

Old Church Nursery School



Asthma Policy

Written: April 2018

Reviewed November 2020

Old Church Nursery recognises that asthma is a widespread, serious but controllable condition affecting many pupils. We encourage children with asthma to achieve their potential in all aspects of school life.

Asthma medicines

- Immediate access to reliever medicines is essential. The reliever inhalers are kept in the first aid cupboard in the classroom
- Some children also have a preventer inhaler. This should not be brought to school as it should be taken regularly as prescribed at home.
- All inhalers must be labelled with the child's name by the chemist and must be in date.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff are happy to do this

Record keeping

- When a child joins Old Church Nursery, parents/carers are asked if their child has any medical conditions.
- Parents/carers of children with asthma are given an Asthma UK School Asthma Card to complete and return to the school. From this information the school keeps the asthma register, which is available to all staff. Parents/carers are asked to update the card if their child's medicines, or how much they take, changes during the year.
- Parents are asked for permission to use the emergency salbutamol inhaler if their child requires it and their own inhaler is broken, out of date, empty or has been lost.
- A copy of the Asthma Register will be kept in First Aid cupboards so staff have access to the information in an emergency
- Children who have been prescribed a salbutamol inhaler within the last 12 months but without a formal diagnosis of asthma are also included in the register.

Exercise and activity

- Taking part in games and activities is an essential part of school life for all pupils. All staff know which children in their class have asthma.
- The health benefits of exercise are well documented and this is also true for children with asthma

School environment

- Old Church Nursery does all that it can to ensure the school environment is favourable to pupils with asthma
- The school has a non-smoking policy

Emergency Salbutamol Inhaler in school

- As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March, 2015). We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We have two emergency kits, which are kept in the office and the disabled toilet so they are easy to access. Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instruction 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;
- A list of children permitted to use the emergency inhaler;
- A record of administration

We understand that 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 child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom, written parental consent has been given.

The school's asthma lead is Cynthia Jenkins and she will ensure that:

- On a monthly basis 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. Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air.

Any puffs should be documented so that it can be monitored when the inhaler is running out.

The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler **AND** for whom written parental consent for use of the emergency inhaler has been given.

The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

Common 'day to day' symptoms of asthma

At Old Church Nursery we require that children with asthma have a personal asthma action plan which is provided by their parent/carer. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. We will also send home an Asthma UK School Asthma Card for every child with asthma. This needs to be returned immediately and kept with our asthma register.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per DOH document; they would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they will be taught how to recognise an asthma attack and how to manage an asthma attack. In addition guidance will be displayed in the staff room.

The Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states 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)

If the child is showing these symptoms we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

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| *Appears exhausted | *is going blue |
| *Has a blue/white tinge around lips | *has collapsed |

It goes on to explain that 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
- *Shake the inhaler and remove the cap
- *Place the mouthpiece between the lips, or place the mask securely over the nose and mouth
- *Immediately help the child to take two puffs of salbutamol via the spacer, one at a time.(1 puff to 5 breaths)
- If there is no improvement, repeat these steps* 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 you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives