

CORNIST PARK SCHOOL FLINT



ASTHMA & EMERGENCY INHALER POLICY

(Oct 2019)

Introduction:

This policy gives guidance to school first aiders on managing Asthma and Asthma medication in school and when to administer an emergency inhaler.

Aims

- To identify who has an inhaler within our school
- To manage Asthma medication and to receive permission for the administration of prescribed medication and emergency medication from parents and carers
- To give guidance on the storage of Asthma medication
- To identify the signs and symptoms of an Asthma attack
- To give guidance on managing an Asthma attack
- To give guidance on when to administer the emergency inhaler and how to store and maintain the emergency inhaler
- To ensure all pupils who have asthma, participate fully in all aspects of school life.

Asthma in our school

In the Headteachers office, there is an Asthma file located in the cupboard. There is also a medicines basket on top of the cupboard which **houses an emergency inhaler**. Within the the Asthma file, there will be;

- An Asthma register
- An Asthma Policy
- Blank Asthma Cards
- Emergency Inhaler administration permission signed by parent/carer
- Blank Emergency inhaler permission forms
- Emergency Inhaler administration record sheet
- Guidelines on administrating and maintaining emergency inhaler
- Signs and symptoms of Asthma and the Asthma attack protocol – this will also be laminated and available at first aid stations, in classes where inhalers are kept and in prime locations around school

Identification and Permission

On entering Cornist Park School, parents/carers will be asked to complete a medical form where they should state any medical needs their child may have. If they state that their child has Asthma or has been prescribed an inhaler for other medical needs, they will be asked to complete an Asthma card and an emergency inhaler permission slip.

The Asthma card will contain the name and expiry date of the child's inhaler and will give a brief description of their signs and symptoms. It will also state the dosage and whether the child needs to be supervised / assisted with their inhaler. It is expected that all children will be supervised when self administrating their inhaler. A copy of this information will be stored in the Asthma fike as well as with the class teacher.

Storage

Children's personally prescribed inhalers will be stored in the child's classroom in a secure area away from the children. Whilst out of reach of children, this place should be known to and accessible to all adults working within the area. Unless children are participating in swimming or an activity or trip away from the school, then the child's medication will go with them in the first aid bag.

The prescribed inhalers and spacers are stored in clearly marked boxes with the children's names and inhaler expiry dates. Although expiry dates are checked regularly by school staff, it is ultimately the responsibility of the parent/carer to provide the school with a valid and working inhaler.

Emergency inhalers and disposable spaces will be stored inthe Headteachers office in a basket on top of the cupboard.

Asthma signs, and Symptoms

The 'common' day to day symptoms of Asthma are

- Cough or wheeze (a whistle heard when breathing out)
- Shortness of breath when exercising
- Intermittent cough

Most Children with Asthma only have symptoms when exposed to triggers. *Common triggers are;*

- Exercise
- Coughs and colds
- Cold weather
- Grass / pollen
- Emotion

If asthma symptoms of cough, breathlessness or wheeze occur, support the child in having 2 puffs of salbutamol inhaler via a spacer. If the child is having a **MILD Asthma attack**, usually symptoms will improve and the child can stay in school. Continue to monitor them closely, watching for any signs of deterioration.

The signs of an **ASTHMA ATTACK** could be

- An inhaler has no effect after 5 minutes
- Persistent cough when at rest
- A wheezing sound from the chest
- Breathing is laboured and from the stomach rather than chest
- Being unusually quiet / appearing exhausted
- The child becoming distressed / unable to talk in full sentences
- The child shows signs of rapid deterioration or confusion
- Blue tinge to lips
- There is any doubt at all about the child's condition

*IF ANY OF THE ABOVE SYMPTOMS RAISE CAUSE FOR CONCERN – **CALL AN AMBULANCE.***

Whilst awaiting Medical assistance, follow the child's Asthma plan or Asthma card if they have one.

Protocol for dealing with an **Asthma Attack**

- Stay calm and reassuring to the child
- Another staff member asked to call an ambulance and following this the child's parents
- Continue to administer the reliever inhaler. Up to 10 puffs can be administered via the spacer, one puff every 30 – 60 seconds. Shake inhaler between puffs. *
- Ensure the child sits upright and slightly forward
- Ensure any tight clothing is loosened

***Salbutamol Reliever Inhaler** (Usually Blue casing)

This is a relatively safe medication, but all medicines can have some adverse effects. Those who have inhaled Salbutamol, especially a large dose can tend to feel a little shaky or may tremble, they may comment their heart is beating faster. However, in an emergency situation, it is safer to continue to administer the medication than to not.

Roles and Responsibilities

Health Professionals

- GP, Practise Nurse or Hospital Asthma Nurse - Develop update and review individual Asthma care plans and share with parents pupil and the school

- School Nurse to advise on school policy as required and provide annual Asthma Awareness sessions to all staff
- Support children who are struggling with their Asthma in school
- Encourage pupils with Asthma to recognise when to ask for their inhaler

School Staff

All school staff have a responsibility to;

- Understand the School Asthma Policy
- Attend annual Asthma update training by the school nurse
- Know which children that they work with are diagnosed as Asthmatic
- Know/follow the protocol in event of an Asthma attack
- Allow pupils with Asthma immediate access to their reliever
- Ensure all pupils with a reliever know where it is stored and how to access it
- Ensure reliever is taken on all visits and trips, doses given are recorded and kits returned to office on return
- Ensure pupils warm up and cool down before and after activities
- Remind pupils who suffer with exercised induced Asthma to take their reliever before activity begins
- The Governing Body will review the policy as required (on update)
- The Headteacher will ensure appropriate staff training is provided, parents complete the Asthma card, that emergency kits are kept up to date
- First Aiders will attend regular update training and advise of any medicines which are out of date etc

Parents

Parents have a responsibility to;

- Inform the school of any Asthma diagnosis and what medication dosages have been agreed by medics
- Update the school with any changes to circumstances or dosages following appointments to review condition at GP or following Consultant appointments
- Give consent for the pupil to receive the Influenza vaccination
- Ensure all asthma medication held by the school is regularly checked and is in date
- Give consent for emergency salbutamol to be administered if required
- Ensure the Asthma card is completed when Medication is provided to school
- Provide the school with up to date emergency contact information

Pupils

Pupils have a responsibility to;

- Inform a staff member if they feel unwell
- Treat medication with respect
- Know how and when to take their Asthma medication

Appendices

1. Asthma Card
2. Permission to Administer Emergency Salbutamol Inhaler
3. Notification that emergency inhaler has been administered to child
4. Asthma signs and symptoms

5. Asthma Attack Protocol

Policy Adopted Autumn 2019

To be reviewed annually in consultation with advise from the School Nurse.