

KNYPERSLEY FIRST SCHOOL ASTHMA POLICY

This school:

- 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.

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).

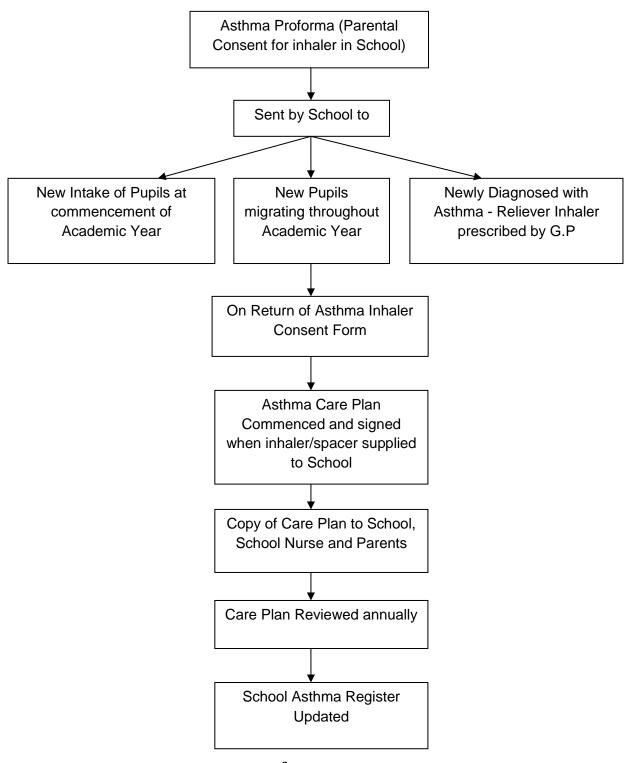
It may be helpful in static class rooms to have a list of pupils with asthma in or near the teacher's desk- particularly when supply teachers are employed.

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/carer 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.

Identification of Pupil requiring Asthma Care Plan



ASTHMA REGISTER

CLASS	
NAME	Expiry date of Inhaler

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**).

- · · · · · · · · · · · · · · · · · · ·	
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 sch	ools emergency procedure will

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**.

N.B: High School Pupils

followed.

Name of child:

Please ensure your child carries their own reliever inhaler in school. A spare reliever inhaler and spacer should also be kept in school for emergencies.

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 your School Nurse

School Asthma Care Plan

Name:	<u>D.O.B</u> :
School:	

T 1 100 T N T	A 44 TO	To:	- ·
Identified Need	Action Plan	Step 1	Date:
To promote	School staff are	Staff Training completed	
Optimum health	able to identify		
by maintaining	when reliever		
good control of	inhaler is needed.		
Asthma symptoms.		Step 2	Consent
	Consent for	To ensure appropriate	form sent
	medication in	consent forms are	to parents:
	school (Including	signed.	F
	school emergency		
	salbutamol if	Step 3	
	available)	Parents to supply inhaler	
	,	and spacer.	
	Easy access to	and spacer.	
	inhalers whilst in		
	school	Step 4	Inhaler
		Parents to check expiry	expiry
		dates and change	date:
		accordingly.	date.
		accordingly.	
		Step 5	
	To monitor and	School staff should	
	record inhaler use		
		complete audit form and inform parent when	
		reliever inhaler used	
		during school day	

Triggers (if kn	own)		•••••	•••••
Signatures	:Parent/carer		School Nurse	Date
Review ann	nually			
Guidelines R	E- School As	thma Careplans	<u>S</u>	

The School Nurse Should:

- 1. Provide each school with a copy of the asthma documents.(These can be E mailed to the school)
- 2. Advise each school to send a copy of the Asthma proforma headed 'Asthma Care Plan and Medication Consent' to:
 - All the new September entrants.
 - All new pupils who migrate during the school year.
 - All the pupils known to have asthma that are listed on the school pupil data bank.
- 3. 5+ 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 puffs in the same	e does not ar way	rive in 10 n	ninutes giv	e anotner .	10

Date	
Dear parent/guardian of:	

Notification to parent

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

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.

Record of Inhaler Use (Audit Form)

Name	Date	Time	No. of puffs	Where /activity eg. classroom/ PE	Child's own Inhaler	School Inhaler	Parent letter	Given By

NAME OF SCHOOL	
- 11-11-12- OI DOLLO OI .	

Please keep copies of this form with the school emergency inhaler and in classroom/office.

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.

School Spacer/Pupil's own Spacer

After use, the 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.

To avoid possible risk of cross-infection, if the school's plastic spacer is used with the **school's emergency inhaler**, it should **not be reused** and can be given to the child for further personal use. Please ensure school has a spare spacer to replace as necessary.

Guidance on the use of emergency salbutamol inhalers in schools DoH(Sept 2014) provides information on supply, storage and care of inhaler.



Dear Parent of:	ite:
Name:	D.0.B.:
We are currently reviewing your child's S Would you kindly return the form so that updated.	
1. My child still requires a reliever inh Name of inhaler: Numb	
2. My child no longer requires a reliev school	er inhaler or care plan in
Please tick the appropriate box and return	to school.
Parent / Carer Signature	
Date	•••••
If you have any queries about your child's contact your School Nurse. Please ensure reliever inhaler and spacer in school and	that your child has a spare
Yours sincerely	
School Health Service	



Dear GP of:	Date:
Name:	
D-O-B	
In accordance with the School Asthr Staffordshire and Stoke-on-Trent Pa DfE Supporting pupils with medical advising schools and parents that eve a reliever inhaler should have a spare use in school.	rtnership Trust, alongside the conditions document we are ery child who has been prescribed
We are implementing individual sch child to ensure they have immediate school.	*
Would you kindly prescribe a relieve school.	er inhaler and spacer to be used in
Thank you for your attention.	
Yours Sincerely	
School Health Service	



Date
Dear Parent/Carer
I am informing you that your child's school asthma reliever inhaler has expired or is due to expire.
Would you kindly bring a new reliever inhaler into school as soon as possible.
Yours sincerely
School Health Service

References:

Asthma UK. Developing A School Asthma Policy www.asthma.org.uk (accessed: 07-07-14)

British National Formulary 62. September 2011: p172-192 British National Formulary for children 2014 http://www.medicinescomplete.com/mc/bnfc/2011/PHP17069-child-518-years.htm (accessed: 07-07-14)

British Thoracic Society and Scottish Intercollegiate Guidelines Network. British Guideline on the Management of Asthma. (revised January 2012)

Department for Education. Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (April 2014)

Department of Health. Guidance on the use of emergency salbutamol inhalers in school (September 2014)

Department of Health. Medicines Standard: National Service Framework for Children and Young People and Maternity Services.2004

Department of Health: Asthma Exemplar, National Service Framework for Children Young People and Maternity Services. 2004

Medical Conditions at School Partnership. Medical Conditions Awareness Sessions; A School Healthcare Professional's Resource.2007

National Institute for Health and Clinical Excellence. Inhaler devices for children with chronic asthma(children under 5 years, August 2000; Children 5-15 years, March 2002) www.nice.org.uk (accessed :01-07-2014)