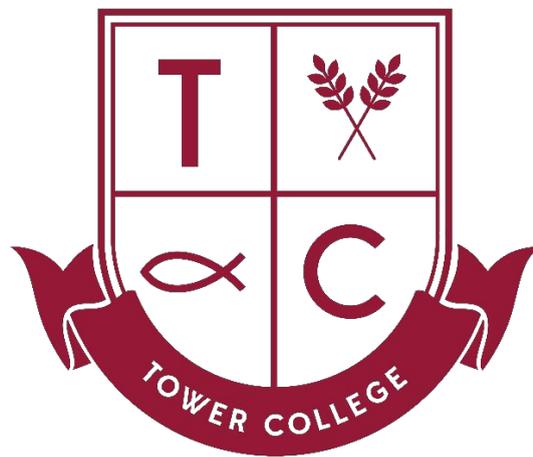


ASTHMA POLICY



Date of Policy: June 2020

Review Date*: June 2021

Coordinator (s): Mr Wells, Mrs Wright, Mrs Grocutt & Miss Nugent

Governor: Mrs C Parr

*** Policy Review: Every three years otherwise dictated by the Full Governing Body or by changes in legislation.**

Introduction

Tower College –

- Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- Keeps an up to date record of all pupils with asthma.
- ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 now allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

Tower College has opted to buy a salbutamol inhaler and spacer kit for use in an emergency, as we believe it will benefit the pupils considerably. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need. It is essential, therefore, that schools ensure that the inhaler is only used by pupils who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

The emergency inhaler is only to be used by children with asthma with written parental consent for its use. In the event that the school emergency inhaler is used, parents will be contacted immediately and asked to bring medication to school the next day.

The Emergency Kit

The emergency asthma inhaler kit includes: -

- a salbutamol metered dose inhaler; -
- at least two plastic spacers compatible with the inhaler; -
- instructions on using the inhaler and spacer;
- instructions 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 (see below);
- A list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans; - a record of administration (i.e. when the inhaler has been used).

The coordinators of this policy are responsible for overseeing the protocol for use of the emergency inhaler and their responsibilities include –

- Monitoring its implementation
- Maintaining the asthma register
- Maintaining a record of pupils who have used the emergency inhaler kit.
- Informing parents/carers if their child has used the emergency inhaler.
- Completing a monthly check to ensure that inhalers are in good working order, in date, with the sufficient number of doses available.
- Reordering supplies.
- Ensuring that only pupils with asthma use the emergency inhaler
- Ensuring that there is written consent from parents/carers allowing their child to use the emergency inhaler and including that information on the child's individual healthcare plan / Asthma Plan
- Making arrangements for the supply, storage, care and disposal of the inhaler and spacers.
- Ensuring that all staff are aware of how to recognise the symptoms of an asthma attack and of what to do in the event of a pupil having an asthma attack.
- Ensuring staff are aware of the location of the emergency inhaler kit.
- Ensuring that staff have access to the asthma register.
- Ensuring that staff are aware of who the designated members of staff are to contact in the event of a pupil requiring the emergency inhaler.
- Updating consent forms regularly – to take into account changes of pupil's condition.

Salbutamol

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.

Possible side effects of salbutamol include -

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

Recording Use Of The Inhaler

Use of the emergency inhaler should be recorded. The record should include

- where and when the attack took place (e.g. PE lesson, playground, classroom)
- How much medication was given, and by whom?
- The child's parents/carers must be informed in writing so that this information can also be passed onto the child's GP.

Storage and care of the emergency inhaler kit

The emergency inhaler kit is located in the medical room (please see building plan in appendix) in plain view.

- The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.
- The inhaler should be kept in plain view, out of reach of children.
- The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. Is in a clearly labelled box with a zip lock
- To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.
- The inhaler itself can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.
- The inhaler must be disposed of if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer)

Administering salbutamol through a spacer

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs

- Take off the cap and shake the inhaler
- Put the inhaler into the end of your spacer
- Breathe out gently as long as feels comfortable
- Put the mouthpiece between your teeth and lips, making a seal so no medicine can escape
- Press the canister to put one puff of your medicine into the spacer
- Breathe in slowly and steadily (not hard and fast) through the mouthpiece
- Remove the spacer from your mouth and hold your breath for 10 seconds (or for as long as is comfortable) then breathe out slowly through your nose
- If you need a second dose, wait 30 seconds, remove the inhaler, shake it and repeat the steps above.
- OR, if you find it hard to hold your breath, carry out steps 1 to 6 as above, then:

Keep the spacer in your mouth with your lips sealed around it and breathe in and out of the mouthpiece five times. Repeat the steps for each dose needed. Research has shown breathing in and out in this way, using your spacer, is just as effective as holding your breath for 10 seconds as above.

Annex A: CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

[Insert school name]

Child 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.
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).....

Child's name:

Class:

Parent's address and contact details:

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

Telephone:

E-mail:

Annex B: SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear,

[Delete as appropriate]

This letter is to formally notify you that has had problems with his / her breathing today. This happened when

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

My Asthma Plan

1 My usual asthma medicines

- My preventer inhaler is called _____
_____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:

- My reliever inhaler is called _____
_____ and its colour is _____
I take _____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

If I need my blue inhaler to do any sport or activity, I need to see my doctor or asthma nurse.



2 My asthma is getting worse if...

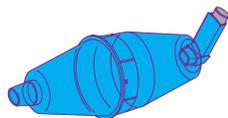
- I wheeze or cough, my chest hurts or it's hard to breathe, **or**
- I need my reliever inhaler (usually blue) three or more times a week, **or**
- My peak flow is less than _____, **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better



URGENT! "If your blue reliever inhaler isn't lasting for four hours you are having an asthma attack and you need to take **emergency action now (see section 3)**"



Remember to use my spacer with my inhaler if I have one.

(If I don't have one, I'll check with my doctor or nurse if it would help me)

Other things to do if my asthma is getting worse

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours, **or**
- I can't talk, walk or eat easily, **or**
- I'm finding it hard to breathe, **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts, **or**
- My peak flow is less than _____

If I have an asthma attack, I will:



Call for help



Sit up — don't lie down. Try to be calm.



Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.



If I don't have my blue inhaler, or it's not helping, I need to call **999** straightaway.



While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse **today**.

! My asthma triggers

Taking my asthma medicine each day will help reduce my reaction to these triggers. Avoiding them where possible will also help.

i People with allergies need to be extra careful as attacks can be more severe.

! My asthma review

I should have at least one routine asthma review every year. **I will bring:**

- My action plan to see if it needs updating.
- Any inhalers and spacers I have, to check I'm using them correctly and in the best way.
- Any questions about my asthma and how to cope with it.

Next asthma review date: _____

GP/asthma nurse contact

Name:

Phone number:

Out-of-hours contact number

(ask your GP surgery who to call when they are closed)

Name:

Phone number:

How to use it

Your written asthma action plan can help you stay on top of your asthma.

To get the most from it, you could...

- 1 Put it somewhere easy for you and your family to find** – like your fridge door, noticeboard, or bedside table.
- 2 Keep a photo of it on your mobile phone or tablet** – so you can check it wherever you are. You can also send it to a family member or friend, so they know what to do if your asthma symptoms get worse.
- 3 Check in with it regularly** – put a note on your calendar, or a monthly reminder on your phone to read it through. Are you remembering to use your day-to-day asthma medicines? Do you know what to do if your symptoms get worse?
- 4 Take it to every healthcare appointment about your asthma** – including A&E/consultant. Ask your GP or asthma nurse to update it if their advice for you changes.

Get more advice & support from Asthma UK:

-  Speak to a specialist asthma nurse about managing your asthma on: **0300 222 5800**
-  Message our expert asthma nurses on Whatsapp on: **07378 606728**

-  Get news, advice and download information packs at: **www.asthma.org.uk**
-  Follow us on Facebook for news and tips about your asthma: **www.facebook.com/asthmauk**

The step-by-step guide that helps you stay on top of your asthma

Your asthma action plan

Fill this in with your GP or nurse



Name and date:



Any asthma questions?
Call our friendly helpline nurses

0300 222 5800

Monday-Friday, 9am-5pm

www.asthma.org.uk





Every day asthma care:

My asthma is being managed well:

- With this daily routine I should expect/aim to have no symptoms.
- If I've not had any symptoms or needed my reliever inhaler for at least 12 weeks, I can ask my GP or asthma nurse to review my medicines in case they can reduce the dose.
- My personal best peak flow is:

My daily asthma routine:

My **preventer** inhaler (insert name/colour):

I need to take my **preventer** inhaler every day even when I feel well

I take puff(s) in the morning
and puff(s) at night.

My **reliever** inhaler (insert name/colour):

I take my **reliever** inhaler only if I need to

I take puff(s) of my reliever inhaler if any of these things happen:

- ★ I'm wheezing
- ★ My chest feels tight
- ★ I'm finding it hard to breathe
- ★ I'm coughing

Other medicines and devices (eg spacers) I use for my asthma every day:



When I feel worse:

My asthma is getting worse if I'm experiencing any of these:

- My symptoms are coming back (wheeze, tightness in my chest, feeling breathless, cough).
- I am waking up at night.
- My symptoms are interfering with my usual day-to-day activities (eg at work, exercising).
- I am using my reliever inhaler three times a week or more.
- My peak flow drops to below:

⚠ URGENT! If you need your reliever inhaler more than every four hours, you're having an asthma attack and you need to take emergency action now.

What I can do to get on top of my asthma now:

If I haven't been using my preventer inhaler, I'll start using it regularly again or if I have been using it...

Increase my preventer inhaler dose to puffs times a day until my symptoms have gone and my peak flow is back to my personal best.

Take my reliever inhaler as needed (up to puffs every four hours).

I carry my reliever inhaler with me when I'm out.

URGENT! See a doctor or nurse within 24 hours if you get worse at any time or you haven't improved after seven days.

Other advice from my GP about what to do if my asthma is worse (eg SMART/MART or rescue steroid tablets):



In an asthma attack:

I'm having an asthma attack if I'm experiencing any of these:

- My reliever inhaler is not helping or I need it more than every four hours.
- I find it difficult to walk or talk.
- I find it difficult to breathe.
- I'm wheezing a lot or I have a very tight chest or I'm coughing a lot.
- My peak flow is below:

What to do in an asthma attack



1 Sit up straight — try to keep calm.



2 Take one puff of your reliever inhaler (usually blue) every 30 - 60 seconds, up to a maximum of 10 puffs.



3 If you feel worse at any point OR you don't feel better after 10 puffs call 999 for an ambulance.



4 Repeat step 2 after 15 minutes while you're waiting for an ambulance.

After an asthma attack:

See your GP within 48 hours to make sure you're not at risk of another attack. If you get worse see them urgently. Finish any medicines they prescribe you, even if you start to feel better. If you don't improve after treatment, see your GP urgently.

What to do in an asthma attack if I'm on SMART/MART: