Darley Dene Asthma Plan

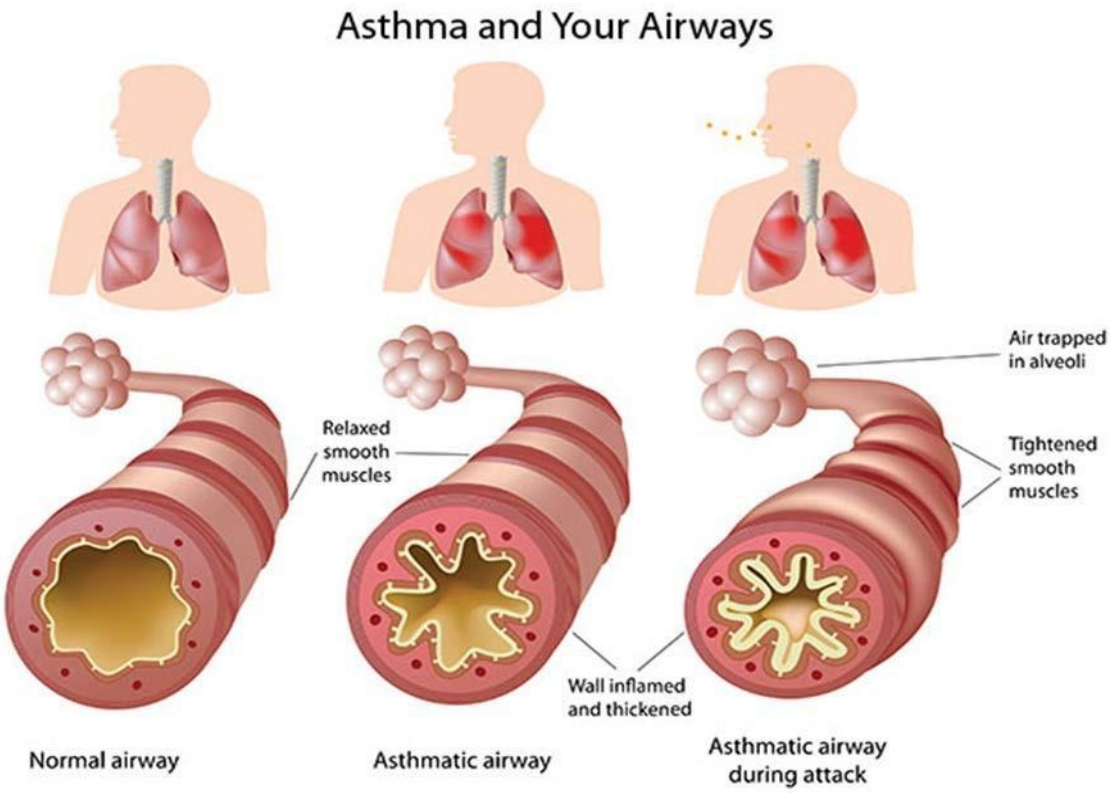
To be read in conjunction with:
The Lumen Learning Trust Policies: 'First Aid policy' and 'Supporting children with medical conditions policy'

Policy Review Date: June 2030

School Name: Darley Dene
Headteacher: Zoe Devonport
Asthma Lead: Karen Surey and Catherine Webb
School Nursing team: Willow Armit Specialist Community Public health nurse (SCPHN)

Asthma affects the airways that carry air in and out of your lungs. People with asthma often have inflammation in their small airways leading to symptoms such as cough, wheeze, breathlessness or a tight chest. Asthma symptoms can come and go and often flare up due to a trigger such as a common cold. There is currently no cure for asthma but with the use of a twice daily preventer inhaler symptoms can usually be completely managed. A reliever inhaler is for the purpose of when symptoms flare-up. A reliever inhaler and spacer should be kept in school for children and young people who have been prescribed them. Some children will only have one inhaler that is used as a preventer twice daily and as a reliever when required. This is known as maintenance and reliever therapy (MART)

What is asthma? | Asthma UK



As a school, we recognise that asthma is a widespread, serious, but controllable condition. Darley Dene welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- ✔ an asthma register
- ✔ up-to-date asthma policy,
- ✔ an asthma lead/champion,
- ✔ all pupils must always have immediate access to their reliever inhaler and spacer,
- ✔ all pupils have an up-to-date asthma action plan, or Individual Health Care Plan (IHCP) thinking of those children without diagnosis
- ✔ an emergency salbutamol inhaler and spacer with corresponding paperwork
- ✔ ensure all staff have regular asthma training,
- ✔ promote asthma awareness pupils, parents and staff.

Asthma Register

Darley Dene has an asthma register of children within the school, which we update termly and at the start of the new academic year. The electronic register is held in the medical shared drive. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date copy of their personal asthma action plan, (for those children with a diagnosis)
- their reliever (salbutamol/terbutaline) inhaler and appropriate spacer in school,
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

Asthma Lead/Champion

Darley Dene school has an asthma lead who is named above. It is the responsibility of the asthma lead/champion to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhaler (Emergency asthma inhalers for use in schools - GOV.UK (www.gov.uk)) and ensure measures are in place so that children have immediate access to their inhalers.

Medication and Inhalers

All children with asthma must always have immediate access to their reliever (usually blue) inhaler and spacer. The reliever inhaler is a fast-acting medication that opens the airways and makes it easier for the child to breathe.

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children do not usually need to bring their preventer inhaler to school as

it should be taken regularly as prescribed by their doctor/nurse at home. If the child is on the maintenance and reliever therapy (MART), they will have just one inhaler that acts as a preventer and reliever and therefore should have one at school. If the pupil is going on a residential trip, we are aware that they will need to take all inhalers, spacers, and any other regular medication with them.

All inhalers are kept in the school office. Staff who have had asthma training support children as they use their inhaler and spacer, this can be essential for the well-being of the child. Failure to receive their medication could end in hospitalisation or even death. If we have any concerns over a child's ability to use their inhaler and spacer, we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines.

Maintenance and Reliever Therapy (MART)

Some older children may be on a maintenance and reliever therapy plan. This means that they will have one inhaler device that they take in the morning and evening as a preventer, and they use the same inhaler as a reliever if they develop symptoms. The inhaler in this regime for children does not require a spacer and is known as a dry-powder device. The school will ensure that a copy of the asthma action plan specifically for MART regimes written by a healthcare professional is made available by the parent/carer. Here is a sample of a template for a MART Asthma Action Plan. This must be completed by a healthcare professional**.**

MART-no-logo.pdf (beatasthma.co.uk)

Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses a personal asthma action plan, they are four times less likely to be admitted to hospital due to asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. Asthma action plans must be provided by a doctor or a nurse. Parents must not fill out an asthma action plan template on behalf of their child as this will not be appropriate and could potentially be clinically incorrect.

Staff training

Staff will need regular asthma updates. This training can be provided by the school nursing team, or via E learning for health tier 1
https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Within the PHSE curriculum pupils will address ways to keep healthy and this will include learning experiences that explore medicines such as inhalers, auto adrenaline injectors and vaccinations and immunisation can

help people stay healthy. Pupil's asthma triggers will be recorded as part of their asthma action plans/individual health care plans and the school will ensure that pupils will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- *Colds and infection*
- *Dust and house dust mite*
- *Pollen, spores and moulds*
- *Feathers*
- *Furry animals*
- *Exercise, laughing*
- *Stress*
- *Cold air, change in the weather*
- *Chemicals, glue, paint, aerosols*
- *Food allergies*
- *Fumes and cigarette smoke*

As part of our responsibility to ensure all children are safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all activities. If a pupil needs to use their inhaler and spacer during a lesson they will be encouraged and supported to do so.

There has been emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented, and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE.

When asthma is affecting a pupil's education

The school is aware that the aim of asthma medication is to allow people with asthma to live a full and active life. Therefore, if we recognise that asthma is impacting on their life as a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated

Personal Asthma Action Plan, to improve their symptoms. However, the school recognises that Pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Emergency Salbutamol Inhaler in school Emergency asthma inhalers for use in schools - GOV.UK (www.gov.uk)

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015) which gives guidance on the use of emergency salbutamol inhalers in schools. We have summarised key points from this policy below.

As a school we can purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

We have two emergency kit(s), which are kept in the school office so it is easy to access. Each kit contains:

- A salbutamol metered dose inhaler
- At least two spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instruction 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 children permitted to use the emergency inhaler
- A record of administration

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given. The school's asthma lead and team will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available
- 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. Before using a salbutamol inhaler for the first

time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air

Any puffs should be documented so that it can be monitored when the inhaler is running out. The inhaler has 200 puffs, so when it gets to 100 puffs having been used we will replace it.

The spacer cannot be reused. We will replace spacers following use. If the spacer is plastic or metal, it can be given to the child that used it, if it is a cardboard disposable spacer it can be disposed of as recommended on the packaging. The inhaler can be reused, if it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm running water and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

All inhalers that have expired or spent should be returned to a community pharmacy for safe disposal and not in the general waste.

The emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given (see Appendix 2 for consent form).

The names of these children will be clearly written in our emergency kit. The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

- Common 'day to day' symptoms of asthma

As a school we require that children with a diagnosis of asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them on an individual basis. We will also send home our own information and consent form for every child with asthma each school year *(see appendix 1)*. This needs to be returned immediately and kept with our asthma register.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g., stopping exercise). As per DOH document, they would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks
Darley Dene recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition, guidance will be displayed in the staff room and medical room *(see appendix 3)*.

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states 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)

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to 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

It goes on to explain that 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 and spacer – if not available, use the emergency inhaler and spacer
- Remain with the child while the inhaler and spacer are brought to them
- *Shake the inhaler and remove the cap
- *Insert the inhaler into the spacer
- *Place the mouthpiece of the spacer between the lips with a good seal, or place the mask securely over the nose and mouth
- *Release one dose of the inhaler into the spacer and count to 5
- *Remove the spacer from the mouth/face and shake the inhaler again

- *Place the mouthpiece of the spacer back between the lips or place the mask securely over the nose and mouth
- *Release the second dose of the inhaler into the spacer and count to 5
- If there is no improvement, repeat these steps* 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 you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parent/carers should be informed and advised that the child is seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent/ carer arrives

Useful Links

- Asthma + Lung UK | Asthma home
- Emergency asthma inhalers for use in schools - GOV.UK (www.gov.uk)
- https://www.transformationpartners.nhs.uk/programmes/children-young-people/asthma/supply-of-salbutamol-inhalers-to-schools-pharmacy-guide-revised-due-to-covid-19/
- Asthma (Children and young people) - elearning for healthcare (e-lfh.org.uk)

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Adapted by: Darley Dene Primary School September 2024 and reviewed in June 2026
Review date: June 2030

APPENDIX 1:

Darley Dene Pupil Asthma Information and Consent Form

(This form is to be completed for every child with asthma each academic year and kept with the school's asthma register)

Pupil Name:…… Class:…….. Date of birth:…… Allergies:…… Emergency contact:…… Emergency contact number: …… Doctor's phone number:……	Affix photo here (to be added by school)

What are the signs that your child may be having an asthma attack?
Are there any key words that your child may use to express their asthma symptoms?

What is the name of your child's reliever medicine and the device?	
Does your child have a spacer device?	Yes/No
Does your child need help to use their inhaler?	Yes/No
Is your child on a maintenance and reliever therapy (MART)	Yes/No

What are your child's known asthma triggers?

Does your child need to take their reliever medicine before exercise? Yes/No

If YES, the child should warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:

My Child has a working, in-date inhaler and spacer, clearly labelled with their name, which they will bring with them to school every day/that will be left at school (delete as appropriate).

I give my consent for school staff to administer/assist my child with their own reliever inhaler as required.

Signed…… Date…….

Print Name…….... Relationship to child…….

APPENDIX 2:

School Emergency Salbutamol Inhaler Consent Form

Darley Dene school has a generic salbutamol inhaler and spacer to use in an emergency. This inhaler can only be used for pupils who are on the schools Asthma register and can be used if the pupils' prescribed inhaler is not available (for example broken or is empty).

Parental/Carer consent is required to administer a generic inhaler in an emergency if required. Please complete the form below to give consent.

I confirm that my child has been diagnosed with asthma and has been prescribed a blue salbutamol reliever inhaler.
YES/NO

I give consent for my child to use the school emergency salbutamol inhaler and spacer if needed.
YES/NO

Childs Name:……

Class:.....

Parent/Carer Name: ……

Signed: _____ Date: _____

APPENDIX 3:

Symptoms of an asthma attack

- Not all symptoms listed have to be present for this to be an asthma attack
- Symptoms can get worse very quickly
- If in doubt, give emergency treatment.
- Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky or stating that the heart is beating faster.

Cough
A dry persistent cough may be a sign of an asthma attack.

Chest tightness or pain
This may be described by a child in many ways including a 'tight chest', 'chest pain', tummy ache

Shortness of breath
A child may say that it feels like it's difficult to breathe, or that their breath has 'gone away'

Wheeze
A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may or may not be wheezing.

Increased effort of breathing
This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger children, the stomach may be obviously moving in and out. Nasal flaring.

Difficulty in speaking
The child may not be able to speak in full sentences

Struggling to breathe
The child may be gasping for air or exhausted from the effort of breathing

CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD

- Appears exhausted
- Has blue/white tinge around the lips
- Is going blue
- Has collapsed

Administering reliever inhaled therapy through a spacer

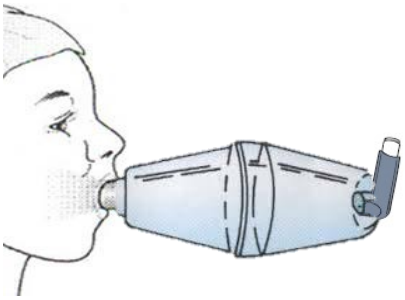
A metered dose inhaler can be used through a spacer device. If the inhaler has not been used for 2 weeks, then press the inhaler twice into the air to clear it.

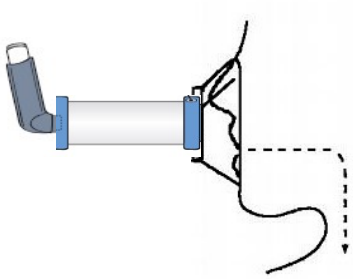
A spacer might be:

Orange
Yellow
Blue
Clear
Cardboard

A spacer may have:

A mask
A mouthpiece





1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the back of the spacer
5. Place mouthpiece in mouth with a good seal, (or if using the mask place securely over the mouth and nose)
6. Encourage the child to breathe in and out slowly and gently
7. Depress the canister encouraging the child to continue to breathe in and out for 5 breaths
8. Remove the spacer
9. Wait 30 seconds and repeat steps 2-6
10. Assess for improvement in symptoms

Depending on response to steps 2-7 can be repeated according to response up to 10 puffs.

If there is no improvement **CALL 999**. If help does not arrive in 10 minutes give another 10 puffs in the same way.

If the child does not feel better or you are worried **ANYTIME** before you have reached 10 puffs, call 999 for an ambulance and continue to treat as above.