

**St George & St Martin Catholic Academy**

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# **Asthma Policy**

**Updated 02.02.2023**



## **Our Academy:**

- ✚ Welcomes pupils with asthma
- ✚ Recognises asthma as a serious but controllable condition.
- ✚ Encourages pupils with asthma to achieve their potential in all aspects of school life.
- ✚ Recognises the need for immediate access to inhalers.
- ✚ Will commence a school asthma care plan for pupils with asthma in partnership with parents and maintain an asthma register.
- ✚ Will arrange training which will ensure that staff are aware of asthma and are able to manage an asthma attack - this will include giving emergency treatment.
- ✚ Will inform parents of asthma attacks and any treatment given.
- ✚ Does not assume responsibility for the routine treatment of asthma (preventative therapy) which remains the prerogative of the parent in conjunction with their GP.

## **Record Keeping**

On school entry pupils with asthma should be identified (see flow chart). The Asthma consent form provided should be completed. An Asthma care plan should be commenced. This should be reviewed annually in September when a child moves into a new class.

An asthma register should be maintained (this should be accessible to staff and a copy kept with the schools emergency inhaler if they have one).

It may be helpful in static class rooms to have a list of pupils with asthma in or near the teacher's desk-particularly when supply teachers are employed.

A record of use of the pupil's inhaler/schools emergency inhaler must be kept on the log sheet provided, with all details completed.

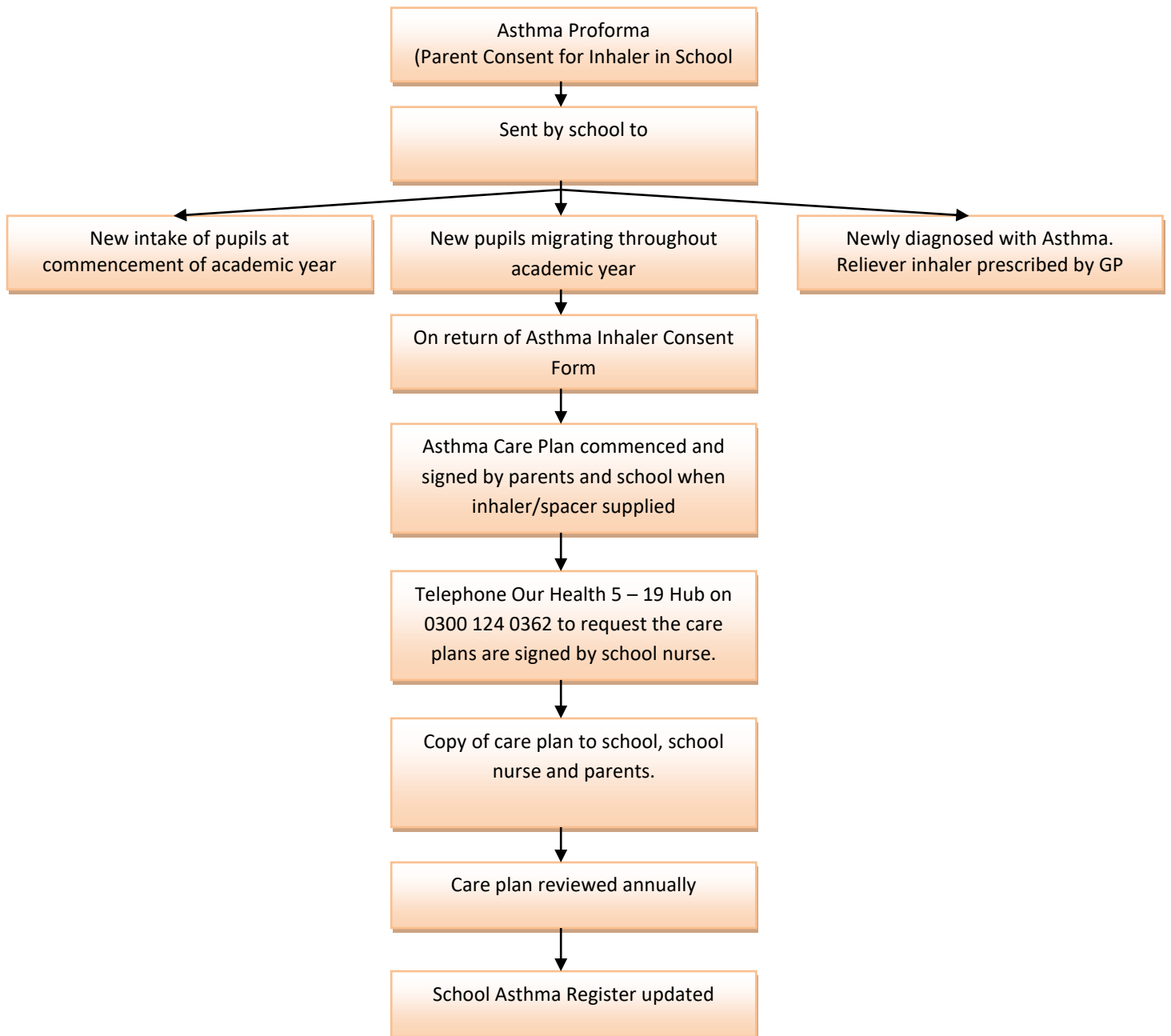
A copy of the notification letter should be given to the parent/carers and also a copy kept on the pupil's record.

If the same pupil has to use the inhaler more than once a term they should be brought to the attention of the school nurse. This may indicate a pupil is inadequately treated and therefore at risk.

Signed: ..... D. Farmer (Principal)

Signed: .....E. Saunders (Chair)

### Identification of Pupil Requiring Asthma Care Plan



Policy approved by Academy Committee:

Policy agreed by staff:

Policy to be reviewed:

## Asthma Register

Class .....

Academic Year .....

[illegible]



## Asthma Care Plan and Medication: Consent



If your child has been diagnosed with asthma and/or has been prescribed reliever therapy (blue inhaler) please complete the first part of this form which gives your consent for school staff to give this if required.

In the event of my child displaying symptoms of asthma or prior to PE (if required), I consent for my child to receive their own reliever inhaler. If my child has asthma symptoms and their own inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler if this is available in school **(Not all schools keep their own emergency inhaler).**

Name of child: .....

Date of birth: .....

School: .....

Name of Inhaler: .....

Number of Puffs: .....

Signed Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent's Contact Number: .....

If your child has an asthma attack the schools emergency procedure will be followed.

A copy of your child's school asthma care plan will be sent to you.

Please ensure that your child has a **SPARE reliever inhaler** and **spacer** kept in school and that your child's inhaler is within its **expiry date**.

If your child experiences breathing problems, especially at night or after exercise, or when laughing or crying, or he/she suffers from repeated chest infections please contact Our Health 5-19 team via the Hub 0300 124 0362



## School Asthma Care Plan



**Name:** \_\_\_\_\_

**D.O.B:** \_\_\_\_\_

**School:** \_\_\_\_\_

<b>Identified Need</b> <i>To promote Optimum health by maintaining good control of Asthma symptoms.</i>	<b>Action Plan</b> <i>School staff are able to identify when reliever inhaler is needed.</i>	<b>Step 1</b> <i>Staff Training completed.</i>	<b>Date:</b>
	<i>Consent for medication in school (Including school emergency salbutamol if available)</i>	<b>Step 2</b> <i>To ensure appropriate consent forms are signed.</i>	<i>Consent form sent to parents:</i>
	<i>Easy access to inhalers whilst in school</i>	<b>Step 3</b> <i>Parents to supply inhaler and spacer.</i>	
	<i>To monitor and record inhaler use</i>	<b>Step 4</b> <i>Parents to check expiry dates and change accordingly.</i>	Inhaler expiry date:
		<b>Step 5</b> <i>School staff should complete audit form and inform parent when reliever inhaler used during school day</i>	

Triggers (if known).....

**Signatures:** \_\_\_\_\_

Parent/carer

School staff

School Nurse

Date

Review annually - .....

### **Guidelines for the implementation of School Asthma Careplans**

The School Nurse should:

1. Provide each school with a copy of the asthma documents (these can be emailed to the school).
2. Advise each school to send a copy of the Asthma proforma headed '**Asthma Care Plan and Medication Consent**' to:
  - i) All the new September entrants.
  - ii) All new pupils who migrate during the school year.
  - ii) All the pupils known to have asthma that are listed on the school pupil data bank.
3. Reception Questionnaires- if the child has an inhaler, a care plan should be commenced and the parent consent letter completed.

The School is advised to:

1. Commence a care plan for each child who has an inhaler (as highlighted by the return of the asthma proforma).
2. A copy of the care plan should be :
  - i) Sent to parents/ carer
  - ii) Kept in an accessible Asthma Folder
  - iii) Given to the school nurse
3. A list of pupils with care plans should be kept and reviewed annually. This asthma register should also be kept with the school emergency salbutamol inhaler (if school have an inhaler).

## **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

## **EMERGENCY PROCEDURE**

### **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 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.





### **School Notification to Parent**

Dear Parent/Guardian of : .....

Your child has had problems with his/her breathing today which has required the use of their **own inhaler/school's emergency inhaler** (delete as appropriate)

Since this may indicate your child's asthma is not well controlled at this time you are strongly advised to see your own doctor or practice nurse as soon as possible. If your child needs to use their reliever medication 3 times a week or more, seek a medical review.

Date	Time	Number of puffs	Where/Activity (eg.classroom/PE)	Given By

Yours sincerely

If your child needed to use the school emergency inhaler would you please ensure they have their own labelled inhaler and spacer in school.

**If your child is needing to use their reliever inhaler more than 4 hourly please seek an urgent medical review**

[illegible]

### **How to use a spacer device**

1. Remove the cap from the spray and shake gently five or six times. Prime the inhaler (spray 2 puffs) then re-shake.
2. Put the inhaler into the hole at the end of the spacer.
3. Put the mouthpiece into the child's mouth keeping their lips behind the ring. Make sure the child's lips are sealed around the mouthpiece.
4. Encourage the child to breathe in and out slowly and gently (i.e. normally). You may hear a clicking noise which is the valve opening and closing- this is normal. If the child cannot move the valve, tilt the inhaler end of the spacer to keep the valve open.
5. Continue with this breathing pattern and press the medication canister down once (**one puff**). Leave the spacer in the mouth while **five** more breaths are taken.
6. Repeat as above if more puffs are required.
7. Shake the inhaler after every **2** puffs.
8. Remove the spacer from the child's mouth.

### **Pupil's Own Spacer**

- ✚ After use, the pupil's spacer should be washed in warm soapy water, not rinsed, and then left to dry naturally. You should not dry it with paper or tea towels.
- ✚ In addition the spacer should be washed at the end of each term and inspected for signs of wears, cracks etc.

### **School Spacer and inhaler**

- ✚ To avoid possible risk of cross-infection, local guidance advises that the **school's plastic spacer** and the **school's emergency inhaler** should **not be reused**.
- ✚ The spacer can be given to the child for further personal use.
- ✚ Staffordshire and Stoke-on-Trent Partnership NHS Trust's Infection Control Team recommend that the inhaler should be disposed of once used. Schools may wish to refer to the DoH document below page 12 for further information.
- ✚ Please ensure school has a spare inhaler and spacer to replace as necessary.

**Guidance on the use of emergency salbutamol inhalers in schools** Department of Health (March 2015) provides information on supply, storage, disposal and care of inhaler.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

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Date:

Dear Parent of:

Name:

D.O.B.:

We are currently reviewing your child's School Asthma Care Plan. Would you kindly return the form so that the care plan can be updated.

1. My child still requires a reliever inhaler in school.

☐

Name of inhaler: .....

Number of Puffs: .....

2. My child no longer requires a reliever inhaler or care plan in school

☐

Please tick the appropriate box and return to school.

Parent / Carer signature .....

Date.....

If you have any queries about your child's asthma care plan please contact your School Nurse.  
Please ensure that your child has a **spare reliever inhaler and spacer in school** and it is within its **expiry date**.

Yours sincerely

