

## Wickford Primary School Asthma Policy

Wickford Primary School recognise that asthma is an important condition affecting many school children, and will encourage and help children with asthma to achieve their potential in all aspects of school life.

### What is asthma?

Asthma is a disorder of the lungs in which the air passages become sensitive to the variety of common stimuli and become narrowed making it difficult to breathe. This may occur as a sudden acute attack, or lesser narrowing may lead to less dramatic symptoms. A variety may induce an asthma attack including:

- virus infections
- allergy (eg to dust, feathers, fur or, in rare cases, certain foods)
- exercise
- cold weather or strong winds
- excitement or prolonged laughing

Asthmatic children vary in the extent to which they are affected and most cases are mild and easily controlled. The majority of children will be able to participate fully in the school curriculum including sports activities. It may be necessary to take specific precautions for children whose asthma is triggered by particular allergens (eg by keeping them away from animals or flowering grasses).

### Signs of an Asthma attack:

- 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).

### Record Keeping

A register of children with asthma and of those taking medicines is kept in each school office and is available to all school staff.

Members of staff who come into contact with an asthmatic child should be made aware of the problem and any restrictions which may be applied to the child's activity.

### Medication for Asthma

Children with asthma may need to take medication during school hours. If it is not taken regularly or properly, severe asthma may develop. Two types of asthma treatment may be prescribed:

- a) Reliever Inhalers. Relievers are usually blue. This is the inhaler that children need to take immediately when asthma symptoms appear. These should be readily available for the child to use whenever s/he needs to relieve the asthma

symptoms of coughing, wheezing or breathlessness. Relievers work quickly to relieve the muscles around the airways, as these muscles relax, the airways open wider and it gets easier to breathe again.

- b) **Preventer Inhalers.** Preventers are usually brown, white, orange or grey and white. The preventer is the inhaler that should be taken every day (usually first thing in the morning and last thing at night). They are taken regularly to dampen down the sensitivity of the air passages. Normally children should not need preventers in school hours, and they should not be used to relieve sudden attacks of wheezing and breathlessness, as they do not have an immediate effect.

Some children's asthma is so mild that they only get asthma symptoms once a twice a week (usually after exercise). They will probably just have a reliever inhaler. However, if they are using it more than once or twice a day, then they should tell their doctor as their asthma is not under control and they will probably need a preventer as well. Where staff observe this they will inform the child's parents.

#### Issues regarding inhalers

1. Immediate access to relievers is vital.
2. It is school policy that all children who have been diagnosed with asthma have appropriate medication in school.
3. All children diagnosed as asthmatic must have a care plan signed by their doctor or other relevant medical professional, in school. These must be updated annually.
4. Children are encouraged to carry their reliever inhaler as soon as they are mature enough.
5. For younger children in lower school, their relievers should be available to them in the classroom. They should be clearly labelled and stored for easy but safe access.
6. Parents should provide the school with a spare reliever inhaler, which will be kept, for each child in the medicine cupboard in the medical room. This is in case the child's own inhaler runs out or is lost or forgotten. We request that spare inhalers are provided for all children. All children with diagnoses of asthma must also have spacers in the class and school office to ensure the effective use of the inhalers.
7. If the inhaler is used incorrectly it may spray into the surrounding air rather than into the lungs, therefore it is important to ensure they are taken correctly for maximum benefit. Therefore, all parents must provide a spacer to ensure the correct use of the inhaler.
8. Reliever medication is extremely safe. Although reliever inhalers should be treated as medicine, staff need not worry that a child may overdose on the reliever inhaler. If a child without asthma 'experiments' with another child's reliever inhaler this will not be harmful to them. Reliever medication acts to dilate the airways. If a child takes very many doses, they may experience an increased heart rate or tremor, but this will not cause any long-term effects.
9. If a child is using their inhaler frequently the school will contact the child's parents.
10. When children are taken off site, the member of staff in charge of the party should take reliever inhalers.

### Storage of inhalers

Inhalers are kept in the classrooms in lower school in a secure area and are kept with the children in upper school. Spacers in upper school are stored in the child's tray.

All spare inhalers, emergency inhalers and spacers that are stored by the school are kept in the medical room in Upper School and medical area in Lower School. They are to be accessible at all times. Where stored in cupboards these are to be unlocked to ensure ease of access but safely stored away from children.

### Emergency Inhalers

The Human Medicines (Amendment) (No.2) 1<sup>st</sup> October 2014 allows schools to buy a salbutamol inhaler, without a prescription to use in emergencies.

These can only be given to children for whom written parental consent has been given for use of the emergency inhaler, who have either been diagnosed with asthma and prescribed an inhaler, or have been prescribed an inhaler as reliever medication.

The emergency inhaler may only be administered by staff who have completed First Aid training.

With regard to emergency inhalers, under the direction of the Headteacher, Debbie Clissold (Upper School) and Sam Bolton (Lower School) 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.
- That replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use
- The plastic inhaler housing has been cleaned, dried and returned to storage after use, or that replacements are available if necessary
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### School Games

1. Children with asthma are encouraged to participate fully in P.E. unless there is medical advice against exercise.
2. Nearly all asthmatic children become wheezy during games. The following conditions in particular may induce an asthma attack:
  - Prolonged spells of exercise
  - Exercise on cold days
  - Exercise which uses both the arms and the legs at the same time.
3. Swimming is an excellent form of exercise for asthmatic children and seldom provokes an attack unless the water is cold or heavily chlorinated.
4. Staff should remind children whose asthma is triggered by exercise to take their reliever inhaler ten to fifteen minutes before taking part in any exercise.

5. Staff should be observant for signs which may indicate an imminent attack: pallor, lethargy, cough and a running nose, and for the child who becomes too wheezy during the games to continue.
6. If a child needs to use their inhaler during a lesson they should be encouraged to do so and allowed to rest until they feel better.
7. The child's reliever should always be available at the site where s/he will be playing school games.
8. Should a child in lower school suffer an asthma attack during lunch break staff should urgently collect the child's inhaler from the school office. This is to ensure the safe and effective treatment is given promptly.

What to do if a child suffers an asthma attack.

Severe asthma attacks are rare; however, they can be life threatening so it is important to know what to do if a child experiences an attack.

All staff who come into contact with children with asthma should know what to do in the event of an asthma attack. The school follows the following procedure:

1. Ensure that their reliever inhaler is used promptly and properly.
2. Stay calm and reassure the child.
3. Encourage the child to breathe slowly and deeply and to relax.
4. Encourage the child to sit upright or slightly forward, resting their hands on their knees to support their chest.
5. Loosen tight clothing around the neck.

After a minor attack, as soon as they feel better, the child can continue with normal school activities including sports.

An ambulance should be called if:

The reliever has not effect after 10 minutes.

The child is distressed and unable to talk.

The child is getting exhausted.

The child's lips turn blue.

The child loses consciousness, however brief, at any time.

The child collapses

The parents should be informed immediately if it is necessary to call an ambulance.

See appendices for staff information posters and model letter to parents for permission to use emergency inhaler.

This policy was written in the Spring term 2019 and will be reviewed biannually as necessary.

## **HOW TO RECOGNISE AN ASTHMA ATTACK**

- 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

Annex A

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL  
INHALER AT WICKFORD PRIMARY SCHOOL

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.

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).....  
.....

Child's name:  
.....  
.....

Class:  
.....  
.....

Parent's address and contact details:  
.....  
.....  
.....  
.....  
.....  
.....

Telephone:

.....  
.....

E-mail:

.....  
.....

Annex B

**SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY  
SALBUTAMOL INHALER USE**

Child's name:

.....  
..... Class:

.....  
..... Date:

.....

Dear .....,

[Delete as appropriate]

This letter is to formally notify you  
that.....has had problems with his / her  
breathing today. This happened  
when.....  
.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of  
staff helped them to use the emergency asthma inhaler containing  
salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped  
them to use the emergency asthma inhaler containing salbutamol. They  
were given ..... puffs. .

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have  
your seen by your own doctor as soon as possible.



Yours sincerely,