

Ashbury Meadow School Asthma Policy

March 2014

Review date March 2016

The school:

- Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art, PE, science, educational visits and out of hours activities
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times
- Keeps a record of all pupils with asthma and the medicines they take
- Endeavours that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- Ensures 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

Asthma medicines

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor/asthma nurse and class teacher agree they are mature enough. Reliever inhalers of younger children are kept in classroom cupboards. All inhalers must be labelled with the child's name by the parent/carer.

If a parent/carer has stated that their child requires an inhaler in school but does not supply an in-date inhaler, the school will take the following action:

- Phone the parent/carer and request that the inhaler is brought into school without delay. The phone call will be logged on the pupil's Asthma Information Form (reverse side 'For Office Use' box). Further conversations may be appropriate, at the discretion of the school.
- If the parent/carer fails to supply the inhaler as requested, write to the parent using the example letter. This repeats the request for the inhaler and states that without the inhaler, in the event of an asthma attack, staff will be unable
- to follow the usual Asthma Emergency inhaler procedures and will be reliant on calling 999 and awaiting the Emergency Services. The letter will be filed with the child's asthma information form.

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. For information on how to clean spacers please go to www.asthma4childrenSchool Asthma Policy (Primary)

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 (care plan). 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.

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 aware of the importance of thorough warm up and down.

School Environment

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

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, under supervision
- 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

Access and Review of Policy

The Asthma Policy will be accessible to all staff and the community through the school's website. Hard copies can be obtained from the school office. This policy will be reviewed on a two yearly cycle.

Appendix

What to do in an asthma attack

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an attack. Where possible a spacer is the best form of delivery.

Step 1 What to do

- Encourage the child or young person to sit and slightly bend forward – do not lie them down.
- Make sure the child or young person takes two puffs of reliever inhaler (blue) (1 puff per minute) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child
- If symptoms do not improve in 5 – 10 minutes go to step 2

Step 2 If there is no immediate improvement in symptoms:

- Continue to make sure the child or young person takes one puff of reliever inhaler (blue) every minute for four minutes (four puffs). Children under the age of two years two puffs. If symptoms do not improve in 5 – 10 minutes go to step 3.
- Continue to reassure the child

Step 3 Call 999:

- Continue to make sure the child or young person takes one puff every minute of reliever inhaler (blue) until the ambulance arrives.
- Call parents/carer
- Keep child or the young person as calm as possible.

If the child/young person has any symptoms of being too breathless or exhausted to talk, lips are blue, being unusually quiet or reliever inhaler not helping you may need to go straight to step 3. If you are ever in doubt at any step call 999.

Common signs/symptoms of an asthma attack are:

- ❖ Coughing
- ❖ Shortness of breath
- ❖ Tightness in the chest
- ❖ Sometimes younger children express the feeling of a tight chest as a tummy ache

- ❖ Being unusually quiet
- ❖ Difficulty speaking in full sentences

After a mild to moderate asthma attack

- ❖ Mild to moderate attacks should not interrupt the involvement of a pupil with asthma in school.
- ❖ When the pupil feels better they can return to school activities
- ❖ The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in asthma attack

- ❖ Never leave a pupil having asthma attack.
- ❖ If the pupil does not have their inhaler and / or spacer with them send another teacher or pupil to their classroom or assigned room to get their spare inhaler and / or spacer.
- ❖ In an emergency situation school staff is required under common law, duty of care, to act like any reasonably prudent parent.
- ❖ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- ❖ Contact the pupil's parents or carers at step 1 if a pupil does not have their reliever inhaler at school.
- ❖ Send another pupil to get another teacher / adult if an ambulance needs to be called.
- ❖ Contact the pupil's parents or carers immediately after calling the ambulance / doctor.
- ❖ A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

- ❖ Generally staff should not take pupils to hospital in their own car.

Recommendations on the management of acute asthma in children in primary care and asthma in the school setting are taken from the British Guideline on the Management of Asthma (BTS & SIGN 2010) and Asthma UK.

FORM 1 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number
2. Give your location as follows: (insert school/setting address)
3. State that the postcode is
4. Give exact location in the school/setting (insert brief description)
5. Give your name
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

FORM 2 - Healthcare Plan

Name of School/Setting _____

Child's name _____

Group/Class/Form _____

Date of Birth _____

Child's Address _____

Medical Diagnosis or Condition _____

Date _____

Review date _____

CONTACT INFORMATION

Family contact 1

Family contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact

GP

Name _____

Name _____

Phone No. _____

Phone No. _____

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities)

Form copied to:

Form 2a**School Asthma Health Plan**

Date Completed _____

Child's Name	
DOB	
Address	
Class	
Parent / Guardians name (1 st contact)	
(2 nd contact)	
Telephone:	Home:
	Work:
	Mobile:
GP	Name:
	Surgery:
	Telephone:

Does your child tell you when he needs their inhaler? Yes/No

Not always

Does your child need help taking their inhaler? Yes/No

Does your child need to take their inhaler before physical activity? Yes/No

If only required during a common cold please circle: With colds only

Medication:	Strength	Dose	When to be taken
			Before activity: May need before, during and/or after. Staff to observe. Aim to get through activity without symptoms if possible.

My child's asthma triggers: *(please tick the appropriate boxes of your child's triggers)*

Cold air		Colds / viral infections		Pollen		Stress/anxiety	
Changes in weather		Exercise		Dust		Emotion/ Excitement	
Damp / mould		Night		Pets		Cigarette smoke	

Other: Observe for any unknown triggers

Relief treatment when needed

For cough, wheeze breathlessness or sudden chest tightness, give or allow the child to take the inhaler below. After 5-10 minutes the child should feel better & be able to return to normal activities.

Medication	Strength	Dose	When to be taken
			4 hourly as and when required
Expiry date	Sign by parent/Guardian		

In an Emergency

An emergency is when any of the following happen:

- 1) The reliever inhaler doesn't help.
- 2) Symptoms of cough, wheeze, breathlessness or tight chest get worse.
- 3) The child is too breathless or exhausted to speak or is usually quiet.
- 4) The child lips are blue.

What to do

Continue to give the child 1 puff of reliever inhaler (blue) every minute for

four minutes (four puffs). Children under two years two puffs

After 5-10 minutes the child should feel better & be able to return to normal activities.

If the reliever inhaler has no effect after 5-10 minutes, call 999 for an ambulance

Continue to give the reliever inhaler one puff every minute until the ambulance arrives.

Inform the child's parents.

Parent / Guardian Name _____ signature _____ Date _____ :

Health Professional: GP/Consultant/Practice Nurse/Asthma Nurse/Other:

Name _____ signature _____ Date _____

Review Date: _____

School Asthma Health Plan - Part 2

It is recognised that reliever inhalers are prescribed for use by an individual child only and as such they should not be used by anyone else. However, if your child is having a severe asthma attack and his/her reliever inhaler is not readily accessible then there may be circumstances where it is appropriate to use another child's inhaler to relieve the symptoms. This would only occur in exceptional circumstances and your child would be expected to use his/her own inhaler at all other times.

If your child is having a severe asthma attack, and his/her reliever inhalers are not immediately or readily available do you agree your child may use another child's reliever inhaler? **Yes/No**

Would you give permission for your child's inhaler to be used by another child who is having a severe asthma attack? **Yes/No**

Is your child known to be allergic to or unable to use any known alternative reliever inhalers? **Yes/No**

(If you are unsure how to answer this question please discuss it with your GP.)

If yes please provide full details:

This would only happen in an emergency situation

Parent / Guardian Name _____ signature _____ Date _____ :

Note

Inhalers must be in the original container as dispensed by the pharmacy.

Record of medication					
Date					
Time given					
Dose					
Any reactions					
Name if staff member					
Staff signature					

Record of medication					
Date					

Time given					
Dose					
Any reactions					
Name if staff member					
Staff signature					

FORM 3A

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine

Name of School/Setting _____

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

Name/Type of Medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

Agreed review date to be initiated by
[name of member of staff]: _____

Dosage and method: _____

Timing: _____

Special Precautions: _____

Are there any side effects that the school/setting needs to know about? _____

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: _____

Contact Details

Name:

Daytime Telephone No:

Relationship to Child:

Address:

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date:

Signature(s):

Relationship to child:

FORM 3B

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of School/Setting _____

Date _____

Child's Name _____

Group/Class/Form _____

Name and strength of medicine _____

Expiry date _____

How much to give (i.e. dose to be given) _____

When to be given _____

Any other instructions _____

Number of tablets/quantity to be given to school/setting _____

Note: Medicines must be the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

Agreed review date to be initiated by
[name of member of staff]: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: _____ Print Name: _____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 4

Name of School/Setting _____

It is agreed that _____ *[name of child]* will receive
_____ *[quantity and name of medicine]* every day at
_____ *[time medicine to be administered e.g. Lunchtime or
afternoon break]*.

_____ *[name of child]* will be given/supervised whilst he/she takes
their medication by _____ *[name of member of staff]*.

This arrangement will continue until _____ *[either end date of
course of medicine or until instructed by parents]*.

Date: _____

Signed: _____

[The Head teacher/Head of Setting/Named Member of Staff]

FORM 5

Record of medicine administered to an individual child

Name of School/Setting _____

Name of Child _____

Date medicine provided
by parent _____

Group/class/ form _____

Quantity received _____

Name and strength of
medicine _____

Expiry date _____

Quantity returned _____

Dose and frequency of
medicine _____

Staff signature _____

Parent signature _____

Date _____

Time Given _____

Dose Given _____

Name of member of
staff _____

Staff initials _____

Date

Time Given

Dose Given

Name of member of
staff

Staff initials

Date

Time Given

Dose Given

Name of member of
staff

Staff initials

Date

Time Given

Dose Given

Name of member of
staff

Staff initials

Date

Time Given

Dose Given

Name of member of
staff

Staff initials

FORM 7

Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns discuss request with school healthcare professionals

Name of School/Setting: _____

Child's Name: _____

Group/Class/Form: _____

Address: _____

Name of Medicine: _____

Procedures to be taken in an emergency: _____

Contact Information

Name: _____

Daytime Phone No: _____

Relationship to child: _____

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: _____ Date: _____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 8
Staff training record - administration of medicines

Name of School/Setting: _____

Name: _____

Type of training received: _____

Date of training completed: _____

Training provided by: _____

Profession and title: _____

I confirm that _____ *[name of member of staff]* has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often)

Trainer's signature and designation: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested Review Date: _____

FORM 9

Authorisation for the administration of rectal diazepam

Name of School/Setting

Child's name

Date of birth

Home address

GP

Hospital consultant

_____ [*name of child*] should be given Rectal Diazepam _____ mg. If he/she has a *prolonged epileptic seizure lasting over _____ minutes

OR

*serial seizures lasting over _____ minutes.

An Ambulance should be called for *at the beginning of the seizure

OR

If the seizure has not resolved *after _____ minutes.

(* please delete as appropriate)

Doctor's signature:

Parent's signature:

Print Name:

Date:

NB: Authorisation for the Administration of Rectal Diazepam

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- when the diazepam is to be given e.g. after five minutes; and
- how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Records of administration should be maintained using Form 5 or similar