

Document Title :	Asthma Policy	Document Ref. Number :	RBS/SC/P028
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1. Purpose:

The Reach British School recognizes that asthma is a common medical condition affecting many children and welcomes all children with asthma. We encourage children with asthma to participate fully in the curriculum and to take part in a wide range of school activities to achieve their full potential. .

2. Scope:

To ensure effective management of children with asthma at the Reach British School. All members of staff play a vital role in providing a safe and positive learning environment.

3. Target Audience:

The school nurse, teachers, teaching assistants, pupils and volunteers.

4. Policy Statement:

The school nurse holds the primary role of coordinating and supervising the care of pupils with the primary roles of supervising the care of pupils with Asthma, however the child's teacher and classroom assistant should receive training from the nurse in routine and emergency asthma care. Effective asthma management at school and during school related activities requires a team approach.

5. Responsibility:

Licensed School Nurse

6. Procedures:

1. Asthma Medicines

- 1.1. Immediate access to reliever medicines is essential at school should the children require them.
- 1.2. Parents are asked to ensure that the school is provided with an in date reliever inhaler, which must be labeled with the child's name by the parent.
- 1.3. Parents are asked to ensure that the school is provided with a written agreement from them to allow the nurse to administer medication at school annually.
- 1.4. Each child should have an authorization of administration of medication form signed by the GP at the start of each school year.
- 1.5. To maintain a record of all children with asthma and their medication.
- 1.6. To be stored as per medication storage policy and either collected by the parents at the end of the year, or discarded, as per storage of medicines policy.
- 1.7. Expiry dates of the inhalers should be checked by the school nurse monthly and recorded on the monthly checklist.
- 1.8. The spacer device needs to be cleaned once a month.

2. For the younger children in Pre-KG to Grade 1

- 2.1 The reliever inhalers are kept in school clinic in a box with the child's name on it.
- 2.2 If a child requires their reliever inhaler they will be accompanied to the school clinic.
- 2.3 They will immediately tell the school nurse of their need for reliever inhaler.
- 2.4 There is no need for them to wait, should other children be in the clinic at the same time.
- 2.5 They will be given their reliever inhaler and allowed to rest until well enough to return to lessons.
- 2.6 Nurse to ensure correct inhaler technique used when child taking inhalers.

3. For the children in Grade 2- 8

- 3.1 Children are encouraged to carry their reliever inhaler on their person if their doctor, and /or school nurse think they are mature enough, with a good understanding of asthma.
- 3.2 The nurse should assess the pupil's inhaler technique.
- 3.3 If their inhaler technique is not adequate then the medication will be kept in the school clinic in a labeled container.

4. Record Keeping

- 4.1 When a child joins the school, parents / carer's are asked if their child has any medical

conditions including asthma on their Student Health Form.

- 4.2 The school keeps an asthma register which is available to all school staff, which is available electronically on the teachers shared area and noted on the list of pupil's medical conditions.
- 4.3 Parents will be provided with an Asthma Care Plan (Appendix) that needs to be completed and returned to the school clinic for reference if required in an asthma episode.
- 4.4 Parents / carers are asked to update the school clinic if their child's medicines, or how much they take, changes during the year.
- 4.5 Parents / carers are also required to update the school of any changes in contact phone numbers.
- 4.6 If any medication is given at school, it should be recorded on the daily log and electronic notes (engage). A note should be sent home with the child, informing parents of inhaler need and administration. When the child leaves school, the medical record will be printed out from engage and filed in the child's medical record.

5. Exercise and activity, PE and Games

- 5.1 A list of children with asthma in each class should be available to staff electronically on the teachers shared area.
- 5.2 Children with asthma are encouraged to participate fully in all PE lessons.
- 5.3 If a child needs to use their inhaler before or during a lesson they will be encouraged to do so.
- 5.4 PE teachers will remind children, whose asthma is triggered by exercise, to take their reliever inhaler before the lesson, and to thoroughly warm up before and cool down after the lesson.
- 5.5 Classroom teachers follow the same principles as described above for games and activities involving physical activity.
- 5.6 Asthma medication may be required to be handed over to the swimming teacher for some pupils.

6. Out-of-hours Sports

- 6.1 There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. It is therefore important that the children with asthma are encouraged to join in with after school clubs.
- 6.2 When a child with asthma is attending an activity outside of school (eg. football match / field trips / residential trips) their reliever inhaler is taken along on the trip and stored

appropriately (if on a day trip it should be stored in a cool box), as per medication storage policy.

- For the younger children under the care of the accompanying First Aid Provider.
- For the older children, on their person.

7. School Environment

The school does all it can to ensure the school environment is favourable to children with asthma. The school does not allow furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use products in science and art lessons that are potential triggers for children with asthma.

8. Acute Asthma Attack

- 8.1 Give reliever medication as prescribed preferably through a spacer device.
- 8.2 Do not leave the child alone.
- 8.3 Call 999 for an ambulance if:
 - 8.1 The student's symptoms do not improve in 5-10 minutes
 - 8.2 The student's is too breathless to talk
 - 8.3 The student's lips are blue
 - 8.4 If in any doubt.
- 8.4 Contact the pupil's parents immediately after calling the ambulance and stay with them.
- 8.5 Ensure the child takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

7. Reference:

Asthma UK (<https://www.asthma.org.uk/advice/living-with-asthma/school/>)

8. Appendix:

Asthma Care Plan



Emergency Care Plan



ASTHMA

Student: _____ Class: _____ School Contact: _____ DOB: _____
 Asthma Triggers: _____
 Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____
 Father: _____ FHome #: _____ FWork #: _____ FCell #: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF AN ASTHMA EPISODE MAY INCLUDE ANY/ALL OF THESE:

- **CHANGES IN BREATHING:** coughing, wheezing, breathing through mouth, shortness of breath.
- **VERBAL REPORTS** of: chest tightness, chest pain, cannot catch breath, dry mouth, "neck feels funny", doesn't feel well, speaks quietly.
- **APPEARS:** anxious, sweating, nauseous, fatigued, stands with shoulders hunched over and cannot straighten up easily.



SIGNS OF AN ASTHMA EMERGENCY:

- Breathing with chest and/or neck pulled in, sits hunched over, nose opens wide when inhaling. Difficulty in walking and talking.
- Blue-gray discoloration of lips and/or fingernails.
- Failure of medication to reduce worsening symptoms with no improvement 15 – 20 minutes after initial treatment.
- Respirations greater than 30/minute.
- Pulse greater than 120/minute.

STAFF MEMBERS INSTRUCTED:

- Administration Classroom Teacher(s) Special Area Teacher(s)
 Support Staff Transportation Staff

TREATMENT:

Stop activity immediately.
 Help student assume a comfortable position. Sitting up is usually more comfortable.
 Encourage purse-lipped breathing.
 Encourage fluids to decrease thickness of lung secretions.
 Give medication as ordered: _____
 Observe for relief of symptoms. If no relief noted in 15 – 20 minutes, follow steps below for an asthma emergency.
 Notify school nurse at _____ who will call parents/guardian and healthcare provider.

STEPS TO FOLLOW FOR AN ASTHMA EMERGENCY:

- Call 999 or 998 (Emergency Medical Services) and inform them that you have an asthma emergency. They will ask the student's age, physical symptoms, and what medications he/she has taken and usually takes.
- A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present. Preferred Hospital if transported: _____

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

- Copy provided to Parent Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____

This plan is in effect for the current school year and summer school as needed. Revised 1/08