



Asthma Policy

Swakeleys School for Girls

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Ratified by the Full Governing Body

Control Sheet

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Asthma policy

Rationale

Childhood asthma affects many young people. Although some may outgrow asthma in their teens, a significant number of secondary age students suffer from asthma and so we as a school must be aware of and cater for these children's needs. As a staff we are committed to the full integration of children with asthma. They are to take a full part in all activities of the school.

All staff at Swakeleys School For Girls and 6th Form@Swakeleys will be advised on how to recognise and treat the symptoms of asthma through this policy document and specially arranged training sessions with the school nurse.

Success Criteria

- All staff will be aware of how to recognise and treat the symptoms of asthma.
- Students and parents will be aware of their responsibilities with regards to asthma management in school.
- All staff will be advised on practical asthma management both via this policy document and training by the school nurse's service.

Implementation

Working with Parents

On admission to Swakeleys School For Girls and 6th Form@Swakeleys each student's parents will be asked whether their child has asthma. This will be recorded with his/her medical details.

A list of all students with medical conditions, including asthma, will be held by the School on sims (School Information System).

Access to Inhalers and Nebuhaler (Spacer)

Students should always carry their reliever inhalers with them. An emergency inhaler will be available in the Medical Room in the care of the School Welfare Office. In this way if the student should lose/forget/empty his/her own inhaler, treatment can still be provided in the event of an attack. Spare inhalers should be handed in with the school medication form detailing dosage.

It is essential that the student has immediate access to his/her 'reliever inhaler' at all times.

Delay can lead to a severe attack and in rare cases could prove fatal. Each student must ensure that they have easy access to their reliever inhalers at all times; in the classroom, on the sportsfield, at break and lunchtimes and on school trips.

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A nebuliser/volumatic (spacer) will be available in the Medical Room for emergency use when required. Another will be placed in the sports hall.

PE and Games

PE staff have a major role to play in the good management of asthma at school. It is our aim that all students with asthma, except chronic sufferers, enjoy total normal activity. However, nearly all young people with asthma can become wheezy during exercise.

Students with asthma will be allowed to take a dose of or their reliever inhaler **before** exercise to help prevent exercise-induced asthma. If a student does become wheezy or breathless a further dose of the reliever inhaler should be taken.

Students who are normally active will not be forced to participate in PE or Games if they say they are too wheezy to continue.

PE staff must ensure that the student has his/her reliever inhaler immediately available during PE and Games lessons. A student who does not have his/her inhaler with him/her will not be allowed to participate.

Science and Technology

Fumes from science experiments and some processes carried out in technology may trigger symptoms or attacks in students with asthma. In the laboratory fume cupboards should be used to avoid this.

In workshops students who are susceptible to dust or fumes should be closely monitored and removed from the immediate area where there is any likelihood of distress.

Educational Visits

When out on an educational visit, students must ensure that they take their inhaler with them.

All staff organising trips out of school should obtain from the Welfare Office a list of students who require an inhaler and take an emergency inhaler kit if any asthmatic students will be on the trip. This must be returned directly to the Welfare office.

A Nebuliser/Spacer should also be taken on each visit. This can also be obtained from the Welfare Office.

The Emergency Inhaler Kit

Swakeleys School For Girls and 6th Form@Swakeleys will hold emergency inhaler kits in the main school and in the sports hall.

An emergency asthma inhaler kit should include:

- 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;

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- 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 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).

Storage and care of Emergency Inhalers

The Welfare Assistant will be responsible for the care and maintenance of the emergency inhaler kit.

- 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.

The Welfare assistant will advertise the location of the kit to staff.

The inhaler and spacer should not be locked away. 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. 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 child 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 this/here 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.

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled.

No student will be allowed to attend a school trip without their own inhaler.

Evaluation

The effectiveness of this policy will be evaluated by the Health and Safety committee through the medical log of the school and records of instances of asthma symptoms. In addition through the storage and correct use of asthma medication and staff training records.

Review

This policy will be reviewed annually by the Curriculum and Pastoral Committee and under advice from the school nurses' service.

APPENDIX A

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 unless parents have refused this (list in the box)
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If this/here 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

Parents must always be notified of an asthma attack.

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