



ALTRINCHAM GRAMMAR SCHOOL FOR BOYS

ASTHMA CARE AND SUPPORT POLICY

Nominated Lead Member of Staff:	HM
Last Review Date:	September 2019
Next Review Date:	September 2020

Policy Statement

All professionals working within the school will follow the guidance as set out within this policy. This policy and its accompanying procedures etc applies to all the professionals/carers who provide care and support within the school to children and young people with asthma.

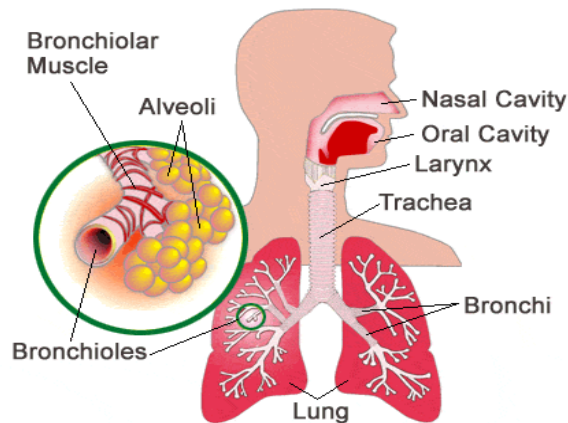
Contents

	<u>Page</u>	
1	<u>Introduction</u>	
1.1	What is Asthma?	3
1.2	Rationale	5
2	<u>Scope</u>	
2.1	Aims and Objectives	6
2.2	Roles and Responsibilities	6
3	<u>Policy for the Care of Children and Young People with Asthma in AGSB</u>	
3.1	Asthma in Schools	6
3.2	Legal Framework	7
3.3	Access to inhalers	7
3.4	Sports and Exercise	8
3.5	School Trips/Holidays	8
3.6	Management of acute asthma	8
3.7	Short acting reliever treatment	9
3.8	Schools Emergency Asthma Kit	9
3.9	How to deal with an acute asthma attack	10/11
4.	<u>Reference List</u>	12
	Appendix 1 – Parental Consent Form	13

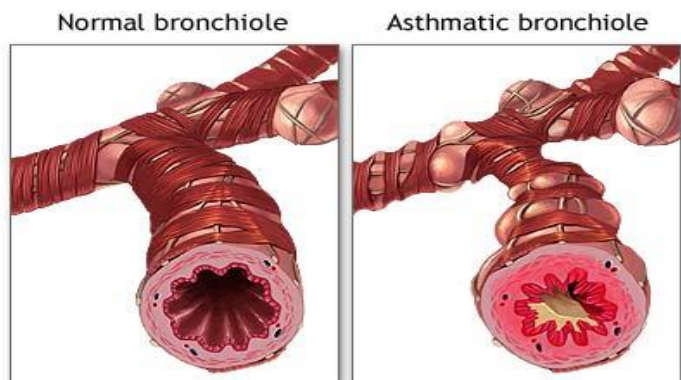
1 Introduction

What is asthma?

Asthma is the most common chronic condition of childhood affecting around 1 in 7 children (Asthma UK 2004). Over 5.1 million people in the UK have asthma (Asthma UK 2004).



Asthma is a chronic inflammatory condition of the airways. The airway of a person with asthma is hyper reactive i.e. sensitive to small amounts of trigger factors which can induce asthma symptoms. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes sticky mucus or phlegm builds up which can further narrow the airways. All these reactions cause the airways to become narrower and irritated - making it difficult to breath and leading to the classic symptoms of asthma. The more sensitive the airway is, the more frequently the narrowing of the airway will occur.



ADAM.

Inflammation causes recurrent episodes of wheezing, breathlessness, chest tightness and cough. Symptoms are often worse during the night and with exercise. The severity and duration of symptoms tend to be highly variable and unpredictable.

Narrowing of the airways is usually reversible (either spontaneously or with medication), leading to intermittent symptoms

Asthma can be managed effectively, however an understanding of the condition, role of medication and what to do during an asthma attack is important for the carers of children with asthma. With appropriate support and management, children with asthma can enjoy school life to the full and their asthma should rarely stop them from participating in normal activities.

Symptoms

Asthma symptoms are varied in each individual. Some will experience an occasional cough and wheeze, while others may have more severe symptoms.

Cough:

- This can be with exercise or exertion.
- Children will often cough when they are unwell with colds or viral illnesses.
- A night time cough is common. Naturally our airways are smaller during the night. Those with asthma find their symptoms can worsen during this time.
- The coughing can produce mucus which can be white, yellow or green.

Tight Chest:

- This may feel like a large elastic band has been placed around the chest. Children often describe feelings of something squashing their chest.

Wheezing:

- Noisy breathing where a whistling sound is heard and those with asthma can often feel as though something; (mucus), is catching inside their lungs. Wheezing does not always occur in those who have asthma, coughing is actually the most common asthma symptom, (Asthma UK 2009).

Shortness of Breath:

- Breathlessness can occur in those with asthma. It can be worse during the night, and during exercise.
- In an acute attack, the child may not be able to speak in sentences.

Triggers

There are various things that can trigger an attack or an increase in asthma symptoms. These can be categorised as follows: -

Allergens: house dust mite
Pollen
dander (animal)
moulds
foods

Irritants: smoke
air pollutants
odours
fumes

Physical Factors:
exercise
hyperventilation
laughter
crying

Temperature Changes
hot weather
cold weather
rainy weather
thunder storms

Upper Respiratory Tract Infections

Medicines: non-steroidal anti-inflammatory e.g. Ibuprofen and beta blockers

1.2 Rationale

As asthma is one of the most common chronic conditions in children and young people affecting approximately 1.1 million children in the UK (Asthma UK 2009), a proactive approach to its management by working in partnership with patients, can substantially improve symptoms and concordance with treatment plans.

Asthma education significantly improves symptom control and the use of asthma management protocols and clinical pathways are therefore cost effective.

Asthma can be managed effectively, however an understanding of the condition, role of medication and what to do during an asthma attack is important for the carers of children and young people (CYP) with asthma. With appropriate support and management, CYP with asthma can enjoy school life to the full with their asthma rarely stopping them from participating in school activities.

2 Scope

2.1 Aims and Objectives

The general aims and objectives of this asthma policy are as follows: -

- Support CYP with asthma within the school setting.
- Enable teachers/carers/lunchtime organisers etc to recognise and manage acute asthma attacks within the school setting.
- Encourage multi-agency liaison with the school nurse regarding any CYP that may be experiencing some difficulties with asthma control within school.
- Encourage and support CYP with asthma to participate in normal daily schooling activities alongside their peers.

2.2 Roles and Responsibilities

The board of governors, headmaster and the school nurse are responsible for the implementation of this policy.

3 Policy for the Care of Children and Young People with Asthma in AGSB

3.1 Asthma in Schools

CYP spend a great deal of time within the school setting, therefore people working with CYP in schools need to have access to information about asthma and its management. Training is essential to ensure staff are able to care for a child with asthma during school hours. This training may be carried out by the school nurse annually as part of staff CPD programme and cascaded to those not present.

It is essential that staff who come into contact with children with asthma, know how to respond in the event of an asthma attack. See section 3.8.

Every parent/carer of a child with asthma should be given a written plan of action by their asthma nurse, practice nurse or General Practitioner. Using the action plan helps parents/carers and children manage their asthma.

Notes

- Children are encouraged to help take charge of their asthma from an early age. This is supported by the Department for Education and Employment Document Supporting Pupils with Medical Needs (Department for Education and Employment 2003). This should apply to all boys within the school.
- Children should always have immediate access to their reliever inhaler at all times. (Known sufferers are expected to carry an up to date inhaler at all times and have the ability to use same).
- Inhalers should not be left in a locked room or cupboard.
- Each child must have their name on their inhaler held by school as “back up”.

The expiry date of inhalers should be checked regularly. **It is the parents/carers responsibility to ensure medication is up to date.**

Poor School Attendance

CYP with asthma should still have good attendance at school. Even if the CYP is on regular treatment for an acute exacerbation, attendance at school should be encouraged if the CYP is well and able, with appropriate support available regarding the administration of inhalers within school hours.

Falling behind in class

When a CYP with asthma is noted to be falling behind in lessons, or always tired because they have disturbed sleep due to asthma symptoms, a referral to the special educational needs co-ordinator must be made, following a discussion with the CYP and their parents/carers. It is advised that with any increased symptoms of asthma that the CYP attend a review with GP, Practice Nurse or Asthma Specialist Nurse. Some CYP can have special educational needs due to their asthma.

The School Environment

If a CYP has asthma with certain triggers such as chemical irritants during science or art classes, they should take their reliever inhaler for any symptoms during the class, or prior to class if it is a known trigger. They should also be allowed to leave the room and sit in an area where there are no such irritants if necessary. In this case the pupil should report to the school office so that they can remain under observation if necessary.

Some CYP may be triggered by the external environment i.e. the weather and may require the use of their inhaler prior to breaktimes.

3.2 Legal Framework

It is recognised by the Department of Education document 'Supporting Pupils with Medical Needs' (Department for Education and Employment 2003) that staff have no legal obligation to administer medication, except in an emergency as would be set out within the policy

3.3 Access to inhalers

Children with asthma need access to their medication at all times both in and out of school. Symptoms of asthma can be triggered by various factors as outlined in section 1.2. It is the policy of the school that boys are responsible for carrying their own inhalers. The school will provide storage facilities for in-date, correctly labelled "back-up" inhalers.

Staff must not allow a CYP to take another CYP's inhaler as currently it is only legal for each individual to take their own prescribed inhaler.

3.4 Sports and Exercise

CYP with asthma should be encouraged to fully participate in sporting and leisure activities, both within and outside of school hours. The benefits of this is not just from a healthy

lifestyle perspective, but from peer interaction etc. Some CYP may need to take their reliever inhaler prior to commencing such activities if their asthma is triggered by exercise. It is important that those children with exercise induced symptoms have the opportunity to warm up for a few minutes prior to taking the class, and following taking their reliever medication.

If a child needs to take their inhaler whilst exercising, encourage the child to stop, take their inhaler, and rest for 5 minutes before joining the class again. It is essential that all P.E teachers are aware of potential trigger factors for pupils, and know how to manage symptoms.

Inhalers must be easily accessible during physical education, and must be taken on school trips.

Children who have severe asthma with regular symptoms, should still take part in P.E lessons in some form

3.5 School Trips/Holidays

CYP with asthma should still have the ability to attend school trips and holidays. A written plan of action should be provided by the parent/carers or nurse (if appropriate). If the school are concerned regarding a CYP with asthma and school trip/holiday, then a meeting with the CYP/carer and nurse should be arranged.

3.6 Management of acute asthma (general information)

The management of acute asthma is in conjunction with the 2009 British Thoracic Society and the appropriate NICE guidelines/technology appraisals. Clear and concise guidance, both written and verbal will be given to parents/guardians, children and young people to support them in the management of any acute symptoms. A written action plan should always be given and explained during the first contact with an appropriate professional, and with subsequent contacts if any changes have been made. The aim is to keep children and young people out of hospital as much as possible, preventing unnecessary admissions. What to do in the event of an emergency should always be discussed and written information given wherever possible.

There are various ways of treating asthma as per the current guidelines. Many of these treatments are given at home only, and therefore should not be seen in school.

3.7 Short-Acting Reliever Treatment

These inhalers are safe medications and should not cause any serious harm to another child, if it happens to be taken by the person it is not prescribed for. However, parents/carers should be informed if their child takes another child's inhaler. It is not possible to overdose on the medication in reliever inhalers, but it is advisable not to exceed the doses outlined in the policy or individual CYP's plan. Each child's inhaler should be labelled with their name

and the date on it. There will also be an expiry date found on each inhaler. There should also be a prescribed dose, but this may vary according to the type of inhaler used.

- The effects of reliever inhalers should last 4 hours
- They are usually blue in colour (Salbutamol and Terbutaline).
- Can be grey also (Atrovent) but this inhaler's use in asthma is less frequent.

These are the only colour inhalers you should see at school.

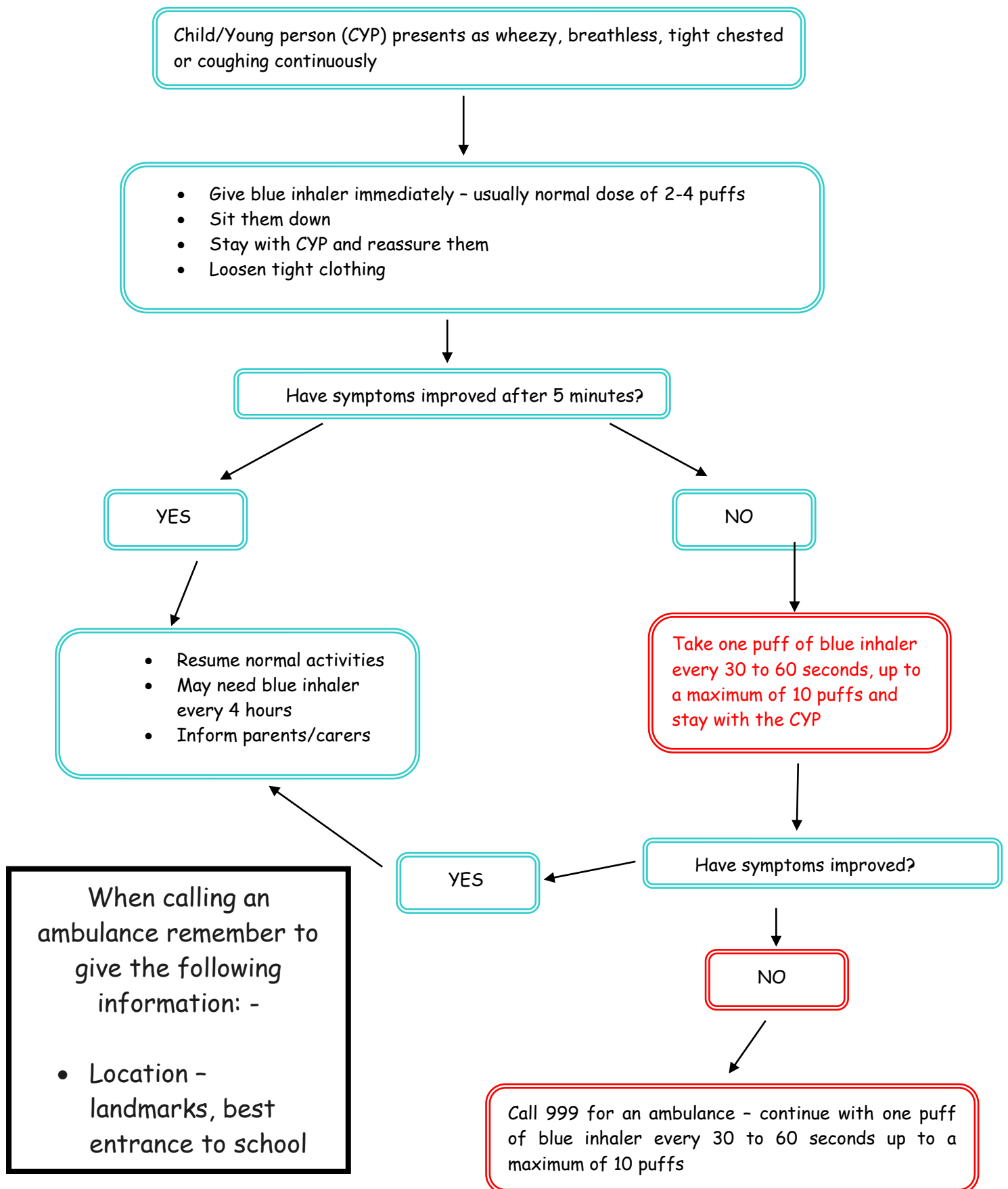
3.8 School's Emergency Asthma Kit

The school holds an emergency inhaler for back-up and the following is the protocol for its use;

- The Inhaler and spacers will be kept in the school office.
- A copy of the asthma register will be kept with the emergency inhaler
- We will obtain written consent for use of the emergency inhaler (appendix 1)
- We will ensure that the emergency inhaler is only used by children with asthma and we hold written parental consent for its use.
- We will provide appropriate support and training for staff in the use of the emergency inhaler in line with the School's wider policy on supporting pupils with medication needs
- We will keep a record of the emergency inhaler's use and inform parents or carers that their child has used the emergency inhaler
- Boys are still required to carry their own prescribed inhaler, correctly labelled and if possible, Parents are to provide a back-up inhaler to be held in the school office, as per section 3.3 of the school's medical policy

3.9 Management of an asthma attack in schools

The first pathway is for use with CYP who are experiencing acute asthma symptoms.



WHAT TO DO IF A CHILD/YOUNG PERSON HAS A SEVERE ASTHMA ATTACK IN SCHOOL

If the Child/Young person (CYP) has any or all of the following symptoms: -

- The CYP is distressed with their breathing
- The CYP is unable to talk/speak in sentences
- The CYP is getting exhausted
- The blue inhaler has no effect

TREAT AS A SEVERE ASTHMA ATTACK

- Give 1 puff of the blue inhaler every minute until the ambulance arrives
- Keep Calm!!
- Let CYP get in a comfortable position - usually sitting forward - DO NOT LET THEM LIE DOWN
- Stay with CYP and reassure them
- Get someone to call an ambulance then the parents

When calling an ambulance remember to give the following information:-

- Location - landmarks, best entrance to school etc
- State CYP having an asthma attack
- Description of situation if able i.e. age of CYP, symptoms, response to inhaler/medication given

Continue giving the inhaler, do not stop until the ambulance arrives

- Stay with the CYP
- Get someone to call an ambulance then the parents/carers
- KEEP REPEATING THE DOSE AS ABOVE

4 Reference List and Useful information

Asthma UK www.asthma.org.uk

British Thoracic Society (2009) British guideline on the management of asthma. www.brit-thoracic.org.uk

National Institute for Health and Clinic Excellence. (2000) Inhaler devices for routine treatment of chronic asthma in older children (aged 5–15 years) London: NICE.

National Institute for Health and Clinic Excellence. (2007) Inhaled corticosteroids for the treatment of chronic asthma in children under the age of 12 years. London: NICE.

Guidance for the use of Emergency Salbutamol Inhalers in Schools



Altrincham Grammar School for Boys

Marlborough Road, Bowdon, Altrincham,

Cheshire, WA14 2RS

Telephone: 0161 928 0858

agsbadmin@agsb.co.uk

www.agsb.co.uk

Head Master: Mr G A Wright M.A. (Hons) FRSA

CONSENT FORM:

USE OF EMERGENCY VENTOLIN INHALER IN SCHOOL

Child's name: _____ Class _____

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler
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 Ventolin from an Emergency inhaler pack held by the school for such emergencies.
4. Parents will be contacted if the Emergency inhaler has to be used.

Parent/Guardian

Signed: _____ Date: _____

Print Name: _____

Emergency Contact details:

Telephone: _____

E-mail: _____