



## **Asthma Policy**

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**By: Community Committee**

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## **1.INTRODUCTION**

This policy has been written with advice from Asthma UK and the School Health Service.

This school recognises that asthma is a widespread, serious but controllable condition affecting many students at the school.

The school positively welcomes all students with asthma and supports them to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and students. Supply teachers and new staff are also made aware of the policy.

As the policy comes into force, all staff will be provided with further training on how to support students with asthma. This will include recognising an asthma attack and administering emergency medication. This training will be updated annually.

## **2. ASTHMA MEDICINES**

Immediate access to reliever medicines is essential. Students with asthma are actively encouraged to carry their reliever inhaler.

Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. All spare inhalers are stored in the medical room and clearly labelled.

School staff are not required to administer asthma medicines to students (except in an emergency). School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let students take their own medicines when they need to.

## **3. RECORD KEEPING**

When a student joins the school, parents/carers are asked if their student has any medical conditions including asthma as part of the admissions process. This information is used to form an asthma register that is shared with all staff and maintained by the Welfare Officer.

#### **4. EXERCISE AND ACTIVITY – PE AND GAMES**

Taking part in sports, games and activities is an essential part of school life for all students. All teachers know which students in their class have asthma and all PE teachers at the school are aware of which students have asthma from the school's asthma register.

Students with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a student needs to use their inhaler during a lesson they will be encouraged to do so.

Classroom teachers follow the same principles as described above for games and activities involving physical activity.

#### **5. OUT-OF-HOURS SPORT**

There has been a large emphasis in recent years on increasing the number of students and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for students and young people with asthma. It is therefore important that the school involve students with asthma as much as possible in after school clubs.

PE teachers, classroom teachers and out-of hours school sport coaches are aware of the potential triggers for students with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

This information is also provided on the Asthma UK Out There & Active poster (appendix 1), which is displayed in several locations around the school. The poster helps to encourage students with asthma to be active and get more involved in PE and exercise and has tips to help them do this.

#### **6. SCHOOL ENVIRONMENT**

The school does all that it can to ensure the school environment is favourable to students with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for students with asthma. Students with asthma are supported to leave the room and go and sit in the medical room if particular fumes trigger their asthma.

## **7. EDUCATIONAL VISITS**

Before an Educational Visit takes place the following actions are completed

- Risk assessment
- For an overnight trip – Personal Asthma Action Plan to include medication that would usually be administered outside of school hours (Preventer inhalers etc.)
- Labelled preventer medication
- Emergency kit, ensuring a kit still remains at school if taking one on trip

## **8. IF A STUDENT IS FALLING BEHIND IN LESSONS**

If a student is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the Year Co-ordinator will initially talk to the parents/carers to work out how to prevent their student from falling behind. If appropriate, the Year Co-ordinator will then talk to the school nurse and special education needs coordinator about the student's needs.

If a student is absent and asthma is cited as the reason for absence the school will refer to the school health service for a review.

## **9. ASTHMA ATTACKS**

All staff who come into contact with students with asthma know what to do in the event of an asthma attack.

In the event of an asthma attack the school follows the procedure outlined by Asthma UK (see appendix 2).

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to the student's use of their own reliever inhaler and rest (e.g. stopping exercise). They would not usually require the student to be sent home from school or to need urgent medical attention.

## **9.1 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 student could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences.
- Some students will go very quiet.
- May try to tell you that their chest 'feels tight'

### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE STUDENT**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

## **9.2 What to do in the event of an Asthma Attack**

In the event of an asthma attack follow the Asthma UK procedure (appendix 2)

The student's parents or carers should be contacted after the ambulance has been called.

A member of staff should always accompany a student taken to hospital by ambulance and stay with them until a parent or carer arrives.

Rokeby School has a salbutamol inhaler for use in emergencies. It should only be used by students, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

Consent should be updated regularly to take account of changes to a student's condition.

The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).

### 9.3 The emergency kit

An emergency asthma inhaler kit should include:

- a Salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers,
  - identified by their batch number and expiry date,
  - with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of students permitted to use the emergency inhaler
- a record of administration (i.e. when the inhaler has been used)

### 9.4 Salbutamol

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled Salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The student may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

### 9.5 Storage and care of the inhaler

The Welfare Officer has responsibility for ensuring that:

- a monthly check is carried out to ensure the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The emergency inhalers and spacers are labelled and kept in the medical room. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs. To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the student to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. The

inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. If the inhaler has been used without a spacer, it should also not be re-used but disposed of.

#### **9.6 Recording use of the inhaler and informing parents/carers**

Use of the emergency inhaler should be recorded in the medical book and on Safeguard Software. This should include where and when the attack took place, how much medication was given, and by whom. The record book is kept in the medical room. The student's parents/carers must be informed in writing so that this information can also be passed onto the student's GP. These letters are kept in the asthma folder, also located in the medical room.

#### **10. DESIGNATED MEMBERS OF STAFF SHOULD BE TRAINED IN :**

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary
- administering Salbutamol inhalers through a spacer
- making appropriate records of asthma attacks

#### **11. LINKS WITH OTHER POLICIES**

This asthma policy links with our current school policies on:

- Safeguarding
- First aid
- Supporting students with medical conditions policy
- Inclusive education policy



## 12. APPENDICES

### Appendix 1

<https://blogs.glowscotland.org.uk/sh/public/bellsbraeprimary/uploads/sites/2267/2017/04/Appendix-2-Out-there-and-Active-poster.pdf>

# out there and active

Exercise keeps you fit and healthy.  
If you have asthma that is well controlled it should not stop most people getting out there and active.

### Common symptoms for Asthma

- Cough
- Wheezing
- Tightness in the chest
- Difficulty breathing

Remember - everyone's triggers are different!

### Signs for your sports teacher/physiotherapist/parent/teacher

- Stop your inhaler immediately before starting to warm up
- Always warm up
- Try not to come into contact with things that trigger your asthma
- Always have your inhaler/ inhaler available when you exercise
- If you have asthma symptoms when you exercise, stop, take your inhaler inhaler and wait five minutes or until you feel better before starting again
- Always warm down - if you want advice on warming up or down ask your PE teacher

### Signs for the PE teacher/parent/physiotherapist

- Take two puffs of your inhaler inhaler usually three
- Get up and become right clothing
- If there is no immediate improvement during an attack, continue to take one puff of inhaler inhaler every minute for five minutes, or until symptoms improve
- If your symptoms do not improve within five to ten minutes - or if you are in doubt - call 999 or a doctor urgently
- Continue to take one puff of your inhaler inhaler every minute until help arrives

It's good to be active when you're well, but if you have asthma you should always have your inhaler with you when you're out there and active.

SCOTLAND'S HEALTHY LIFESTYLE

## Appendix 2

### Actions to take if a student has an asthma attack

1. Help them to sit up – don't let them lie down. Try to be calm
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs
3. If they don't have their blue inhaler, or it's not helping, or if you are worried at any time, call 999 straightaway
4. While you wait for an ambulance, your student can use their blue reliever again, every 30 to 60 seconds (up to 10 puffs) if they need to.

### When to call 999

Don't delay getting the help you need if a student has an asthma attack. Call 999 if the student's reliever isn't helping, or you're worried at any time.

While you wait for an ambulance, your student can repeat step 4 above.

"An asthma attack is a real emergency, and could be life-threatening," says nurse specialist Debby Waddell.

"Getting the right help when a student needs it is so important, to make sure the student is treated quickly. Never think you're wasting anyone's time."

### When to call your doctor

If you managed a student's asthma attack with their blue reliever inhaler, and their symptoms improved, parents/carers still need to make an urgent same-day appointment with their doctor.

It's important for the student to have an urgent asthma review after the attack.

## Recognise the signs of an asthma attack

An asthma attack happens when a student's asthma symptoms get much worse.

This can happen quite suddenly or can build up gradually over a few days.

A student might:

- find it hard to breathe
- breathe more quickly
- be unable to talk or walk or eat
- wheeze and cough a lot
- complain of a tight chest or a tummy ache
- say their blue reliever inhaler isn't helping, or they need it more than every four hours
- be unusually quiet.

If a student needs to use their blue reliever inhaler three or more times a week, it's a sign that their asthma is not well controlled.

Parents/carers need to make an appointment with their GP or asthma nurse to review their child's asthma as soon as possible.