



GURU NANAK SIKH ACADEMY LTD
Springfield Road, Hayes, Middlesex UB4 0LT

Asthma Policy

Any reference in this policy to **parents** means;

- All natural, parents whether they are married or not
- Any person who has parental responsibility for a child or young person
- Any person who has care of a child or young person i.e. lives with and looks after the child

MAT means Multi Academy Trust

Updated	Next Review	Reviewed by
11/2012	11/2013	L Gill
05/2014	05/2015	L Gill
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1. Asthma

At Guru Nanak Sikh Academy we recognise Asthma as an important condition affecting many pupils/students. We welcome pupils/students with asthma to the school.

All staff at Guru Nanak Sikh Academy encourages pupils/students with asthma to achieve their full potential in all aspects of school life. The school has an Asthma Policy which is understood by governors, teaching staff, non-teaching staff and students/pupils.

Pupils/students with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment. Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly and difficulty in breathing, especially breathing out. The pupil/student may become distressed and anxious and in very severe attacks their skin and lips may turn blue.

At the beginning of each school year, or when a pupil/student joins the school, parents are asked if the pupil/student has asthma. If a pupil/student has asthma he/she is then given forms to complete. The first is an asthma consent form. This will allow pupil/student to have access to the emergency inhalers at school. The second is the medication at school form. Completed forms should be returned to school. Parents are asked to inform the school as and when changes in medication take place. All teaching staff are given access to the Asthma Register. A copy is held in each emergency kit.

a) The School Environment

- The School ensures, to the best of its ability, that the environment is favorable to pupils/ students with asthma.
- The School does not use chemicals in the dusting and cleaning of classrooms as far as is practical.
- The School has a non-smoking policy.

b) Statement of the School

- keeps records of all pupils/ students who have asthma together with a record of the medication they take
- recognises that immediate access to reliever inhalers is vital
- ensures that other pupils/students have an understanding of asthma
- ensures that all staff who come in contact with students/pupils with asthma know what to do in the event of an asthma attack
- works in partnership with interested parties (school staff, parents, governors. doctors, nurses and children) to ensure the policy is implemented and maintained successfully.

c) Medication and control

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances.

Most pupils/students with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils/students to carry their inhalers with them at all times, particularly during PE lessons. If a pupil/student is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's/student's name.

Pupils/students with asthma must have immediate access to their inhalers when they need them.

Where a pupil/student is unable to use an inhaler by themselves or where a pupil/student requires additional medication, e.g. a nebuliser, a health care plan must be completed. For pupils/students whose asthma is controlled by an inhaler, an information card giving the basic details should be completed and kept with their file.

Note that it is difficult to 'overdose' on the use of an inhaler. If a pupil/student tries out another pupil's/student's inhaler there are unlikely to be serious side effects, although clearly pupils/students should never take medication, which has not been prescribed for their own personal use.

Following discussion with the pupil/student and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's/student's condition to his/her peer group so that they are made aware of their classmate's needs.

d) Managing pupils/students with Asthma

- Staff should be aware of those pupils/students under their supervision who have asthma
- PE staff should ensure that all pupils/students with asthma have their salbutamol inhaler prior to commencement of a session
- Staff should ensure that they have some knowledge of what to do if a pupil/student has an asthma attack
- If a pupil/student feels unwell, welfare staff should be contacted for advice
- A pupil/student should always be accompanied to the Medical Room. If a pupil/student shows any signs/symptoms mentioned on page 5, the pupil/student should not be moved. Welfare staff/first aider should come to the pupil/student.

e) Educational Visits and Trips Away From School

- Staff should ensure that all pupils/students going on trips away carry their medication with them.
- Staff members trained in administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the visit/ trip must be aware of the pupil/student's medication condition and of any relevant emergency procedures.

f) Issues which may affect learning

Pupils/students with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils/students must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils/students with asthma in the same way as other pupils/students. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils/students, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. However, they should not be forced to take part if they feel unwell.

PE Teachers are aware of pupils/students who have asthma from the Asthma Register.

Teachers will remind pupils/students whose asthma is triggered by exercise to take their reliever before they start, they will also be encouraged to complete a warm-up of a few short sprints over five minutes before they start.

Teachers will remind pupils/students to take their inhalers with them when they go on a run.

During PE lessons clearly labelled inhalers will be kept in a box at the site of the lesson.

All teaching staff has access to the asthma register.

g) What are the main symptoms?

- Coughing
- Wheezing
- Inability to speak properly
- Difficulty in breathing out

h) What To Do If A Pupil/Student Has An Asthmatic Attack

- Stay calm and reassure the pupil/student. Speak calmly and listen to what they are saying.
- Summon assistance from the welfare assistant or first aider. Try not to leave the pupil/student alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are used promptly
- Help the pupil/student to breathe by encouraging them to breathe slowly and deeply and relax.
- Help the pupil/student to sit fairly upright or to lean forward slightly, rather than lying flat on his/her back.
- If the pupil/student does not respond to medication or his/her condition deteriorates call an ambulance.

Liaise with the School Office staff about contacting parents/carers.

2 EMERGENCY INHALERS - (In the process of being introduced in Primary and under discussion in Nanaksar Primary)

a) Supply

Inhaler and spacers can be bought from the pharmacist without a prescription. Necessary paperwork needs to be signed by the principal (or the designated person in place). Headed paper stating name of school, purpose for which product required and total quantity needed (Example on page 18).

b) The Emergency Kit (instructions included)

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- 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 (see below);
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

c) Salbutamol

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. It is essential therefore that the 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.

d) Storage / Care /Disposal

Welfare staff have 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; inhaler can be primed by spraying two puffs.
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use. To prevent cross contamination the plastic spacer should not be used. It can be given to the child for personal use.
- the plastic inhaler housing (which holds the canister) has been cleaned with warm running water, dried in air, cap replaced and returned to storage following use, or that replacements are available if necessary. If any risk of cross contamination i.e. used without a spacer, housing unit should be disposed of.

Inhalers will be kept in the following areas:-

Secondary: Welfare, Canteen, Reception, Gurdwara, English office, MPR, Art room 13, Science Lab 3 & 8, Maths office, Library, PE department x 2 kits, Gym, C2, Music room 46 and 4 kits for trips.

Primary: Kit in reception, on each floor, primary gym and 2 extra kits for trips.

Nanaksar: Information to follow.

Disposal

Guru Nanak Sikh Academy has been registered as a lower-tier waste carrier. Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away.

e) Children who can use an inhaler

The emergency salbutamol inhaler should 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.

A child 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 children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

The asthma register to be checked before supervising / administering inhaler. To check if consent has been given by parents, the register will be updated annually.

f) Responding to asthma symptoms and an asthma attack

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 child to be sent home from school 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 child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- 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 child 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 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 child while inhaler and spacer are brought to them
- Immediately help the child to take two separate 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 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
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

g) 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 pupils requires written records to be kept of medicines administered to children. The child's parents must be informed in writing so that this information can also be passed onto the child's GP. Example of letter given to parents attached – page 24.

h) Staff training

All the Academies staff have had asthma training.

It would be reasonable for ALL staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;

- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help.
- The emergency inhaler kits can be collected from any of the points closer to the student. If the designated staff members can be called they will bring the emergency inhalers with them or collect them on way.

Designated members of staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

Designated staff members are Lakhvir Gill and Kuldeep Virk (Secondary), *Ravinder Punn. (Primary) and *Balvinder Panesar (Nanaksar) are responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register; the supply, storage care and disposal of the inhaler and spacer.

*Awaiting Emergency inhaler process.

i) Liability and indemnity

Supporting pupils requires that governing bodies ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

Local Authorities may provide schools which are administering inhalers with appropriate indemnity cover; however schools will need to agree any such indemnity cover directly with the relevant authority or department.

Protocol used for emergency inhalers at school:

**WHAT TO DO IN THE EVENT OF
AN ASTHMA ATTACK**



**SIGNS OF
WHEEZING
COUGHING
SHORTNESS OF BREATH**

TREATMENT

**GIVE RELIEVER (BLUE)
INHALER, 2 PUFFS**

(IF THIS TYPE OF INHALER USE WITH SPACER)

IF NO OR MINIMAL EFFECT

GIVE UP TO 10 PUFFS OF RELIEVER (BLUE) INHALER

(IF THIS TYPE OF INHALER USE WITH SPACER)

If better (symptoms resolved) inform parents & advise GP Appointment.

**Hillingdon Champions
of Asthma Team**

August 2017

If little or no improvement:- **DIAL 999**. Continue to give **BLUE (reliever) inhaler** 10 PUFFS every 15 minutes until medical help arrives or symptoms improve.

WHAT TO DO IN THE EVENT OF

AN ASTHMA ATTACK

1. Keep calm and reassure the child
2. Encourage the child to sit up and slightly forward
3. Use the child's own inhaler- if not available, use the emergency inhaler
4. Remain with the child while the inhaler and spacer are brought to them
5. Immediately help the child to take two separate puffs of salbutamol via the spacer
6. If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs.
7. 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.
8. If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
9. If an ambulance does not arrive in 15 minutes give another 10 puffs in the same way.

Salbutamol Inhaler Log

**OF EMERGENCY
SALBUTAMOL INHALER USE**

Student's Name:.....

Form:.....

Date:.....

Dear.....

This letter is to formally notify you that has had problems with his/her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

(Delete as appropriate)

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given.....puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given.....puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

PARENTAL CONSENT FORM

FOR USE OF EMERGENCY SALBUTAMOL INHALER AT SCHOOL

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Parent/Carer Signature:.....

Date:.....

Full name (print):

Student's name:

Class / Form:

Parent/Carer address and contact details:

.....

.....Post Code:

Telephone:

E-mail:

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

To Whom It May Concern

Re: Emergency Inhaler Order Request

Please supply Salbutamol inhalers to this Academy for emergency administration to students suffering an asthma attack and who do not have access to their own personal inhaler.

Principal Signature
Capitals

Principal Name (Block

Date