


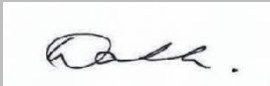


Supporting Children with Asthma

Author / staff lead: Mrs L Barnard

Abstract: Asthma is the most common chronic condition affecting one in eleven children. This policy sets out the arrangements the Lent Rise School has made to support children with asthma to enable them to engage fully with their education and control their condition. It has been written using guidance from the Department of Education, Asthma UK and Frimley Health Respiratory Team.

This policy should be read alongside the Supporting Children with Medical Conditions policy which provides more detailed information on areas such as absence and reintegration.

Approved by:	Mrs M Young Chair of Governors	
Approved by:	Mrs J Watson Headteacher	
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Policy number:	LRS0101	

**Introduction
Aims**

- To ensure that pupils at Lent Rise School with asthma are properly supported so that they have full access to education, including school trips and PE, play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure that each child with asthma is treated with dignity and as an individual.
- To ensure a safe and speedy response where has an asthma attack.
- To ensure proper consultation between the school, health and social care professionals, pupils and parents to ensure that the needs of children with asthma are effectively supported.

About 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).



The impact of asthma

- Asthma is a serious but controllable condition. The impacts of uncontrolled asthma can be tragic.
- Children with asthma can be seen as 'different' from their peers, they may experience physical symptoms that prevent them from becoming involved in exercise, activities or play. They may also experience frequent absence.
- Having a medical condition may lead to anxiety, a lack of confidence or feelings of powerlessness.

Asthma Friendly School

We are proud to be an Asthma Friendly School.

Our Asthma Lead is Office Manager Louise Barnard and our Asthma Champion is Wellbeing Ambassador Hannah Slade.

Our Staff have worked closely with Frimley NHS Respiratory team to ensure that we have the right policies, practices, procedures, training and equipment in place to ensure that staff can support children both in the event of an asthma emergency but also with the day-to-day management of their asthma.



Asthma action plans (PAAP)

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. It is essential that all children with asthma have a personal asthma action plan (PAAP) to ensure asthma is managed effectively within school to prevent hospital admissions. PAAPs are stored in the admin office, a copy is also included with a child's inhaler. These should be updated annually or as a child's condition changes.

Those who have a Maintenance and Reliever Therapy (MART) Symbicort should have a MART Asthma Action Plan.

When asthma is affecting 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 asthma is impacting on the life of 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 PAAP, to improve their symptoms.

Trips, visits and sporting activities

Children with asthma should be actively supported to join in with trips, visits and sporting activities and should not be prevented from doing so unless evidence from a healthcare professional states that this is not possible. Teachers should be aware of how a child's asthma will

impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities. The school will make reasonable adjustment to enable children with asthma to participate fully and safely on visits. A risk assessment should be carried out to consider any steps the school may need take. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional. The procedure for storing and administering medications on school trips is detailed in the school medications policy.

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
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, 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

Asthma Register

The school will maintain a register of children who have been diagnosed with asthma using SIMS. This information will usually be provided by a child's parent or the school nurse.

Some children are not diagnosed with asthma but are prescribed an inhaler to support other respiratory conditions such as wheezing or a chest infection. These children should be included on the asthma register if their condition is chronic and they have access to the emergency inhaler as part of their Individual Medical Support Plan (IMSP).

When a child with asthma joins Lent Rise School or an existing pupil is diagnosed with asthma:

- The school and parents and where possible the school nurse or other medical professional should work together to produce an asthma plan that considers the child's individual needs and the severity of their asthma.
- The child's SIMS record should be marked to ensure their inclusion in the asthma register report.
- The child's teacher and other relevant staff should be made aware of the child's PAAP.
- Parents are to provide their rescue device (salbutamol inhaler and spacer / Symbicort turbohaler) in school,
- The child should be shown where they can access their inhaler and self-managing should be discussed if relevant.
- 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.

The Office staff have responsibility for maintaining the asthma register.

Medication

All children with asthma should have immediate access to their reliever (usually blue) or their Symbicort Turbohaler (white and red) 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 may have a Maintenance and Reliever Therapy (MART) Symbicort Turbohaler. This inhaler is taken morning and night as a preventer inhaler and used as needed to relieve symptoms rather than the blue salbutamol inhaler. 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. 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.

Inhalers are stored in labelled child accessible boxes in the child's classroom. Children are encouraged to retrieve and use their own inhaler when needed however many children have poor inhaler technique, or are unable to take the inhaler by themselves support from staff will always be available if needed. 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/nurse.

If a child uses their inhaler in school it will be recorded in the inhaler record book and a slip will be sent home so that parents can monitor use. If a child's symptoms are severe – even if they are relieved completely by the use of their inhaler, parents will immediately be informed by telephone where this is possible.

Children in years 5 and 6 who have shown an appropriate level of understanding and responsibility will be permitted to carry their own inhaler. Parents must give written permission for this and must also have agreed that their child can access the school's emergency inhaler if required, in case the child loses their inhaler. The school will have the final decision on if a child should manage their own inhaler in school and any misuse will result in the right being withdrawn. In the case of children who carry their own inhaler it is the responsibility of the child to let their parents know that they have used their inhaler in school however they may ask the school to record this on a slip if they wish.

Inhalers will only be accepted in school if they are in their original packaging with the dispensing label attached. Individual inhalers and spacer devices should also be clearly labelled with a child's name and class. This is particularly important if a child is responsible for carrying their own inhaler. Medication cannot be stored in school during holidays and these should be used as a time to clean spacers and inhalers and ensure that inhalers are within their expiry date.

Supporting a child use their inhaler

Committed to excellence Working together Facing the future



Frimley Health
NHS Foundation Trust

Nobody should be taking their inhaler like this

INHALER TECHNIQUE

AERO CHAMBER PLUS FLOW-VU (Mostly over 3 yrs)
5 slow and deep breaths per puff. Shake inhaler between puffs



AERO CHAMBER AND MASK
For under 3yrs unless additional needs!
Shake inhaler. Hold spacer upright at 45°. Create a seal over child's mouth. Slow count to 10 per puff. Shake inhaler between puffs.

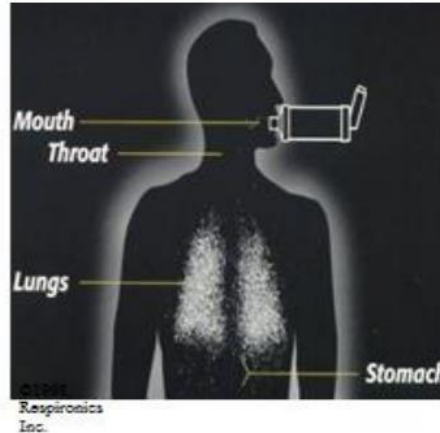
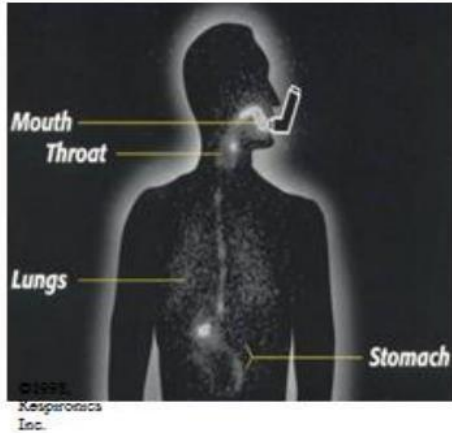




Breath Activated Aerosol (Easi-breathe, Autohaler)
Slow, deep inspiration per puff, and hold breath for at least 10 seconds

Breath Activated Dry Powder (Turbohaler, Accuhaler)
Fast, deep inspiration per puff, and hold breath for at least 10 seconds

Why is a spacer needed with an aerosol inhaler?



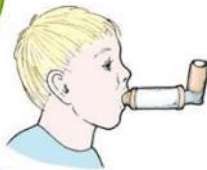
Used alone **ONLY 10%** of medication reaches the small airways

How to use an inhaler...

1. Shake inhaler

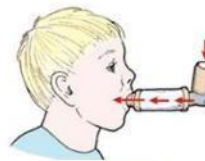


2. Remove the dust cover



3. Place inhaler into flat end of spacer- child's lips should be sealed around mouthpiece

4. Start to breathe in and out gently



5. Give 1 Puff/Squirt, followed by 5 slow, deep breaths

Repeat steps 1-5

Turbohaler Technique



Unscrew
and remove
cover

Check
dose
counter

Hold upright,
twist in 1
direction
until it clicks,
twist back

Breathe
out –
empty your
lungs

Sharp, deep
inhale and hold
breath for 10
seconds

Emergency Inhaler

The emergency inhaler is designed to be used if a child's usual inhaler is empty, broken or otherwise unavailable. It is not designed to replace a child's own reliever inhaler and parents are still responsible for ensuring that their child has a working inhaler in school.

The school may take action where parents consistently fail to ensure their child has appropriate medication in school.

The school holds 6 emergency inhaler kits as follows:

1 metered dose salbutamol inhalers

2 spacers of varying sizes

instructions on how to use the inhaler and spacer instructions on cleaning and storing the inhaler manufacturer's information, a copy of the asthma register.

Kits are located:

1 kit in the schools emergency grab bag stored in the Admin office 1 kit stored in the old first aid room near the downstairs lobby

3 kits in the front office (these kits are removable and are designed to be taken on trips, to swimming and sports fixtures.

1 bum bag kit which should be carried by outside by a Midday Supervisor during lunch.

The asthma kits should be stored in line with manufacturer's instructions away from children's own

inhalers to avoid confusion.

It is the responsibility of the Office Manager to check the kits monthly to ensure that the medication is in date and that the inhalers are in working order

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a rescue inhaler, and for whom written parental consent has been given. Those who are on a Symbicort (white and red) MART regime can safely be administered the school emergency salbutamol in the event of their device being empty, not being available or broken. 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 when the inhaler is running out. All pressure metered dosed inhalers have 200 puffs per device (Unless your device states otherwise), so when it gets to 150 puffs having been used we will order a replacement. Following use, the plastic housing which holds the canister of the inhaler will be washed and dried as per manufacturer instructions and can be used again. Once the plastic spacer has been used this should be sent home with the child with a request that the family replace it. It should not be used by another child. In the meantime, the school should replace the spacer. Or if able to do so use the child's personal spacer to administer the school's emergency inhaler. Spent inhalers will be returned to the pharmacy to be recycled.

Side effects

Salbutamol is a relatively safe medicine but all medicine can have some side-effects. Those of inhaled salbutamol tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say they feel their heart is beating faster.

Salbutamol inhalers are intended to use where a child has asthma. The symptoms of other serious conditions / illnesses, including allergic reaction, hyperventilation and choking can be mistaken for those of asthma and the use of an emergency inhaler in these circumstances can lead to a delay in a child receiving appropriate treatment. For this reason, the emergency inhalers are only for the use of children who have been diagnosed with asthma and / or prescribed a reliever inhaler and whose parents have given explicit written permission that they may access the inhaler in an emergency. Even children who have been prescribed a different type of reliever inhaler will benefit from the salbutamol inhaler in the event of an asthma attack if their own inhaler is not accessible. The inhaler should be used with a spacer device to prevent cross contamination. The spacer may then be given to the child to take home. The inhaler housing should also be cleaned and dried. If an inhaler is used without a spacer it must then be disposed of as it presents a risk of cross contamination.

Administering the medication

The emergency inhaler may be administered by any two members of staff who have been trained in its use. Where a child is comfortable using the inhaler themselves they should be supported to do so.

When an emergency inhaler has been used parents should be notified immediately where possible. This must then be followed up in writing so that the information can be passed to the child's GP. The use must also be logged in the asthma register. If replacement equipment is required the Office Manager should be made aware.

The emergency inhaler is not intended to be used by adult staff, parents or adult visitors. If an adult has a severe asthma attack in school and does not have access to their own inhaler then the emergency services may give permission for the inhaler to be used.

Emergency procedure

IF THE CHILD BECOMES EXHAUSED, IF THE CHILD'S LIPS BECOME TINGED WITH BLUE OR WHITE; IF THEIR FACE IS GOING BLUE; IF THEY COLLAPSE OR EVEN IF YOUR INSTINCT JUST TELLS YOU SOMETHING IS SERIOUSLY WRONG, GET SOMEONE TO CALL 999. AN AMBULANCE CAN ALWAYS BE CANCELLED IF IT IS NO LONGER NEEDED BUT A DELAY COULD COST A CHILD THEIR LIFE.

If the child is not on the register call 999 immediately and follow first aid procedures to check for other causes such as choking or allergic reaction.

Make it clear to 999 that an emergency inhaler is available (999 staff may give permission to use this if even if a child does not have diagnosed asthma).

EMERGENCY ASTHMA PLAN FOR SCHOOLS

Asthma Attack

For children diagnosed with Asthma/Wheeze

SIGNS OF :

- Wheezing
- Coughing
- Shortness of Breath

Treatment



GIVE UP TO 10 PUFFS OF RESCUE INHALER (BLUE)

OR

UP TO 6 INHALATIONS OF MART (WHITE AND RED) TURBOHALER AT A SINGLE TIME

Number of puffs needed of

BLUE inhaler :

2- 6 PUFFS

OR

Number of inhalations needed of your **MART** device:

Take 1 inhalation of your **MART** device, wait a few minutes and repeat if necessary, up to a total of 6 inhalations.

Tell a member of staff

If better no further action required

Number of puffs needed of

BLUE inhaler:

6- 10 PUFFS

OR

You can take up to 6 inhalations of your **MART** device.

Tell a member of staff

Parents to be called and child to be collected and seen by medical professional the same day.

If little or no improvement after 10 puffs of **BLUE** inhaler:

Dial 999

Continue to give **BLUE** inhaler 10 PUFFS every 15 minutes until medical help arrives or symptoms improve.

OR

If you have taken 6 inhalations of your **MART** device and your symptoms have not improved or used your maximum daily inhalations, seek urgent help.

***If their own **RESCUE**

inhaler is **NOT AVAILABLE**, please use the school's emergency inhaler kit ***

Staff training

Staff will need regular asthma updates. This training can be provided by the school nursing team (yearly) or accessed online via Education for Health Supporting Children's Health and Young People with Asthma (educationforhealth.org). (every 2 years) We aim to ensure a minimum of 85% of staff complete this.

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 AAPs and the school will where possible help children to avoid coming into contact with their triggers, where this is possible.
- 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 (Source:

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 from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all activities. 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. Children should carry their inhaler out to the playground or field for PE. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

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.

Complaints

If a parent is dissatisfied with the support their child is receiving they should first discuss this with the Headteacher. If they still feel the issue is unresolved they should follow the process laid out in the school's complaints policy.

