



# Altmore & Lathom School Federation

## Asthma Policy

At Lathom Junior School we welcome all children with asthma and allergies and we aim to support them to participate fully in school life.

We will do this by being an asthma and allergy friendly school and take the whole school asthma approach, this means we have:

- An asthma policy including the use of emergency inhalers and AAIs
- A register of all children with asthma and allergies which includes all those who have been prescribed a Salbutamol inhaler, antihistamine or AAI
- An asthma emergency kit that includes salbutamol inhalers and spacers
- An anaphylaxis emergency kit that includes AAIs
- A system to refer children to the Children's Health 0-19 Service who are:
  - Absent from school due to asthma
  - Unable to fully take part in PE (and playtime) due to asthma
  - Those who have used their salbutamol inhaler three or more times in the space of a week (including at home)
- An asthma lead in school who is responsible for the adherence to the asthma and allergy friendly standards
- Annual Asthma and Allergy Management training for key staff in school i.e. asthma lead, first aiders, medical office staff etc.
- Annual Asthma Awareness for ideally 100% of the school workforce but a minimum of 85%
- The school-based asthma action plan displayed in each classroom.

We review the above annually (as a minimum) in collaboration with the Children's Health 0-19 Service. We notify them if we have less than 85% of our school workforce trained in asthma awareness at any point during the academic year and release staff to attending training sessions. Our parent/guardians are aware that we take a whole school asthma approach and have been advised of what this means for their child.

### **Asthma and Allergy Register**

An asthma and allergy register of children is held in the school and is updated yearly and when required. Parents/guardians of new children are required to complete a medical declaration form when joining school and at the start of each new school year. This will specifically document:

- Any physician-diagnosis of asthma and viral wheeze
- Any prescription of a reliever inhaler (salbutamol/terbutaline, blue pump) in the preceding 12 months.
- Any previous severe allergic reactions including any associated acute triggers/allergens
- Any prescription of an adrenaline pen (AAI) in the preceding 24 months.

Parents/guardians are responsible for informing the school if there are any changes to their child's needs, so that the register maintained is accurate.

Each child on the asthma and allergy register must have:

- A Personal Asthma Action Plan (PAAP) completed by a health care professional (GP, Practice Nurse, Asthma Clinic, A&E staff or hospital doctor). All children under the care of the asthma clinic must have a PAAP or access to the school-based asthma action plan
- All children under the care of the asthma clinic must have a PAAP; this will be given to the parent/guardian to bring a copy into school. Parent/guardians should contact their GP or asthma clinic to review their PAAP annually as a minimum or more frequently if required.
- Individual salbutamol inhaler and an age and ability appropriate spacer. These are stored out of the reach of other children but are easily accessible and remain in date. Children will be encouraged to carry their own inhaler and spacer if deemed appropriate.
- Parental consent to use the emergency inhaler and spacer. We review this annually.

### **Allergies**

- An Allergy Action Plan completed by a health care professional (Allergy Clinic, GP, Practice Nurse, School Nurse, Health Visitor, A&E staff or hospital doctor). This will be given to the parent/guardian at the point of diagnosis and clinic appointments and a copy should be brought into school.
- Individually prescribed anti-histamine and two AAIs. These are stored out of the reach of other children but are easily accessible and remain in date. Children will be encouraged to carry their own AAI if deemed appropriate. Where fewer than two AAIs are prescribed then the school's emergency AAI is a suitable alternative.
- Parental consent to use the emergency AAI (this is obtained and documented on the allergy action plan and is reviewed annually).

- Parent/guardians should contact their GP/allergy clinic to update their Allergy Management Plan if any changes are reported.
- All children prescribed a salbutamol inhaler within the last 12 months but without a formal diagnosis of asthma are also included on the register, so that the emergency inhaler and spacer can be made available to them with the consent of their parents/guardian.

## **Medications**

### **Inhalers and spacers**

We recognise that all child with asthma should have immediate access to their reliever (usually the salbutamol, blue inhaler) at all times. The reliever inhaler is a fast-acting medication that relaxes the airway muscles, opening them up and making it easier for the child to breathe. It is always taken through an age-appropriate spacer (with a mask under 4 years of age, and a mouthpiece over 4 years of age or those developmentally unable to use a mouthpiece).

We recognise that most children will also have a preventer inhaler (brown/orange/purple/red), which is usually taken morning and night, as prescribed by the doctor/nurse. Children should not routinely bring their preventer inhaler to school as it should be taken regularly at home as prescribed by their doctor.

If the child is going on a residential trip, they will need to take their preventer inhaler (and other prescribed asthma medication) with them for use at the start and end of the day. It is not helpful during an acute asthma attack.

School staff are not usually required to administer asthma medicines to children unless they are developmentally unable to take their inhalers by themselves or they are severely unwell during an asthma attack or anaphylaxis. Those who have poor inhaler and spacer technique will be observed and supported by a trained member of staff. If there are concerns over a child's ability to use their inhaler advice will be given to the parents/guardians to arrange a review with their GP and/or discuss this with the community asthma nurse. In addition, a referral can be made to the Children's Health 0-19 Service.

### **Spacer technique and care**

As part of the asthma and allergy management training all staff have been shown the specific inhaler and spacer technique that should be used to ensure the maximum benefit of using the medication is achieved.

Spacers need to be replaced yearly and washed half-termly or more regularly with frequent use. Spacers should be kept free from dust and liquids, and replaced if scratches or cloudiness are noted.

### **Emergency Inhalers in Schools**

In 2014, government legislation was introduced allowing schools to purchase salbutamol inhalers and spacers that would be owned and managed by the school. At Lathom we seek parental permission for the use of these inhalers so that where the child's salbutamol inhaler is not available or has expired or run out or obtaining it would cause delay these can be administered.

### **Adrenaline Auto-injectors (AAIs)**

In the event of a severe reaction the first line treatment is the administration of an AAI (AAI) as an injection into the thigh muscle. This will be administered immediately if there are any signs of a severe reaction. At Lathom we require all children who have been prescribed an AAI to have two available at all times this is because on occasion an AAI device may be used incorrectly or may misfire, additionally; severe reactions may require more than one dose of adrenaline. When a dose of adrenaline has been administered due to a severe reaction the school will always call 999 for an ambulance even if the child has apparently completely recovered.

AAI devices are kept in the child's classroom in a clear container. These are kept out of reach of other children but are easily accessible. They can be clearly identified by the signage on the outside of the cupboard.

In an emergency, a child whose parent has given consent may be treated with devices from the school's emergency supply of AAIs.

### **Individual Health Care Plans (IHCPs)**

#### **Personal Asthma Action Plans (PAAPs)**

All children with asthma should have a Personal Asthma Action Plan which should be completed and reviewed by a healthcare professional (GP, Practice Nurse, Asthma Clinic, A&E staff or hospital doctor). This should be reviewed annually at asthma related appointments, or when there are changes in a child's condition.

PAAPs support to ensure that children's asthma is managed effectively within school and to prevent hospital admissions. Whilst we maintain that all children should have a PAAP there are instances where they are not always completed in some healthcare settings or there is a delay in obtaining the PAAP.

As we are a whole school asthma school, our children have access to a school-based asthma action plan. If a child has a PAAP in school this will be used in the first instance but where this is not available the school asthma action plan will be utilised.

The school asthma action plan is set out below:

**NHS East London**  
NHS Foundation Trust

**Newham London**

## Primary School Asthma Action Plan

For children with diagnosed asthma

**Do I have signs of**

- Wheezing • Shortness of breath
- Coughing • Or saying that my chest hurts (I may express this by saying my tummy hurts)

Stay with me and call for help if necessary. Give me 2-5 puffs of my "rescue (blue) inhaler with my spacer following the guidance in the green box

**• Keep calm and reassure me**

- Sit me up and slightly forward
- Shake my rescue (blue) inhaler before use, remove the cap and then place in my spacer
- I need to place the mouth piece of the spacer between my teeth and lips to make a seal. I need to spray one puff and then take 10 breaths
- I will repeat the above steps for each puff of the rescue (blue) inhaler
- I may need help with these steps
- If I feel better but this has happened 3 or more times in the space of a week (including at home), refer me to my School Health Team

**If my rescue (blue) inhaler has had little or no effect**

- I have difficulty walking
- I am coughing and wheezing a lot more
- I am unable to talk or complete sentences, I may go very quiet
- I am breathing hard and fast
- My nostrils may be flaring

Give me up to 10 puffs of the rescue (blue) inhaler with my spacer using the guidance in the green box. You do not have to give the full 10 puffs before you call 999 if you are worried.

**THINK ANAPHYLAXIS, DO I HAVE AN ADRENALINE PEN? IF YES, REFER TO THE GUIDANCE IN YELLOW ALLERGIES BOX BELOW**

**999**

Call 999 for an ambulance if

- There is little or no improvement
- If I am exhausted
- You are worried or unsure
- If I am going blue
- If I have collapsed

School postcode:

Call my parent/carer. Continue to give me 10 puffs of my rescue (blue) inhaler every 15 minutes until medical help arrives or my symptoms improve.

If I'm feeling better (my symptoms have resolved) inform my parent/carer, advise them that I need to see my GP and I need my school to make a referral to the School Health Team

**ALLERGIES**

- Do I have an adrenaline pen?
- If I'm not getting any better I could be having an anaphylactic reaction causing inflammation in my lungs
- IF IN DOUBT FOLLOW MY ALLERGY MANAGEMENT PLAN AND "INJECT"
- Call an ambulance and state you suspect I am having an ANAPHYLACTIC REACTION

\*If my own inhaler/spacer or adrenaline pen is not available or expired, use the school's emergency inhaler/spacer and adrenaline pen.

### School environment and triggers

The school does all that it can to ensure that the school environment is favourable to children with asthma and allergies.

The school has a definitive no-smoking policy.

Children asthma and allergy triggers will be recorded as part of their asthma and allergy action plans. The school will ensure that children will not come into contact with their triggers, where possible.

We are aware that triggers for asthma 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, perfume
- Food allergies
- Fumes, pollution and cigarette smoke

We are aware that common allergens that can trigger anaphylaxis are:

- Foods (e.g. nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame, soya)
- Insect stings (e.g. bee, wasp)
- Medications (e.g. antibiotics, pain relief such as ibuprofen)
- Latex (e.g. rubber gloves, balloons, swimming caps)

### **Emergency evacuations (i.e. fire alarms)**

When we are required to evacuate the school premises, an emergency asthma and anaphylaxis kit is brought to each of the meeting points so they are available should any children with asthma and/or allergies require them.

### **Exercise and activity**

Taking part in sports, games and activities is an essential part of school life for all children. This includes children with asthma and allergies.

- All staff will know which children in their classes have asthma. This is particularly important for PE teachers.
- Children with asthma are encouraged to participate fully in all activities.
- PE staff will remind children whose asthma is triggered by exercise to take their reliever (usually Salbutamol, blue inhaler) via spacer if beneficial before the lesson, and to thoroughly warm up and down before and after the lesson.
- It is agreed with PE staff that children who are mature enough will carry their inhaler and spacer with them and those that are too young will have their inhaler and spacer labelled and kept in a box at the site of the lesson.
- If a child needs to use their inhaler during a lesson they will be encouraged to do so (using a spacer). The use of the inhaler will be documented.
- If a child regularly has excess shortness of breath, chest tightness or cough with exercise, this will be communicated to the school asthma lead and referred to the Children's Health 0-19 Service. These are signs of poor asthma control and need review by a medical professional.

### **School visits**

When planning schools visit we conduct a risk-assessment for any child at risk of anaphylaxis and/or asthma taking part in a school trip off school premises.

When attending a school visit child at risk of anaphylaxis and/or asthma/wheeze should have their AAI/reliever inhaler and spacer with them. A trained member of staff will administer AAI in an emergency.

If it is a residential trip, arrangement for children with asthma and allergies, will be made in advance, providing the parent/guardians and any health professionals adequate time to organise an IHCP that includes instruction of medication and interventions that is not normally provided during the school day. Children with asthma must wash their mouth out after taking their preventer inhalers to minimise the unwanted side-effects.

### **Impact on education**

The school are aware that the aim of asthma and allergy medication is to allow children to live a normal life. Asthma and/or allergies can impact on the life of a children by making them:

- unable to take part in normal activities (for example PE)
- tired during the day
- fall behind in lessons
- have significant school absence

If we recognise that a Children education is affected by their condition, we will:

- Discuss this with the parents/guardians
- With consent, inform the school nurse and/or their GP/asthma nurse

### **'Spare' Emergency Salbutamol Inhalers, Spacers and Adrenaline Auto Injectors (AAI) in school**

At Lathom we are aware of the Department of Health guidance on the use of emergency salbutamol inhalers in schools and the use of adrenaline auto-injectors. All staff are aware that we have access to spare inhalers,

spaces and AAI's and that these are stored in the main office. In the event of an emergency; where parental consent has been obtained; and where the child's medication is not in school or out of date these would be administered.

In such circumstances

- The parents/guardian will always be informed if their child has used the emergency inhaler at school
- Emergency services will be called immediately and parents/carers will be informed as soon as possible by phone if their child has received the emergency AAI

### **Emergency kit contains:**

- A salbutamol metered dose inhaler (MDI)
- At least two spacers compatible with this inhaler
- Two adrenaline auto-injectors
- Instructions on using the inhaler with spacer
- Instructions on using the adrenaline auto-injector are on the side of the device and on the allergy management plan
- Instructions on cleaning and storing the inhaler
- Manufacturers' information for inhalers and adrenaline auto-injectors
- A checklist of inhalers and adrenaline auto-injectors, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhalers, spacers and adrenaline auto-injectors;
- The names of the children permitted to use the emergency kit
- A record of any medication administration

### **Who can use the emergency kits?**

The school will ensure that the emergency salbutamol inhaler will only be used by children who:

- Have asthma or who have been prescribed a Salbutamol inhaler AND for whom written parental consent has been given for use of the emergency kit.
- We will ensure that the pupil's allergy management plan is followed and emergency adrenaline auto-injector will only be used if indicated.
- All allergy management plans MUST be signed by the parent/carer/guardian and held by the school as this represents signed consent to use the treatment if needed .
- A 'spare' adrenaline auto-injector will normally only be used on a child without the consent of parent/carer/guardian if emergency medical services, e.g. 999, or other suitably qualified person advises this
- Where doubt exists then the AAI should be used as unnecessary delays have been associated with **death**.

### **Asthma and allergy lead responsibilities**

This school has asthma and allergy leads. It is the responsibility of these leads to:

- Update the asthma and allergy register
- Update the asthma and allergy policy

Ensure measures are in place so that children have

- immediate access to their inhalers and AAI's.
- Maintain the emergency kits
- Ensure the school's asthma action plan is displayed in all common areas (classrooms, staff room, school hall, reception areas etc.)
- Ensure there is an adequate number of staff trained in the management of asthma and allergies and asthma awareness