

ASTHMA TOOLKIT

Document creation date: August 2014

Version: 2 Amended

Date of review: May 2020

Review frequency – Biennial

Next review – May 2022

Author: Liz Darke Health and Safety Officer

What is asthma?

Asthma is a condition that affects the 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 becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to symptoms of asthma. Triggers can include, hot or cold weather, increased humidity, fumes, powders, physical exercise and stress.

It's difficult to say for sure what causes asthma however you're more likely to develop asthma if you have a family history of asthma, eczema or allergies. It's likely that this family history, combined with certain environmental factors, influences whether or not someone develops asthma.

Asthma is a widespread, serious but controllable condition, and schools should ensure that pupils can and do participate fully in all aspects of school life. Pupils with asthma need immediate access to reliever inhalers and in an emergency, a spacer.

The school should ensure that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are and know the school's procedure to follow in the event of an asthma attack.

Symptoms of asthma

The usual symptoms of asthma are:

- coughing
- wheezing
- shortness of breath
- tightness in the chest.

Not everyone will get all of these symptoms. Some people experience them from time to time; a few people may experience these symptoms all the time and occasionally some may not experience any symptoms.

Asthma medicines

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carers, doctor/asthma nurse and class teacher agree they are mature enough. Those deemed competent to do so may self-administer their asthma medication. The reliever inhalers of younger children should be kept in the classroom.

It is advised that the school has an in date spare reliever inhaler on site. These are held in case the pupil's own inhaler runs out, or is lost or forgotten and are kept in the [school office/first aid room]. The school may ask a pupils parent or guardian to provide a second inhaler. All inhalers must be labelled with the child's name by the parent/carer.

From October 1st 2014 following changes to the Human Medicines Regulations 2012 schools will be able to purchase inhalers for emergency use from their local pharmacist provided it is done on an occasional basis and not for profit schools. It is recommended that schools keep a small stock of back-up inhalers for emergency use. Schools wishing to purchase inhalers should put their request in writing on headed paper signed by the principal or head teacher stating:

- The name of the school for which the product is required
- The purpose for which that product is required
- The total quantity required

It is recommended that emergency asthma medication is delivered via a spacer device and schools should ensure they have a spacer on site. Spacers may not be shared therefore once used a spacer should be allocated to the pupil that used it and a new one purchased. Spacers can be purchased from a local pharmacist. It is the schools responsibility to ensure the school inhaler remains in date. Spacers provided by pupils for their own individual use should be cleaned between uses. Wash spacer in warm soapy water, rinse with clean running water and leave to dry naturally.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate pupils to take their medicines when they need to.

Record keeping

When a child joins the school, parents/carers are asked to declare any medical conditions (including asthma) that require care within school, for the school's records. At the beginning of each school year, parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given an asthma information form to complete and return to school. From this information the school keeps its asthma records. All teachers know which children in their class have asthma. Parents are required to update the school about any change in their child's medication or treatment. Records must be kept for the administration of asthma medication as for any other prescribed medication.

Schools must gain consent from a parent/guardian to administer the school's emergency inhaler and a register must be kept with the inhaler that details which parents/guardians have given permission for the school inhaler to be administered. It is the responsibility of the school to keep the register up to date.

Exercise and activity - PE and games

All children are encouraged to participate fully in all aspects of school life including PE. Children are encouraged/ reminded to use their inhalers before exercise (if instructed by the parent/carer on the asthma form) and during exercise if needed. Staff are fully aware of the importance of thorough warm up and cool down. Each pupil's inhaler will be labelled and kept in a box at the site of the lesson.

School Environment

It is recommended that schools endeavour to ensure that the school environment is favourable to pupils with asthma. The school will need to take into consideration, any particular triggers to an asthma attack that an individual may have and seek to minimise the possibility of exposure to these triggers.

Training

It is best practice that all school staff are trained to recognise the symptoms of worsening asthma, how to respond in an emergency and how to administer of reliever medication (inhaler).

Asthma Attacks – School's Procedure

In the event of an asthma attack, staff will follow the school procedure:

- Encourage the pupil to use their inhaler
- Summon a first aider who will bring the pupil's Asthma Information Form and will ensure that the inhaler is used according to the dosage on the form
- If the pupil's condition does not improve or worsens, the First Aider will follow the 'Emergency asthma treatment' procedures
- The First Aider will call for an ambulance if there is no improvement in the pupil's condition
- If there is any doubt about a pupil's condition an ambulance will be called

Mild Symptoms:

- **Cough**
- **Feeling of 'tight chest'**
- **Wheeze**

Ensure that the pupil has access to their reliever (blue inhaler)

- **Sit the pupil down in a quiet place if possible**
- **Younger pupils or those using 'puffer' style inhalers should use a spacer**
- **Allow the pupil to take 2 or 4 puffs of the inhaler**

- **Assess effect and if fully recovered, the child may rejoin usual activities**

Moderate Symptoms:

- **Increased cough and wheeze**
- **Mild degree of shortness of breath but able to speak in sentences**
- **Feeling of 'tight chest'**
- **Breathing a little faster than usual**
- **Recurrence of symptoms / inadequate response to previous 'puffs'**

Ensure that the pupil has access to their reliever (blue inhaler)

- **Sit the pupil down in a quiet place if possible and loosen any tight clothing around their neck**
- **Younger pupils or those using 'puffer' style inhalers should use a spacer**
- **Allow the pupil to take 4 or 6 puffs of the inhaler**
- **Assess effect, if fully recovered the pupil may rejoin activities but a parent/carer should be informed**

Severe symptoms:

- **Not responding to reliever medication**
- **Breathing faster than usual**
- **Difficulty speaking in sentences**
- **Difficulty walking/lethargy**
- **Pale or blue tinge to lips/around the mouth**
- **Appears distressed or exhausted**

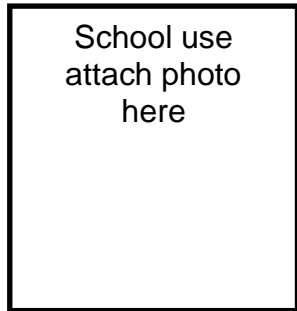
Ensure that the pupil has access to their reliever (blue inhaler)

- **Sit the pupil down in a quiet place if possible and loosen any tight clothing around their neck**
- **Younger pupils or those using 'puffer' style inhalers should use a spacer**
- **Help the child take one puff of their reliever inhaler every 30-60 seconds with a spacer, up to a maximum of 10 puffs.**
- **Call 999 if pupil is starting to feel worse or if the symptoms are not relieved after 10 puffs and contact the child's parents/carers.**
- **Step 3 can be repeated if the ambulance is taking longer than 15 minutes – if in doubt seek advice from the call operator.**

Individual protocol for Mild Asthma

Please complete the questions below, sign this form and return without delay.

CHILD'S NAME.....
 D.O.B.
 Class



Contact Information

Name				Relationship to pupil				
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name				Relationship to pupil				
Phone numbers	Work		Home		Mobile		Other	

1. Does your child need an inhaler in school? Yes/No (delete as appropriate)
2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?)

.....
 Do they have a spacer?

3. What triggers your child's asthma?

4. It is advised that pupils have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:

- My child carries their own inhaler YES/NO
- My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office
- I am aware I am responsible for supplying the school with in date inhaler(s)/spacer for school use and will supply this/these as soon as possible. YES/NO

5. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

Emergency Procedure – severe symptoms (see full schools asthma attack procedure)

- **Give 6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child’s inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child’s medical information can be shared with school staff responsible for their care.

Signed:.....Print name.....

Date.....

I am the person with parental/main carer responsibility

Please remember to inform the school if there are any changes in your child’s treatment or condition. Thank you

Parental Update (only to be completed if your child no longer has asthma)	
My child no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed <i>I am the person with parental responsibility</i>	Date

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1 st inhaler		With pupil/In classroom			
2 nd inhaler Advised		In office/first aid room			
Spacer (if required)					
Record any further follow up with the parent/carer:					

Example letter to send to parent/carer who has not provided an in-date inhaler or auto injector. Please amend as necessary for the individual circumstances.

Dear (Name of parent)

Following today's phone call regarding (name of pupil)'s asthma inhaler/adrenaline auto injector, I am very concerned that in date medication has not been provided. You have confirmed on (name of pupil)'s Individual Protocol (name of pupil) requires an inhaler in school and you have agreed to provide the medication. Please ensure that:

- an inhaler/ adrenaline auto injector
- a spacer

are provided without delay.

If (name of pupil) no longer requires an inhaler/auto injector, please inform the school in writing as soon as possible.

Please be aware that in the absence of in date medication, should (name of pupil) suffer an attack, if you have given your consent staff will administer the schools reliever inhaler/adrenaline auto injector. However, if you have not given consent for the school reliever inhaler/adrenaline auto injector to be administered, staff will **not** be able to follow suitable emergency procedures. They will be reliant on calling 999 and awaiting the Emergency Services.

Yours sincerely