



Asthma Policy

September 2023

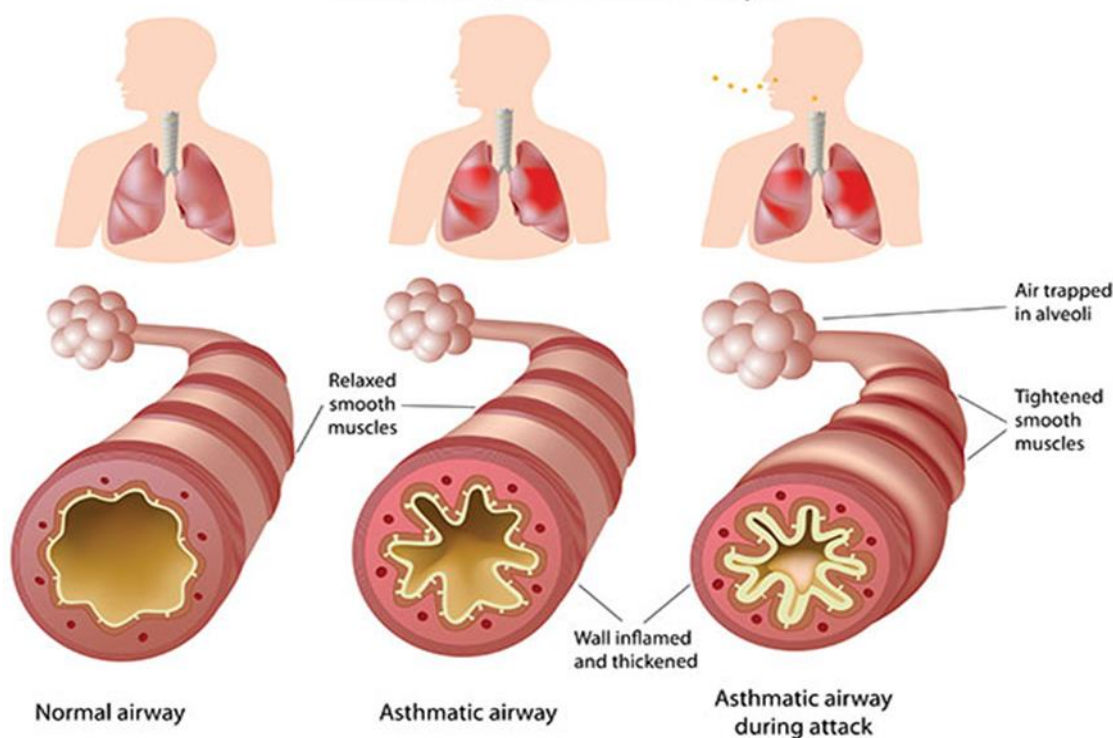


Benton Park School Asthma Policy

We are aware that many of our students suffer from Asthma. This policy aims to set out our commitment to supporting and protecting students with Asthma in partnership with Parents/Carers

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. 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. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

Asthma and Your Airways



As a school, we recognise that asthma is a widespread, serious, but controllable condition. Benton Park school welcomes all students with asthma and aims to support these students in participating fully in school life.

We endeavour to do this by ensuring we have:

- ✓ students with Asthma identified on SIMS
- ✓ an up-to-date asthma policy,
- ✓ an asthma lead,
- ✓ all students have immediate access to their reliever inhaler at all times,

- ✓ reminders for students and parents about the importance of an up-to-date asthma action plan,
- ✓ an emergency salbutamol inhaler
- ✓ staff trained to identify and respond to asthma

Asthma Register

We create a record of students within the school with Asthma by entering this information onto SIMS. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the student has an up to date record of this on SIMS, we will also encourage parents to provide:

- an up-to-date copy of their personal asthma action plan, [Appendix 1](#)
- their reliever (salbutamol/terbutaline) inhaler in school,
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost. [Appendix 2](#)

Asthma Lead

This school has an asthma lead - Jordan Clough the Safety and Facilities Manager. It is the responsibility of the asthma lead to keep the information about students with asthma up to date on SIMS, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, and ensure measures are in place so that students have immediate access to their inhalers)

Medication and Inhalers

All student with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the student to breathe. (Source: Asthma UK).

Some students will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Students should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if a student is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed.

Students are encouraged to carry their reliever inhaler. We recognise that some students may still need supervision in taking their inhaler.

School staff are not required to administer asthma medicines to students however some students may have poor inhaler technique, or be unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support students as they use their inhaler, can be essential for the well-being of the student. If we have any concerns over a student's ability to use their inhaler we will advise parents/carers to arrange a review with their asthma nurse. Please refer to the Medication in School policy for further details about administering medicines.

Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses a personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to

attend hospital can cause stress for a family. Therefore, we believe it is essential that all student with asthma should have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions.

Staff Training

Staff will have regular asthma updates. This training can be provided by the school nursing team or in-house by the Asthma Lead the Safety and Facilities Manager.

School Environment

The school does all that it can to ensure the school environment is favourable to students with asthma. The school has a definitive no-smoking policy. Student's asthma triggers should be recorded as part of their asthma action plans and the school will ensure that student's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- *Colds and infection*
- *Dust and house dust mite*
- *Pollen, spores and moulds*
- *Feathers*
- *Furry animals*
- *Exercise, laughing*
- *Stress*
- *Cold air, change in the weather*
- *Chemicals, glue, paint, aerosols*
- *Food allergies*
- *Fumes and cigarette smoke (Source: Asthma UK)*

Exercise and Activity

Taking part in sports, games and activities is an essential part of school life for all students. All staff will know which students in their class have asthma and all PE teachers at the school will be aware of which students have asthma from SIMS.

Students with asthma are encouraged to participate fully in all activities. PE teachers will encourage student's 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.

There has been a large emphasis in recent years on increasing the number of children 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 with asthma. It is therefore important that the school involve students with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE.

When asthma is affecting a student's education

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on the life of a student, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers,

and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the student needs an asthma review, to review inhaler technique, medication review or an updated personal asthma action plan, to improve their symptoms.

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' which gives guidance on the use of emergency salbutamol inhalers in schools.

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 20 emergency inhalers in school, one of which are kept in the following locations:

- Student Reception
- Admin Office
- Trip First Aid kits

Also, in school we have

- 20 salbutamol metered dose inhalers
- Disposable spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer.
- Manufacturer's information;
- A record of administration
- A guide on how to clean the Ventolin actuator

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 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.

We will ensure that the emergency salbutamol inhaler is only used by students who have asthma and who have been prescribed a reliever inhaler, and for whom written parental consent has been given. The Ventolin actuator will be cleaned after every use.

The school's asthma lead and team 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;
- That replacement inhalers 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 to check it is in working order.

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

The disposable spacer cannot be reused and must be thrown away. 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 Ventolin actuator 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. There are also clean spare actuator housings available for use.

Spent inhalers will be returned to the pharmacy to be recycled

The emergency salbutamol inhaler will only be used by students:

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

The name(s) of these students will be clearly recorded in SIMS. The parents/carers will always be informed 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

As a school we encourage students with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each student's asthma and how to respond to them in an individual basis.

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 Department of Health 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 students with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

First Aid and PE staff will receive asthma training. They will be taught how to recognise an asthma attack and how to manage an asthma attack.

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 student will go very quiet
- May try to tell you that their chest 'feels tight' (younger student 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:

*Appears exhausted

*Has a blue/white tinge around lips

*is going blue

*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 with a good seal, 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

- **References**

- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines.
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

Appendix 1 – Asthma Care Plan- The asthma care plan can be down loaded from the following website or

given to you by your asthma nurses at your asthma health check.

<https://www.asthma.org.uk/b42999dc/globalassets/health-advice/resources/adults/adult-asthma-action-plan.pdf>



USE OF EMERGENCY SALBUTAMOL INHALER

Students showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day and a spare inhaler that will be left at school
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 salbutamol from an emergency inhaler held by the school for such emergencies

Signed

Date.....

Name (print).....

Relationship to student.....

Student's Name.....

Form.....

Parent's address and contact details:

.....
.....
.....

Telephone.....

Email.....

Appendix 3

Symptoms of an asthma attack

- Not all symptoms listed have to be present for this to be an asthma attack
- Symptoms can get worse very quickly
- If in doubt, give emergency treatment.
- Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky, or stating that the heart is beating faster.

Cough

A dry persistent cough may be a sign of an asthma attack.

Chest tightness or pain

This may be described by a child/young person in many ways including a 'tight chest', 'chest pain', tummy ache

Shortness of breath

A student may say that it feels like it's difficult to breathe, or that their breath has 'gone away'

Wheeze

A wheeze sounds like a whistling noise, usually heard when a student is breathing out. A child having an asthma attack may, or may not be wheezing.

Increased effort of breathing

This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger student, the stomach may be obviously moving in and out. Nasal flaring.

Difficulty in speaking

The student may not be able to speak in full sentences

Struggling to breathe

The student may be gasping for air or exhausted from the effort of breathing

CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD

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

Administering reliever inhaled therapy through a spacer

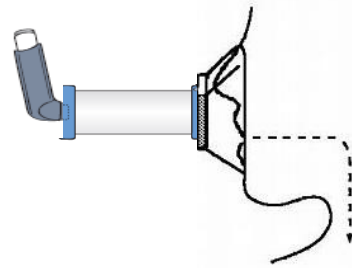
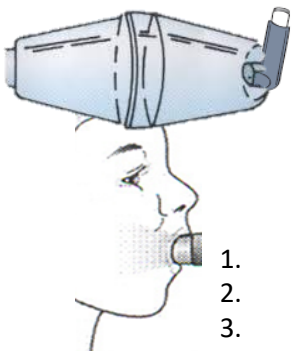
A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks then press the inhaler twice into the air to clear it.**

A Spacer might be

- Orange
- Yellow
- Blue
- Clear

A spacer may have

- A mask
- A mouthpiece



1. Keep calm and reassure the student
2. Encourage the student to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the back of the spacer
5. Place mouthpiece in mouth with a good seal, (or if using the mask place securely over the mouth and nose)
6. Encourage the student to breathe in and out slowly and gently
7. Depress the canister encouraging the student to continue to breathe in and out for 5 breaths
8. Remove the spacer
9. Wait 30 seconds and repeat steps 2-6
10. Assess for improvement in symptoms

Dependent on response steps 2-7 can be repeated according to response up to 10 puffs.

If there is no improvement **CALL 999**. If help does not arrive in 10 minutes give another 10 puffs in the same way.

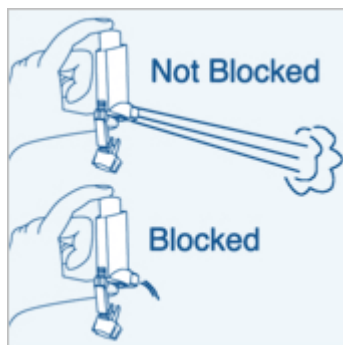
If the student does not feel better or you are worried **ANYTIME** before you have reached 10 puffs, **call 999 for an ambulance and continue to treat as above.**

How to Clean Your VENTOLIN® HFA Actuator

Cleaning Your VENTOLIN HFA Inhaler

Clean your inhaler at least 1 time each week. You may not see any medicine build-up on the inhaler, but it is important to keep it clean so medicine build-up will not block the spray. **See Figure A.**

Figure A



Step 1. Take the canister out of the actuator, and take the cap off the mouthpiece. The strap on the cap will stay attached to the actuator.

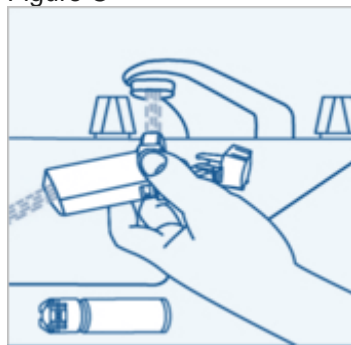
Step 2. Hold the actuator under the faucet and run warm water through it for about 30 seconds. **See Figure B.**

Figure B



Step 3. Turn the actuator upside down and run warm water through the mouthpiece for about 30 seconds. **See Figure C.**

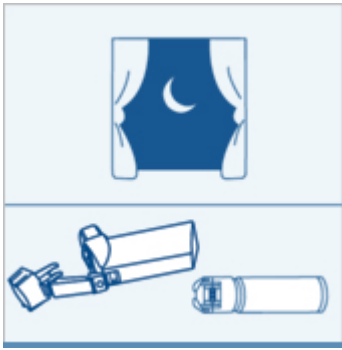
Figure C



Step 4. Shake off as much water from the actuator as you can. Look into the mouthpiece to make sure any medicine build-up has been completely washed away. If there is any build-up, repeat Steps 2 and 3.

Step 5. Let the actuator air-dry overnight. **See Figure D.**

Figure D



Step 6. When the actuator is dry, put the protective cap on the mouthpiece and then put the canister in the actuator and make sure it fits firmly. Shake the inhaler well, remove the cap, and spray the inhaler once into the air away from your face. (The counter will count down by 1 number.) Put the cap back on the mouthpiece.

If you need to use your inhaler before the actuator is completely dry:

- Shake as much water off the actuator as you can.
- Put the cap on the mouthpiece and then put the canister in the actuator and make sure it fits firmly.
- Shake the inhaler well and spray it 1 time into the air away from your face.
- Take your VENTOLIN HFA dose as prescribed.
- Follow cleaning Steps 1 through 6 above