and clearly labelled with:

- child's name;
- name of medication;
- dose;
- method/time/frequency of administration;
- expiry date. Medication must be collected by parents/carers:
- on completion of a course of treatment;
- if the medicine passes its expiry date.

Parents/carers of children who have regular or emergency medication in school are responsible for checking expiry dates, providing replacement treatments and disposing of out of date items.

Parent/carers of newly diagnosed asthma sufferers should advise the school immediately so that records can be updated. Parents/carers should also advise of their child's common triggers if known.

## STAFF TRAINING

All teaching staff will receive medical needs training as recommended by Walsall School Nurses. Asthma training will be completed every two years.

## INVOLVING CHILDREN WHO HAVE ASTHMA IN SPORT AND EXERCISE

The aim is full participation and this should be our goal for all children. When severely affected with asthma, the child should be allowed to participate to his/her potential, being allowed to rest when necessary.

Most children with asthma can become wheezy during exercise – ensuring that they take a dose of the reliever can help prevent an exercised induced asthma attack.

The Federation will make sure that all people involved in P.E are aware of the needs of children with asthma. Opportunity will be given for an asthmatic child to use their medication prior to taking part in sport. Where children wish to use medication away from their peers, provision will be made. All use of medication will be logged.

All children who need medication will take it with them on sports activities both outside and inside the academy buildings.

Any child who feels unable take part or continue will be allowed to take their reliever inhaler, and rest until they feel better and able to continue. If resting does not relieve the situation after 5-10 minutes then the site first aider should be called.

## 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.



As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. At BCI We have 5 emergency kit(s), one kept in each year group and two kept in the main school office At BCJ, we have 8 emergency kit(s), which are kept in the Canteen, the medical room and the main school office so it is easy to access.

We will ensure that the 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. The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it hasn't 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.

**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)

For less urgent cases, a member of the Senior Leadership Team (SLT) will be called to evaluate whether the parent/carer will be called to take them to hospital or if it is necessary to call an ambulance.

### EMERGENCIES

If the child is showing these symptoms we will follow the guidance for responding to an asthma attack recorded in our emergency procedures (appendix 1). 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
- \*is going blue
- \*Has a blue/white tinge around lips
- \*has collapsed

Any child taken to hospital without a parent/carer present will be accompanied by a member of the SLT and their parents/carers notified as soon as possible.

### LIABILITY AND INDEMNITY

Blue Coat C.E. Federation adhere to the DfE's statutory guidance 'Supporting pupils at school with medical conditions', 2015 and Walsall Council/Walsall Public Health Guidance.

### COMPLAINTS

Any parent/carer that has a complaint against the federation in the treatment or procedure of medical treatment should follow the guidelines for complaints set out in the federation's Complaints Policy.

Further Advice and Support; <https://www.asthma.org.uk/>



## APPENDIX 1: EMERGENCY ASTHMA

### **Stage One**

**Never allow a child to seek medical attention on their own.**

In the event of an asthma attack:-

- It is most important to keep calm, Summon adult help (ideally named first aider) and reassure child.
- Loosen clothing at neck, ensure child leans forward slightly
- 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)

The child can return to school activities when they feel better.

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.

### **Stage Two**

If there is no improvement, repeat these steps\* up to a maximum of 10 puffs.

- Stay with the child at all times NEVER leave them alone.
- Check for signs of synosis (i.e. blueness at lips)
- 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 no improvement after 5 minutes – give dose again, if the child cannot speak or is still very breathless then dial 999 or 112.

• **If in any doubt, or if you have any concerns then dial 999.**

- Notify parents of action taken
- Be prepared to resuscitate if necessary.

If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

If the child is a severe asthmatic then get someone to dial 999 immediately, continuing treatment until help arrives.

- A dose of reliever can be “puffed” into the spacer which is then held vertically so that the child can take in the medication more easily.

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

## EMERGENCY PROCEDURES

### REQUEST FOR AMBULANCE TO:

1: Dial 999 or 112, ask for an ambulance and be ready with the following information:

2: Location as:

#### **Blue Coat C.E. (A) Infant School**

Hanch Place  
Walsall  
West Midlands  
WS1 3AF.  
Tel: (01922) 720740

#### **Blue Coat C.E. (A) Junior School**

Springhill Road  
Walsall  
West Midlands  
WS1 2LP .  
Tel:01922 720921

3. Exact location of child/staff member in school

4. Your name

5. Inform ambulance control of the best entrance and state that the crew will be met at the front door and taken to the casualty.

**SPEAK CLEARLY AND SLOWLY AND BE PREPARED TO REPEAT INFORMATION IF ASKED TO DO SO.**

**REMEMBER – IF IN DOUBT, DIAL 999 or 112**

## APPENDIX 2: SCHOOL ACTION PLAN

Date: \_\_\_\_\_

Name:.....  
Date of birth:.....  
Allergies:.....  
Emergency contact:.....  
Emergency contact number .....  
Doctor's phone number:.....  
Class.....

Affix Photo here

What are the signs that you/your child may be having an asthma attack?

Are there any key words that you/your child may use to express their asthma symptoms?

What is the name of your/your child's reliever medicine and the device?

Does your child have a spacer device? (please circle) **Yes No**

Does your child need help using their inhaler? (please circle) **Yes No**

What are your/your child's known asthma triggers?

Do you/your child need to take their reliever medicine before exercise? (please circle)

**Yes No**

If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:

I give my consent for school staff to administer/assist my child with their own reliever inhaler as required. Their inhaler is clearly labelled and in date.

Signed..... Date.....

Print Name..... Relationship to child.....

**CONSENT FORM**  
**USE OF EMERGENCY SALBUTAMOL INHALER**

Child showing symptoms of asthma/having asthma attack:

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My Child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day/that will be left at school (delete as appropriate)
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies

Signed.....

Date.....

Name (print).....

Relationship to child.....

Child's Name.....

Class.....

Parent's address and contact details:

.....

.....

.....

Telephone.....

Email.....

## ADMINISTERING RELIEVER INHALED THERAPY THROUGH A SPACER

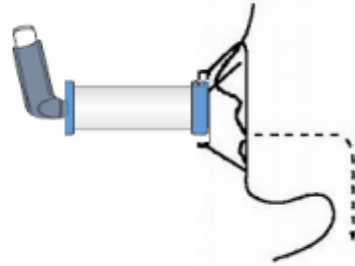
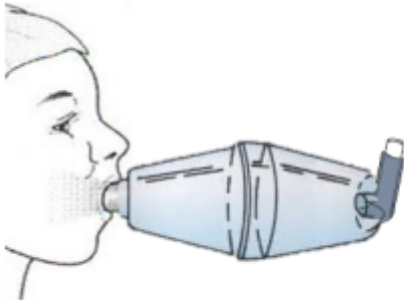
A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks then press the inhaler twice into the air to clear it.**

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.**