

**Outcomes
First
Group.**

**ACORN EDUCATION
AND CARE**

OptionsAutism



Asthma Policy

**Hillingdon Manor School
Updated: September 2023**

CONTENTS	Page
1.0 INTRODUCTION	2
2.0 ASTHMA REGISTER	3
3.0 ASTHMA LEAD AND MEDICATION – SUSAN OXLEY	3
4.0 ASTHMA ACTION PLANS	<u>4</u>
5.0 STAFF TRAINING/SCHOOL ENVIORNMENT	4
6.0 EMERGENCY SALBUTAMOL / VENTOLIN INHALER IN SCHOOL	5
7.0 ASTHMA ATTACKS	7

1.0 INTRODUCTION

Implementation: It is the responsibility of line managers to ensure that staff members are aware of and understand this policy and any subsequent revisions.

Compliance: This policy complies with all relevant regulations and other legislation as detailed in the *Compliance with Regulations & Legislation Statement*.

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).



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 & asthma champion
- all pupils with immediate access to their reliever inhaler at all times,
- Accessible Emergency Salbutamol Plans displayed
- an emergency salbutamol inhaler & spacer
- ensure all staff attend regular (annual) asthma training
- promote asthma awareness to pupils, parents and staff.

2.0 ASTHMA REGISTER

We have an asthma register of children within the school, which we update termly. 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: diagnosis from a GP or Asthma Clinic 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,
- only in an emergency, permission from the parents/carers to use the emergency salbutamol inhaler if they require it and if their own inhaler is broken, out of date, empty or has been lost.

3.0 ASTHMA LEAD AND CHAMPIONS

The Asthma Lead at Hillingdon Manor School is Lorna Bailey.

The Asthma Champions are:

Yiewsley Grange: Diane Mitchell and Diana Grant

Upton Grange and Nash House: Jennifer Marshall

Hillingdon Manor Secondary Site: Susan Oxley, Maria Dowsett , Stacey-Ann Shady and Elaine Stapleton.

This school has an asthma champion who is named above. It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) and ensure measures are in place so that children have immediate access to their inhalers.

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.

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 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).

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so.

We recognise that all children may still need supervision in taking their inhaler. For younger

children, reliever inhalers are kept in the classroom inside an unlocked medical cabinet which is fixed to the wall. When children are outside reliever inhalers are kept in named red medical bags by designated staff.

School staff are not required to administer asthma medicines to pupils however many children 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 refer them to the school nurse and advise parents/carers to arrange a review with their GP/Asthma Clinic. All staff have been trained in the administration of asthma medicines.

4.0 ACCESSIBLE EMERGENCY SALBUTAMOL PLANS

There are Accessible Emergency Salbutamol Plans (Asthma attack posters) in place around the school. The poster consists of information: Signs of someone having an Asthma attack, Treatment and Further actions.

5.0 STAFF TRAINING/SCHOOL ENVIRONMENT

Staff will have regular (annual) asthma updates. This training will be provided by the Hillingdon Paediatric Respiratory Team

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 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 infections
- 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
- Perfume
- Plants

As part of our responsibility to ensure all children are kept safe within the school grounds 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 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. (Source: Asthma UK)

Pupils with asthma are encouraged to participate fully in all activities. Staff will remind pupils thoroughly warm up and down before and after the lesson. It is agreed with all staff that pupils who are mature enough will carry their inhaler with them and those that are not will have their inhaler labelled and kept in the pupils named red medical bag which is in sight at all times during the lesson. 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 in/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 Hillingdon Paediatric Respiratory Team, with consent, and suggest they make an appointment with their asthma nurse/doctor at their GP surgery. It may simply be that the pupil needs an asthma review, to review inhaler technique, review of medication 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.

6.0 EMERGENCY SALBUTAMOL / VENTOLIN 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/Ventolin inhalers in schools (March, 2015).

The key points are summarised as follows:

As a school we are able to purchase salbutamol/Ventolin inhalers and spacers from community pharmacists without a prescription. We can do this using the NHS request form.

We have 2 emergency kits – one is kept at the Lawns and the other one is kept in the medical room, accompanied by an accessible key. Each kit contains:

- A salbutamol / Ventolin metered dose inhaler;
 - At least two plastic spacers compatible with the inhaler;
 - Instructions on using the inhaler and spacer;
 - Instruction on cleaning and storing the inhaler;
 - Manufacturer's information;
-
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
 - Asthma champions will inform the compliance officer when inhalers and spacers need replacing;
 - A list of children permitted to use the emergency inhaler;
 - A record of administration

We understand that salbutamol/Ventolin is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol/Ventolin 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 tremble and may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol/Ventolin 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 schools asthma lead and asthma champions 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 (weekly) when the inhaler is running out. The inhaler has 200 puffs, so when it gets to 50 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 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. Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol/Ventolin inhaler will only be used by children:

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

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/respiratory clinic.

If an emergency blue inhaler Salbutamol is administered at school, we will document and inform parents. The inhaler will not to be sent home with the child.

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/respiratory clinic.

These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them on an individual basis. We will also send home our own information and consent form for every child with asthma each school year. This needs to be returned immediately and kept with our asthma register.

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). It would not usually require the child to be sent home from school or to need urgent medical attention.

7.0 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 an asthma attack and how to manage an asthma attack.

In addition guidance will be displayed in the staff room.

The department of health Guidance on the use of emergency salbutamol/Ventolin 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, is going blue, has a blue/white tinge around lips, or 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 – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them


Follow the Asthma Emergency Plan:

- 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/respiratory clinic.
- If the child has had to use 10 puffs or more in 4 hours the parents should be made aware, asked to collect their child and advised that the child should be seen by their doctor/nurse. Parents will be advised to seek medical review if their child needed 10 puffs during an Asthma Attack at school and to go to A&E if their child needed more in 4 hours.
- If the child does not feel better after 10 puffs or staff are worried at ANYTIME, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 15 minutes, can 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



References

- Asthma UK website (2015).
- Asthma UK (2006) School Policy Guidelines.
- BTS/SIGN asthma Guideline.
- Department of Health (2014) Guidance on the use of emergency salbutamol / Ventolin inhaler in schools.



**We are part of the Outcomes First Group
Family,by working together we will build
incredible futures by empowering vulnerable
children, young people and adults in the UK
to be happy and make their way in the world**