



Responsible member of staff - Melanie Munn (Head Nurse)

Reviewed October 2020

This procedure includes our Early Years Foundation Stage and after School care.

1 Aims

- To enable all pupils with asthma to participate fully in school activities.
- To ensure all staff are able to deal with a child who has an asthma attack
- To ensure compliance
- To help all pupils staff and parents are well informed about asthma and to adopt a responsible attitude to its treatment.

2 What is asthma?

Asthma is a disorder of the lungs. Underlying sensitivity and inflammation causes air passages or bronchial tubes to become narrowed, making it difficult to breathe in and out. Sudden narrowing produces what is usually called an asthma attack.

3 How does asthma affect children?

Children with asthma may develop episodes of attacks of breathlessness and coughing during which wheezing or whistling noises may be heard coming from the chest. Tightness felt inside the chest is sometimes frightening and may cause great difficulty in breathing.

Individual children are affected by their asthma in different ways. One child may have very occasional, brief and mild attacks whilst another may be forced to not attend school, be unable to participate in games and need regular treatment.

4 What causes an asthma attack?

Asthma is a physical disorder of the lungs which the air passages become sensitive a variety of common stimuli. It is not an infectious disease nor is it a psychological disease, although strong emotions lead to symptoms.

5 Collecting information on individual pupils

- All parents are asked to declare their child's asthma.
- Nurses will carry out a baseline peak flow of all new pupils
- Any boarder showing signs of asthma will be assessed and referred to the school doctor
- A termly list will be published to all staff of the current asthmatics.
- All asthmatics children have an individual care plan which goes into a green bag containing their asthma medication which is then kept in the medical centre.
- A copy of the pupil's care plan is available in the medical centre and the staff room

6 Use of inhalers

- Preventative inhalers are usually **brown** or **orange** and contain steroids. These are taken regularly to reduce the sensitivity of the air passages so that attacks no longer occur or are only mild. This type of inhaler does not help during an attack.
- Relief inhalers are generally **blue** and are used to relieve pupils when breathless, coughing or wheezing.

7 Use of inhalers in school

- All pupils have their own labelled inhaler kept in the pigeon holes in the medical centre. All pupils must collect and sign out their inhalers prior to games lessons or outings. Pupils must not share their inhalers.
- All inhalers should be administered through a spacer device.
 - Take cap off end of inhaler
 - Insert mouthpiece of inhaler into spacer device
 - While holding the device shake the unit briskly 4 – 5 times
 - Inset mouthpiece in mouth and close lips tightly around the mouthpiece for an effective seal or apply mask gently over face ensuring a good seal.
 - Depress inhaler once. Inhale slowly and deeply through the mouth until a full breath has been taken followed by a 5-10 second breath hold if possible. If not possible to hold breath breathe in and out 2-3 times. If a whistle sound is heard the pupil is breathing too deeply.
- Wait 30 seconds before repeating above steps

8 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

9 What to do in the event of 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
- 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 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 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

10 Signs of a severe asthma attack

ANY of these signs means it is severe:

- The relief medication does not work.
- The pupil is breathless enough to have difficulty in talking normally.
- Blue tinge around the mouth (cyanosis)
- Pulse rate is greater than 120 beats per minute
- Rapid breathing of 30 breaths per minute.
- **CALL THE EMERGENCY SERVICES**
- Stay with the pupil
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- Inform the parents

11 Emergency Salbutamol inhalers

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

A register of all asthmatics and those children whose parents have consented to emergency salbutamol treatment will be kept with the inhaler in the **orange** emergency bag.

Parental consent for emergency salbutamol treatment will be included in the pupil's care plan.

The Emergency salbutamol inhaler **should only be used** by children, for whom:

- written parental consent for use of the emergency inhaler has been given; **and**
- who have either been diagnosed with asthma and prescribed an inhaler; **or**
- who have been prescribed a inhaler as a reliever.

The Emergency Salbutamol inhaler:

- can be used if the Pupils prescribed inhaler is not available.
- will be stored in the emergency orange bag kept in the Medical Centre

12 Cleaning inhalers in school

- All spacer devices should be washed monthly and replaced at least yearly
- Take the port off the back of the inhaler (where the inhaler goes in)
- Soak in warm water with a mild detergent for 15 minutes
- Shake off excess water. Do not rub dry
- Air dry in vertical position

13 Caring for inhalers in school

- All inhalers should be checked monthly and a check sheet completed
- Remove canister
- Check level of inhaler – either by shaking or checking counter
- Replace whole inhaler if empty or low or has expired
- Note down expiry date and order another inhaler either via parent if day child or school GP if boarder

14 Training

Staff are informed and trained on emergency inhaler use on Staff inset days