STOCKWELL ACADEMY
IMAGINE BELIEVE ACHIEVE

School Asthma Policy

January 2023

Review due January 2025

Name of School
Stockwell Academy

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(at least every 2 years)

Contents

Policy statement

This policy has been written based on national asthma guidance from the British Thoracic Society and the National Institute for Health and Care Excellence, advice on asthma in schools from Asthma + Lung UK and the Department for Education, in addition to advice from healthcare and education professionals.

This school welcomes pupils with asthma, bronchial hyperactivity and recurrent wheeze. We recognise that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. We encourage all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents/carers and by pupils.

All staff who have contact with these are encouraged to receive training at regular intervals and this school will ensure the opportunity is provided for attendance at training by staff. This will take place at least every two years and more often if there are pupils within the school who have significant asthma symptoms, there are significant staff changes or there are significant changes to the management of asthma in children.

Developing and implementing an asthma policy is strongly recommended for all schools.

Indemnity

School staff are not required to administer asthma medication to pupils. However, younger children and those experiencing acute symptoms may need help to deliver their inhaler. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.

All school staff will allow pupils **immediate** access to their own asthma medication when they need it.

What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

Medication

Preventers

Preventer treatments (inhalers and/or oral medications) will be taken on residential school trips. Only reliever inhalers should be kept in school.

Relievers

Usually these are salbutamol, which are blue in colour; however some children will have a different reliever inhaler, e.g. those following the SMART approach (see below). Any child who does not use a salbutamol inhaler as their reliever will need an individual healthcare plan.

In the unlikely event of someone using another child's salbutamol (blue) inhaler there is little chance of harm. The drug in these inhalers is very safe and overdose is very unlikely.

SMART inhalers contain a steroid. Because of this it is important that no child uses another child's SMART inhaler.

At any age, any child who is able to identify the need to use their reliever inhaler should be allowed to do so, as and when they feel it is necessary.

Good practice indicates that an emergency salbutamol (blue) inhaler is kept in school for staff to use if a child's own salbutamol inhaler runs out, is lost or their SMART inhaler is not effective.

Storage of Inhalers

All children with asthma will have IMMEDIATE access to their reliever inhalers as soon as they need them.

1. A child's reliever inhaler will **NEVER** be locked away or kept in the school office.
2. A child's reliever inhaler will always be taken with them when moving out of the classroom, e.g. for lessons, trips or activities.

Some children, it will be considered appropriate for them to carry their own reliever inhaler; However as a guideline:

KEY STAGE 1

Reliever inhalers and spacers will be kept by the teacher in the classroom in a designated place of which pupils will be made aware. If the child or class moves to another area within the school, or out of school on a trip/visit/residential, the reliever inhaler will be taken also.

KEY STAGE 2, 3 and 4

Children aged 7 years and over, who are considered sufficiently mature, are encouraged to carry their own reliever inhaler with them; this is at the discretion of the parent/carer and teacher. Otherwise the reliever inhaler must be stored as for Key Stage 1.

Year 6 pupils might be provided with a different inhaler device and asked to carry it in order to encourage independence in readiness for secondary education.

Physical Education

Taking part in sports is an essential part of school life and important for health and well-being; children with asthma are encouraged to participate fully. However, symptoms of asthma are often brought on by exercise so each child's reliever inhaler will be available at the site of the PE lesson/sports activity.

Certain types of exercise are more potent triggers for asthma e.g. cross country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them, and will be encouraged to warm up prior to participating and cool down after.

The reliever inhaler must be readily available to the pupil throughout the PE lesson/sports activity.

Children should not be taking their reliever inhaler every break/lunch time 'just in case' of symptoms. This is not a recommended practice and the school should ask the parent to seek written clarification from their doctor/nurse.

School Trips/Visits/Residential Activity

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant. The child's reliever inhaler will be readily available to them throughout the trip, carried either by the child themselves or by the supervising adult; this is at the discretion of the parent/carer and teacher as above. Group leaders will have appropriate contact numbers with them.

For residential visits, staff will be trained in the use of regular preventer treatments, as well as emergency management; it is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. The parent/carer must be responsible for ensuring an adequate supply of medication is provided.

Colds/ Viruses

When a child has a cold it is sometimes necessary for them to use their reliever inhaler regularly for a few days. Therefore a parent/carer may ask you to administer their reliever inhaler, for example each lunchtime, usually for approximately up to a maximum of one week- the amount to be given will be advised by the parent/carer but may be anything up to 6 puffs 4 hourly and will reduce by 2 puffs every 2-3 days.

This does not replace using the reliever inhaler as and when needed, it is in addition to this.

Emergency Procedures

Flow chart 1 included with this policy outlines the actions to be taken in an emergency when the child needs to use a salbutamol (blue) reliever inhaler. If symptoms have been relieved, but then return, the treatment should be given again; there is no minimum time before it can be repeated but if it less than four hours then the parent/carer should be contacted.

Some children may have a type of inhaler that can be used as both a preventer and a reliever. This is known as the SMART (or MART) approach (see below). Flow chart 2 outlines SMART actions when using Symbicort.

Good practice suggests that copies of these flow charts are printed and displayed in the school office, staff room and relevant locations including classrooms where a pupil is known to have severe asthma/uses the SMART approach.

How to administer a dose of inhaled medication through a spacer.

One puff of blue reliever inhaler is administered via a spacer as follows:

1) Check the inhaler is in date and not empty
2) Remove the cap
3) Shake the inhaler
4) Fit the inhaler into the spacer
5) Place the spacer mask onto the child's face (or the mouthpiece into their mouth), ensuring a good seal
6) Actuate the inhaler once by pressing the canister into the casing
7) Allow the child to breathe for 5-6 breaths or 10 seconds before removing the spacer

   If another puff is required, start again at step 3.
8) Replace the cap

A video can be seen at
https://www.rightbreathe.com/spacers/2279/?s=&device_type=spacer

SMART approach

The single, maintenance and reliever therapy (SMART) approach, also called maintenance and reliever therapy (MART), involves the use of a single inhaler that can act as both a preventer (maintenance) and a reliever. The inhaler will be used regularly every day at home, and will be brought to school and used to relieve symptoms.

A supplemental flow chart for those using Symbicort for the SMART approach is included. The maximum total daily dose of Symbicort (including daily preventer puffs) is normally no more than 12 puffs. Therefore, it is important to know how many puffs are being used as a reliever throughout the day (parent/carer must be informed).

If the SMART inhaler has not worked then their Personal Asthma Plan should be followed and Salbutamol (blue) inhaler should be used.

Emergency Inhalers

In an emergency, where a child who is on the school asthma register is experiencing significant symptoms, and has not got their own reliever inhaler/spacer with them, it is found to be empty, broken or out of date, the school emergency salbutamol (blue) reliever inhaler/spacer should be used.

Emergency salbutamol (blue) inhalers and spacers will be kept in appropriate locations on the school site, so all staff can access one with ease, and will be used as per flow chart 1. All staff will know how and where to access the emergency inhalers and spacers.

If the school has not subscribed to having an emergency salbutamol (blue) inhaler and spacer, or there is no way of accessing it, then, in a situation where a child who is on the school asthma register is having severe symptoms, it is acceptable to borrow a salbutamol inhaler and spacer from

another child while waiting for emergency services. This should then be recorded in the child's records and both children's parents/carers informed.

Cleaning the emergency inhaler and spacer

In many schools, disposable spacers will be used and these will be thrown away in a normal rubbish bag/bin.
If a reuseable spacer is used then following use with an individual child, the spacer should be cleaned by washing it thoroughly in hot soapy water, and then leaving it to air dry thoroughly before putting it away

The casing of the salbutamol (blue) inhaler can also be cleaned by wiping it over with antibacterial solution/wipe.

Replacing the emergency inhaler

When replacing the emergency salbutamol (blue) inhaler, be aware that an inhaler can run out of medication before it is actually empty.

> Inhalers and spacers can be purchased by the school for emergency use as recommended in *Guidance on the use of emergency salbutamol inhalers in schools (DoH September 2014).* See appendix 1 at end of policy for a sample letter.

Record keeping

When a child with a reliever inhaler joins this school, the parent/carer will be asked to complete a form giving details of the condition and the treatment required. Information from this form will be used to compile an "Asthma Register" which is available for all school staff. This register will be updated at least annually, or more frequently if required, using the information supplied by parents/carers. Any child who has a reliever inhaler should be included on the asthma register, even if they do not have a formal diagnosis.

Use of a reliever inhaler will be documented in the child's records.

Asthma education for pupils

It is encouraged that pupils should be educated about asthma. This could be through PSHE, drugs education, assemblies etc. Support for this may be available from your school nurse or the paediatric respiratory specialist nurse team.

Reporting concerns

If a member of staff has concerns about the progress of a child with asthma which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

Responsibilities

Parent/Carer have a responsibility to:

- Tell the school that their child has asthma/has a reliever inhaler.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any changes to their child's medication.
- Advise the school of anything that might have an impact on symptoms
- Provide the school with an inhaler (and spacer where appropriate) that has been prescribed for and labelled with that child's name.

All school staff (teaching and non-teaching) have a responsibility to:

- Understand the school asthma policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parent/carer if a child has had an asthma attack.
- Inform parent/carer if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to night time symptoms.
- Liaise with parent/carer, school nurse, SENCO, etc. if a child is falling

behind with their work because of asthma

Further Information can be obtained from:

Asthma + Lung UK
www.asthma.org.uk

Paediatric Respiratory Specialist Nurse Team
Daryl Perkins or Helen Davies
First Floor, Alderson House
Hull Royal Infirmary
Anlaby Road
Hull
HU3 2JZ

Office tel: 01482 675544

Email:	Mobile:
Daryl.Perkins1@nhs.net	07964686783
Helen.Davies108@nhs.net	07776136955

For an asthma update please contact the Paediatric Respiratory Specialist Nurse Team as above.

APPENDIX 1 – Flow Chart 1: If a Child has Signs of Asthma Attack and uses a salbutamol (blue) inhaler

Signs & Symptoms
Cough
Wheezing
Tight Chest or tummy ache (younger child)

NB Not all symptoms need to be present for a child to be having an asthma attack

Administer 2 puffs of salbutamol (blue) reliever medication
STAY CALM

After 4-5 minutes

Improved

Return to normal activities

Document episode in child's medical record.

Treatment may be repeated if symptoms return. If within 4 hours contact parent/carer.

If, at any stage, the symptoms appear to be worsening, i.e.
- **more breathless,**
- **hard and fast breathing,**
- **severe tugging in at neck and between ribs**
- **difficulty in speaking,**

No

Administer up to a further 8 puffs of salbutamol (blue) inhaler

Improved

Observe for 5 minutes then return to normal activities.
If more than 6 puffs have been used-with a good response contact parent/carer

No

DIAL 999 IMMEDIATELY

Remain with child reassure and keep calm. If the ambulance takes over 15 mins to arrive then a further 10 puffs of salbutamol (blue) inhaler can be administered via the spacer

APPENDIX 2 – Flow Chart 2: If a Child ≥12 years of age uses the SMART approach with Symbicort

NB Not all symptoms need to be present for a child to be having an asthma attack

Signs & Symptoms
Cough
Wheezing
Tight Chest
Shortness of Breath

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The child should take one puff of their Symbicort inhaler
STAY CALM
NEVER LEAVE A CHILD UNATTENDED

After 4-5 minutes

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Improved

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Return to normal activities

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Document episode in child's medical record.

Inform parent/carer at appropriate time.

Treatment may be repeated if symptoms return. If within 4 hours contact parent/carer.

Maximum total daily dose of Symbicort (including daily preventer puffs) is normally 8 puffs.

If, at any stage, the symptoms appear to be worsening, i.e.

- **more breathless,**
- **hard and fast breathing,**
- **severe tugging in at neck and between ribs**
- **difficulty in speaking,**
- **obviously distressed,**
- **change of skin colour,**
- **collapse or floppy,**
- **unresponsive**

dial 999 for an ambulance immediately.
Give emergency treatment using the blue inhaler and spacer whilst waiting for help.

No

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The child should take another puff of their Symbicort inhaler.

Move to Blue inhaler if no response and follow guidelines for that.

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Improved

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Observe for 10 minutes then return to normal activities

No Improvement

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DIAL 999 IMMEDIATELY

Give 10 puffs of salbutamol (blue) inhaler via a spacer. Remain with child reassure and keep calm. If the ambulance takes over 15 mins to arrive then a further 10 puffs of salbutamol (blue) inhaler can be administered via the spacer

Contact parent/carer