****

**KNYPERSLEY FIRST SCHOOL**

**ASTHMA POLICY**

This school:

* Welcomes pupils with asthma.
* Recognises asthma as a serious but controllable condition.
* Encourages pupils with asthma to achieve their potential in all aspects of school life.
* Recognises the need for immediate access to inhalers.
* Will commence a school asthma care plan for pupils with asthma in partnership with parents and maintain an asthma register.
* Will arrange training which will ensure that staff are aware of asthma and are able to manage an asthma attack - this will include giving emergency treatment.
* Will inform parents of asthma attacks and any treatment given.
* Does not assume responsibility for the routine treatment of asthma (preventative therapy) which remains the prerogative of the parent in conjunction with their GP.

**RECORD KEEPING**

On school entry pupils with asthma should be identified (see flow chart). The Asthma consent form provided should be completed. An Asthma care plan should be commenced.

An asthma register should be maintained (this should be accessible to staff and a copy kept with the schools emergency inhaler if they have one).

It may be helpful in static class rooms to have a list of pupils with asthma in or near the teacher’s desk- particularly when supply teachers are employed.

A record of use of the pupil’s inhaler/schools emergency inhaler must be kept on the log sheet provided, with all details completed.

A copy of the notification letter should be given to the parent/carer and also a copy kept on the pupil’s record.

If the same pupil has to use the inhaler more than once a term they should be brought to the attention of the school nurse. This may indicate a pupil is inadequately treated and therefore at risk.

**Identification of Pupil requiring Asthma Care Plan**

Asthma Proforma (Parental Consent for inhaler in School)

Sent by School to

New Intake of Pupils at commencement of Academic Year

Newly Diagnosed with Asthma - Reliever Inhaler prescribed by G.P

New Pupils migrating throughout Academic Year

On Return of Asthma Inhaler Consent Form

Asthma Care Plan Commenced and signed when inhaler/spacer supplied to School

Copy of Care Plan to School, School Nurse and Parents

Care Plan Reviewed annually

School Asthma Register Updated

ASTHMA REGISTER

CLASS ……………………..

NAME Expiry date of

Inhaler

--------------------------- ----------------------------

--------------------------- ----------------------------

--------------------------- ----------------------------

--------------------------- ----------------------------

--------------------------- ----------------------------

--------------------------- ----------------------------

--------------------------- ----------------------------

--------------------------- ----------------------------

--------------------------- ----------------------------

--------------------------- ----------------------------

--------------------------- ----------------------------

--------------------------- ----------------------------

--------------------------- ----------------------------

**Asthma Care Plan and Medication: Consent**

If your child has been diagnosed with asthma and/or has been prescribed reliever therapy (Blue inhaler) please complete the first part of this form which gives your consent for school staff to give this if required.

In the event of my child displaying symptoms of asthma or prior to PE (if required), I consent for my child to receive their own reliever inhaler. If my child has asthma symptoms and their own inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler if this is available in school **(Not all schools keep their own emergency inhaler).**

Name of child: ………………………………………………………

Date of birth: ……………………………………………………….

School: ………………………………………………………………

Name of Inhaler: ............................... Number of Puffs: ..........

**Signed Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_**

Parent’s Contact Number: ...................................................................

If your child has an asthma attack the schools emergency procedure will followed.

A copy of your child’s school asthma care plan will be sent to you.

Please ensure that your child has a **SPARE reliever** **inhaler** and **spacer** kept in school and that your child’s inhaler is within its **expiry date**.

N.B: High School Pupils

Please ensure your child carries their own reliever inhaler in school. A spare reliever inhaler and spacer should also be kept in school for emergencies.

If your child experiences breathing problems, especially at night or after exercise, or when laughing or crying, or he/she suffers from repeated chest infections please contact your School Nurse

**School Asthma Care Plan**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **D.O.B**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified Need**  *To promote Optimum health by maintaining good control of Asthma symptoms.* | **Action Plan**  *School staff are able to identify when reliever inhaler is needed.*  *Consent for medication in school**(Including school emergency salbutamol if available)*  *Easy access to inhalers whilst in school*  *To monitor and record inhaler use* | **Step 1**  *Staff Training completed* | **Date:** |
| **Step 2**  *To ensure appropriate consent forms are signed.* | *Consent form sent to parents:* |
|  | **Step 3**  *Parents to supply inhaler and spacer.* |  |
| **Step 4**  *Parents to check expiry dates and change accordingly.* | Inhaler expiry date: |
| **Step 5**  *School staff should complete audit form and inform parent when reliever inhaler used during school day* |  |

Triggers (if known).....................................................................................

**Signatures**: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Parent/carer School staff School Nurse Date

Review annually- ………. ………. ..…….. ……….

Guidelines RE- School Asthma Careplans

The School Nurse Should:

1. Provide each school with a copy of the asthma documents.(These can be E mailed to the school)
2. Advise each school to send a copy of the Asthma proforma headed ‘**Asthma Care Plan and Medication** **Consent**’ to:

* All the new September entrants.
* All new pupils who migrate during the school year.
* All the pupils known to have asthma that are listed on the school pupil data bank.

1. 5+ Questionnaires- if the child has an inhaler, a care plan should be commenced and the parent consent letter completed.

The School is advised to:

1. Commence a care plan for each child who has an inhaler (as highlighted by the return of the asthma proforma).
2. A copy of the care plan should be :
3. Sent to parents/ carer
4. Kept in an accessible Asthma Folder

iii) Given to the school nurse

1. A list of pupils with care plans should be kept and reviewed annually. This asthma register should also be kept with the school emergency salbutamol inhaler (if school have an inhaler).

**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 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)**

**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**

**EMERGENCY PROCEDURE**

**WHAT TO DO 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**

**• Immediately help the child to take two puffs of salbutamol via the spacer**

**• If there is no immediate improvement, continue to give two puffs at a time every two minutes, 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 the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE**

**• If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way**

Notification to parent

Date

Dear parent/guardian of : ………………………………

Your child has had problems with his/her breathing today which has required the use of their **own inhaler/school’s emergency inhaler**. (delete as appropriate)

Since this may indicate your child’s asthma is not well controlled at this time you are strongly advised to see your own doctor or practice nurse as soon as possible. If your child needs to use their reliever medication 3 times a week or more, seek a medical review.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time | Number  of puffs | Where/Activity  (eg.classroom/PE) | Given By |
|  |  |  |  |  |

Yours sincerely

If your child needed to use the school emergency inhaler would you please ensure they have their own labelled inhaler and spacer in school.

**If your child is needing to use their reliever inhaler more than 4 hourly please seek an urgent medical review.**

**Record of Inhaler Use (Audit Form)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Date** | **Time** | **No. of puffs** | **Where /activity**  **eg. classroom/ PE** | **Child’s own Inhaler** | **School Inhaler** | **Parent**  **letter** | **Given By** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**NAME OF SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please keep copies of this form with the school emergency inhaler and in classroom/office.**

**HOW TO USE A SPACER DEVICE**

1. Remove the cap from the spray and shake gently five or six times. Prime the inhaler (spray 2 puffs) then re-shake.
2. Put the inhaler into the hole at the end of the spacer.
3. Put the mouthpiece into the child’s mouth keeping their lips behind the ring. Make sure the child’s lips are sealed around the mouthpiece.
4. Encourage the child to breathe in and out slowly and gently (i.e. normally). You may hear a clicking noise which is the valve opening and closing- this is normal. If the child cannot move the valve, tilt the inhaler end of the spacer to keep the valve open.
5. Continue with this breathing pattern and press the medication canister down once (**one puff**). Leave the spacer in the mouth while **five** more breaths are taken.
6. Repeat as above if more puffs are required.
7. Shake the inhaler after every **2** puffs.
8. Remove the spacer from the child’s mouth.

**School Spacer/Pupil’s own Spacer**

After use, the spacer should be washed in warm soapy water, not rinsed, and then left to dry naturally. You should not dry it with paper or tea towels.

In addition the spacer should be washed at the end of each term and inspected for signs of wears, cracks etc.

To avoid possible risk of cross-infection, if the school’s plastic spacer is used with the **school’s emergency inhaler**, it should **not** **be reused** and can be given to the child for further personal use. Please ensure school has a spare spacer to replace as necessary.

**Guidance on the use of emergency salbutamol inhalers in schools** DoH(Sept 2014) provides information on supply, storage and care of inhaler.



Date:

Dear Parent of:

Name: D.0.B.:

We are currently reviewing your child’s School Asthma Care Plan. Would you kindly return the form so that the care plan can be updated.

1. My child still requires a reliever inhaler in school.

Name of inhaler: ............................. Number of Puffs: .................

2. My child no longer requires a reliever inhaler or care plan in school

Please tick the appropriate box and return to school.

Parent / Carer Signature ...........................................................

Date .......................................

If you have any queries about your child’s asthma care plan please contact your School Nurse. Please ensure that your child has a **spare reliever inhaler and spacer** **in school** and it is within its **expiry date**.

Yours sincerely

School Health Service



Dear GP of: Date:...................................

Name:

D-O-B

In accordance with the School Asthma Policy formulated by Staffordshire and Stoke-on-Trent Partnership Trust, alongside the DfE Supporting pupils with medical conditions document we are advising schools and parents that every child who has been prescribed a reliever inhaler should have a spare reliever inhaler and spacer for use in school.

We are implementing individual school asthma care plans for each child to ensure they have immediate access to their reliever inhaler in school.

Would you kindly prescribe a reliever inhaler and spacer to be used in school.

Thank you for your attention.

Yours Sincerely

School Health Service



Date: .............................

Dear Parent/Carer

I am informing you that your child’s school asthma reliever inhaler has expired or is due to expire.

Would you kindly bring a new reliever inhaler into school as soon as possible.

Yours sincerely

School Health Service

References:

Asthma UK. Developing A School Asthma Policy www.asthma.org.uk (accessed: 07-07-14)

British National Formulary 62. September 2011: p172-192

British National Formulary for children 2014 <http://www.medicinescomplete.com/mc/bnfc/2011/PHP17069-child-518-years.htm> (accessed: 07-07-14)

British Thoracic Society and Scottish Intercollegiate Guidelines Network.   
British Guideline on the Management of Asthma. (revised January 2012)

Department for Education. Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (April 2014)

Department of Health. Guidance on the use of emergency salbutamol inhalers in school (September 2014)

Department of Health. Medicines Standard: National Service Framework for Children and Young People and Maternity Services.2004

Department of Health: Asthma Exemplar, National Service Framework for Children Young People and Maternity Services. 2004

Medical Conditions at School Partnership. Medical Conditions Awareness Sessions; A School Healthcare Professional’s Resource.2007

National Institute for Health and Clinical Excellence. Inhaler devices for children with chronic asthma(children under 5 years, August 2000; Children 5-15 years, March 2002) [www.nice.org.uk](http://www.nice.org.uk) (accessed :01-07-2014)