

TREVIGLAS COMMUNITY COLLEGE**Background**

This policy has been written with the advice from the Department for Education & Skills, Asthma UK, the local education authority and governing bodies.

Treviglas Community College,

- Recognises that asthma is a widespread, serious but controllable condition and the college welcomes 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 and other out-of-hours college activities.
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- Keeps a record of all pupils with asthma.
- Has an emergency salbutamol inhaler and spacer available for emergency use only in the college office. Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use. But it will be used at the first aider's discretion if contact is not possible and patient's health deteriorates. 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.

Asthma medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to be independent in their college life and carry their reliever inhaler at all times.
- All inhalers must be labelled with the child's name by the parent/carer.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this.

Record keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. When this has been established an agreement will be sent to the parent/carers regarding the guidelines for asthma pumps in school.
- This information is then added to the Children's Healthcare plans which includes all of the pupils within Treviglas Community College who have any Medical conditions. Copies of these are kept in staffroom and the main office (First Aid).

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of school life for all pupils. Teachers know which children in their class have asthma and all PE teachers within the college are aware of which pupils have asthma.
- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils 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 pupil needs to use their inhaler during a lesson they will be encouraged to do so.

School environment

- The college does all that it can to ensure the school environment is favourable to pupils with asthma. The college has a definitive no smoking policy. As far as possible the college does not use chemicals in science and art lessons that are potential triggers for students with asthma. Students with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

When a pupil is falling behind in lessons

- If a student is missing a lot of time at college or is always tired because their asthma is disturbing their sleep at night, the form tutor/head of house will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the student's needs.
- The college recognises that it is possible for students with asthma to have special education needs due to their asthma.

Asthma attacks

- All trained first aid staff who come into contact with students with asthma know what to do in the event of an asthma attack.

Parents/carers

Parents/carers have a responsibility to:

- Tell the college if their child has asthma
- Ensure the college has a completed and up-to-date school asthma care plan for their child
- Inform the college about the medicines their child requires during college hours
- Inform the college of any medicines the student requires while taking part in visits, outings or field trips and other out of college hours activities such as school team sports
- Tell the college about any changes to their child's medicines. What they take and how much
- Inform the college of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- Provide the college with a spare reliever inhaler (and spacer where relevant) labelled with their child's name
- Ensure their child's reliever inhaler that they take to college with them is labelled with his/her name
- Ensure that their child's reliever inhaler and the spare is within its expiry date
- Keep their child at home if he/she is not well enough to attend college
- Ensure their child catches up on college work missed if their child is unwell

Pupil Responsibilities

- Treat other pupils with and without asthma equally

- Let any pupil having an asthma attack take their blue inhaler and ensure a member of staff is called
- Tell their parents, teacher or PE teacher when they are not feeling well
- Treat asthma medicines with respect
- Know how to gain access to their medicine in an emergency
- Know how to take their own asthma medicines

Use of emergency salbutamol inhalers in school

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The inhaler can be used if the student'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.**

At Treviglas Community College we will be holding Emergency Salbutamol Inhalers within the college and we will ensure that it will only be used by students, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. A student 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 students if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

We have arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions.

Also in place will be the following:-

- The emergency inhaler kit will be kept in reception in an unlocked and easily accessible location. There will be a list in the front, of all students who have parental permission for the use of the Emergency Inhaler. This allows for the staff to have a quick check for initiating the emergency response. Ensuring that the emergency inhaler is only used by students with asthma with written parental consent for its use.
- Keeping a record of parental consent on the asthma register will also enable staff to quickly check whether a student is able to use the inhaler in an emergency. Consent will be updated regularly – ideally annually - to take account of changes to a student's condition.
- Appropriate support and training for staff in the use of the emergency inhaler in line with the college's wider policy on supporting pupils with medical conditions.
- Keeping a concise record of use of the emergency inhaler as required by supporting students at college with medical conditions policy and informing parents or carers that their child has used the emergency inhaler.
- Having at least two first aiders responsible for ensuring the protocol is followed.
- The use of an emergency asthma inhaler should also be specified in a student's individual healthcare plan where appropriate.

The Emergency kit

Our emergency asthma inhaler kit includes:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- 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
- a list of students permitted to use the emergency inhaler as per parental consent form.
- a record of administration (i.e. when the inhaler has been used).

We will be keeping the emergency kit in the **MAIN OFFICE First Aid bay** which is known to all staff, and to which all staff have access at all times. The inhaler and spacer will not be locked away but will be out of the reach and sight of students. The emergency inhaler will be clearly labelled to avoid confusion with a student's inhaler.

Storage and care of the inhaler

The first aider (or cover first aider) will have shared responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

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. To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the student to take home for future personal use.

The inhaler itself however 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.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Responding to asthma symptoms and an asthma attack

Salbutamol inhalers are intended for use where a student has 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 student getting the treatment they need.

For this reason the emergency inhaler should only be used by students who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed a reliever inhaler **AND** whose parents have given consent for an emergency inhaler to be used.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising

- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the student to be sent home from college or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The student complains of shortness of breath at rest, feeling tight in the chest
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a student is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

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

Responding to signs of an asthma attack

- Keep calm and reassure the student
- Encourage the student to sit up and slightly forward.
- Use the student's own inhaler – if not available or there is a problem ie: broken, empty, out of date, not in college, use the emergency inhaler which is located in the reception office (First Aid)
- Remain with the student while inhaler and spacer are brought to them
- Immediately help the student to take two puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the student. Stay with the student until they feel better. The student can return to school activities when they feel better
- If the student 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

- The student's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a student taken to hospital by ambulance and stay with them until a parent or carer arrives.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. Supporting students requires written records to be kept of medicines administered to our students.

The student's parents must be informed in writing so that this information can also be passed onto the child's GP.

Staff

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

In the following advice, the term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a student use the emergency inhaler, and been trained to do this, and are identified in the school's asthma policy as someone to whom all members of staff may have recourse in an emergency.

Our staff have appropriate training and support, relevant to their level of responsibility.

ALL staff should be made aware of:

- symptoms of an asthma attack, and ideally, how to distinguish them from other conditions
- with similar symptoms;
- Staff who administer inhalers, and that they have appropriate training
- The asthma policy;
- How to check if a student is on the register;
- How to access the inhaler;
- Who the designated members of staff are, and the policy on how to access their help; administering salbutamol inhalers through a spacer.

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'

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

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the student to sit up and slightly forward
- Use the student's own inhaler – if not available or there is a problem i.e.: broken, empty, out of date, not in college use the emergency inhaler which is located in the reception office
- Remain with the student 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 student. Stay with the student until they feel better. The child can return to college 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**

Policy approved and signed by:

Sign:

Print Name:

Date: