THE BUCHAN SCHOOL KING WILLIAM'S COLLEGE

King William's College, The Buchan School & The Buchan Nursery

Asthma Policy

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1. Policy statement

This policy has been written with advice from Asthma UK and the Department for Children, Schools and Families in addition to advice from healthcare and education professionals. This policy covers King William's College, The Buchan School & The Buchan Nursery (referred to in this policy as "the School").

1.2 The School recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. The School welcomes students with asthma.

1.3 The School encourages 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 students.

1.4 All staff who have contact with these children are given the opportunity to receive training from the Medical Centre Team (or specialist respiratory nurses when they are available on island). This will take place at least every two years and more often if there are students 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.

1.5 Developing and implementing an asthma policy is strongly recommended by health professionals for all schools.

2. Indemnity

2.1 School staff are not required to administer asthma medication to students except in an emergency. However, staff should be willing to assist with administering the inhaler at a set time when it has been recommended by an appropriate healthcare professional. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.

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

3. What is Asthma?

3.1 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.

4. Medication

4.1 Only reliever inhalers should be kept in school. Usually (but not always) these are blue in colour. Boarding pupils who have been risk assessed as competent to keep control of their own medication in their room are allowed to do so.

5. Immediate access to reliever inhaler is vital.

5.1 Children aged 7 years and over who are considered sufficiently mature are encouraged to carry their own inhaler with them, at the discretion of the parent/carer and teacher. Otherwise the inhaler must be kept wherever the child is at any time e.g. class, hall, playground etc.
N.B. Inhalers should not be stored in the school office or similar as this will not allow quick enough access in an emergency.

5.2 As a guideline we would recommend that:

5.2.1 KEY STAGE 1
Inhalers and spacers will be kept by the teacher in the classroom in a designated place, of which students will be made aware. However, if the child or class moves to another area within the school, the inhaler will be taken too. Good practice indicates that a spare inhaler is kept in school for staff to use if the original runs out or is lost.

5.2.2.1. KEY STAGES 2, 3, 4 and 5
Students will carry their own inhalers with them at all times. Good practice indicates that a spare inhaler is kept in school by the teacher for use if the original runs out or is lost
Children, who are able to identify the need to use their medication, should be allowed to do so, as and when they feel it is necessary.

6. Record Keeping

6.1 When a child with asthma joins this school, parents/carers 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 the parent/carer.

7. Physical Education

7.1 Taking part in sports is an essential part of school life and important for health and well being and children with asthma are encouraged to participate fully.

7.2 Symptoms of asthma are often brought on by exercise and therefore, each child's labelled inhaler will be available at the site of the lesson.

7.3 Certain types of exercise are 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 inhaler must be readily available to the students throughout the P.E lesson/sports activity.

8. School Trips/Residential Visits

8.1 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.

8.2 The child's reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the supervising adult in the case of Key Stage 1 children.

8.3 For residential visits, staff will be trained in the use of regular controller 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. Parents must be responsible for ensuring an adequate supply of medication is provided.

8.4 Group leaders will have appropriate contact numbers with them.

9. Training.

9.1 Normally on a bi-annual basis, **all** staff will receive training on signs and symptoms of asthma and how to treat it.

10. Asthma Education for students

10.1 It is recommended that all students should be educated about asthma. This could be through PSHE, drugs education, assemblies etc. Support for this is available from the Medical Team.

11. 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.

12. Storage of Inhalers

12.1 The following good practice guidelines for the storage of inhalers will be followed:

- Inhalers will **NEVER** be locked away or kept in the school office.
- All children with asthma will have rapid access to their inhalers as soon as they need them
- Devices will always be taken with the child when moving out of the classroom for lessons, trips or activities.
- Staff will be aware of the location of all emergency inhalers and spacers (if the school have them).

12.2 In the unlikely event of another students using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

13. Colds/ Viruses

13.1 When a child has a cold it is sometimes necessary for him/her to use their regular reliever inhaler for a few days. Therefore, a parent/carer may ask you to administer the blue inhaler every lunchtime for approximately 1 week. The number of puffs will be advised by the parent/carer but may be anything between 4 and 8 puffs. This does not replace using the inhaler as and when needed – it is in addition to this.

13.2 Children should not be taking their reliever inhaler every break/lunch time 'just in case' of symptoms. This is not a recommended practice. However, if a parent requests this, the school should administer the dose as requested and ask the parent to seek written clarification from their GP/Practice Nurse regarding this.

14. Emergency Procedures

14.1 A flow chart is issued with this policy outlining the action to be taken in an emergency. Good practice suggests that copies are printed and displayed in the school office, staff room and relevant locations including classrooms where a student is known to have severe asthma.

15. Emergency Inhalers

15.1 All Asthma sufferers should be on the school Asthma register, this should be stored with the inhalers and consent forms. The emergency inhaler can only usually be administered if there is a signed consent form from the parents.

15.2 A child may be prescribed an inhaler for their Asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The Salbutamol inhaler should still be used if their own inhaler is not accessible- it will still help to relieve their asthma and could save their life.

15.3 Always shake the inhaler before use and between puffs.

15.4 Parents can have a copy of this asthma policy to show the GP to enable each child to have an extra inhaler on site at KWC should they need it. Proformas to be kept with the consent forms.

15.5 This should then be recorded in the child's records and parent/carer informed.

16. Cleaning of the emergency inhaler and spacer

16.1 Following use, the spacer should be cleaned by either:

a). Putting it into a dishwasher if available and leaving it to dry thoroughly before putting it away

or

b) Washing it thoroughly in hot soapy water and leaving it to air dry thoroughly before putting away.

The casing of the inhaler can also be cleaned by removing the aerosol from the casing, wash and dry the casing and lid thoroughly before replacing the aerosol. Spray to check the inhaler is working effectively and replace the lid.

17. Responsibilities

17.1 Parents/Carers have a responsibility to:

- Tell the school that their child has asthma.
- 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 medicines their child requires while taking part in visits, outings or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.
- Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.
- Provide appropriate clothing for cold weather, in particular a scarf.

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

- Understand the school asthma policy.
- Know which students they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow students with asthma immediate access to their reliever inhaler.
- Inform parents/carers if a child has had an asthma attack.
- Inform parents 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 parents/carers, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma

Signs of Asthma Attack

Signs of Asthma Attack

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Sit up straight
Administer 1 puff of blue
Reliever medication every 30-60 seconds up to 10 puffs
STAY CALM
NEVER LEAVE A CHILD UNATTENDED

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After 10 minutes

If, at any stage, the symptoms appear to be worsening i.e. more breathless, difficulty in speaking, more distressed, change of skin colour, or don't improve after 10 puffs, dial 999 for an ambulance immediately. Continue to use the blue inhaler whilst waiting for help.

↙ Improved

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Return to normal activities

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Document episode in child's medical record.

Dose may be repeated if symptoms return.

Inform parent/carer at end of day.

↘ No Improvement

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Administer up to a further 10 puffs of blue reliever medication (through spacer device if available) giving 1 puff every minute

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Improved

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Contact Parent/Carer

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No Improvement/ Difficulty Talking/ Obvious Distress/Pale Skin/Dusky/ Collapse
DIAL 999 IMMEDIATELY

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Remain with child reassure and keep calm.

Signs & Symptoms

Cough
Wheezing
Tight Chest
Shortness of Breath
Tummy ache (younger child)

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

Further Information can be obtained from:

Asthma UK
www.asthma.org.uk

Castletown Medical Centre
Sandfield,
Castletown,
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