



<b>Person(s) responsible for this policy</b>		<b>Nurse</b>	
<b>Last review by</b>	<b>C. Bearman R. Tomlin</b>	<b>Review date</b>	<b>September 2024</b>
<b>Date of next review</b>		<b>September 2025</b>	

**Introduction:**

This Asthma Protocol is designed to ensure the well-being and safety of pupils who have been diagnosed with asthma, or who have not been diagnosed with asthma but have a medically prescribed inhaler, within GDST schools. The policy is aligned with the guidance provided by Asthma UK to create a supportive environment for students with asthma.

**Information from [NHS.UK](https://www.nhs.uk):**

- Asthma is a common lung condition that causes occasional breathing difficulties.
- It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults.
- There's currently no cure, but there are simple treatments that can help keep the symptoms under control so it does not have a big impact on your life.

**Asthma Attacks**

- Asthma attacks kill three people in the UK each day, but many of these deaths could be avoided.
- Every 10 seconds someone has a potentially life-threatening asthma attack.
- If you're on the right [asthma treatment](#), your chance of having an attack is greatly reduced.
- Asthma can sometimes get worse for a short time – this is known as an asthma attack. It can happen suddenly, or gradually over a few days.
- Signs of a severe asthma attack include:

- wheezing, coughing and chest tightness becoming severe and constant
- being too breathless to eat, speak or sleep
- breathing faster
- a fast heartbeat
- drowsiness, [confusion](#), exhaustion or [dizziness](#)
- [blue lips or fingers](#)
- [fainting](#)

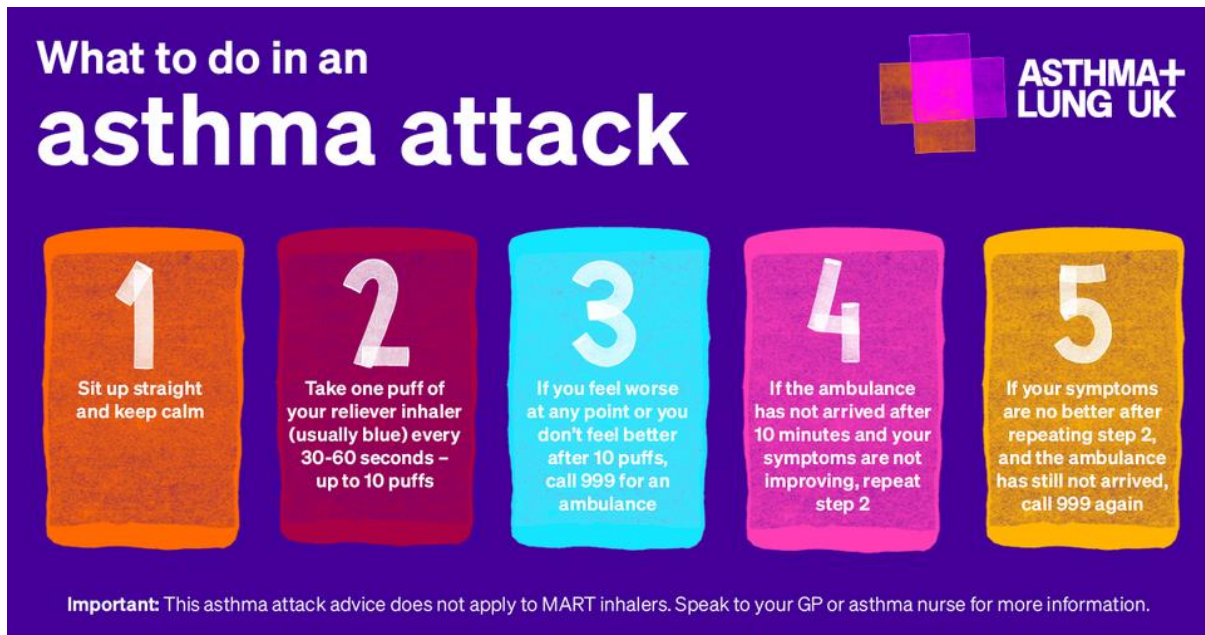
### **What to do if you have an asthma attack**

If you think you're having an asthma attack, you should:

1. Sit up straight – try to keep calm.
2. Take one puff of your reliever inhaler (usually blue) every 30 to 60 seconds up to 10 puffs.
3. If you feel worse at any point, or you do not feel better after 10 puffs, call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2.
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately. Never be frightened of calling for help in an emergency.

Try to take the details of your medicines (or your personal care plan with you to hospital if possible).

If your symptoms improve and you do not need to call 999, get an urgent same-day appointment to see a GP or asthma nurse.



## Asthma Protocol Guidelines

### 1. **\*\*Awareness and Training:\*\***

- All staff members should receive annual training on asthma awareness from the school nurse, including recognizing symptoms and appropriate responses.
- Designated staff members, such as first aiders, teachers and trip leaders, should undergo more comprehensive training via IHASCO on the GDST Learn e-learning platform in managing asthma emergencies.

### 2. **\*\*Individual Asthma Care Plans:\*\***

- An [Individual Health Care Plan](#) (IHCP) must be completed for each pupil with asthma outlining specific symptoms, medications, and emergency procedures. If a pupil has an IHCP from a specialist health care team this should always be used and followed by the school. Additional information may need to be added alongside the plan to ensure it is clear how the pupil should be cared for in the school environment. A template is available here: [Pupil Health - 6. Infection Control, Medical Conditions & Individual Healthcare Plans](#)
- Individual Health Care Plans should be shared with relevant staff members including school nurses, teachers support staff and first aiders.
- Care plans should be reviewed annually or when there are changes in the asthma management of the pupil.

### 3. **\*\*Inhaler Accessibility:\*\***

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- All senior school pupils should have their own reliever inhaler with them at all times. Parents should supply the school with a second Asthma Inhaler to be kept as an emergency spare. The spare reliever inhaler can be kept in the Medical Room / Reception (as per local arrangements) with the completed School Asthma Card / [Child Asthma Action Plan](#) in case of emergencies.
- Asthma drills should be carried out (similar to an AAI drill).
- Junior pupils should keep their reliever inhaler in their personal bum bag / in a plastic storage box in their classroom which must stay with them / close to them (as per local arrangements) at all times. Parents should supply the school with a second Asthma Inhaler to be kept as an emergency spare. The spare inhaler can be kept in the Medical Room / Reception (as per local arrangements) with the completed School Asthma Card in case of emergencies.
- Each inhaler should be labelled with the name of the pupil it belongs to.
- Parents /guardians are responsible for checking the condition of inhalers, their expiry dates and providing new ones to their child and the school in good time. The school cannot accept responsibility for any loss or damage to pupil's inhalers.

### 4. **Emergency Salbutamol Inhalers**

- Each school should have a supply of emergency salbutamol inhalers for use in an emergency by pupils who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Emergencies include a child not having their own inhaler or spare inhaler with them, or it is empty.
- Emergency inhalers should only be used by pupils who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication, and for whom both medical authorisation and written parental consent for use of the emergency inhaler has been given. Consent should be updated regularly, ideally annually, to take account of the changes in the child's condition. A template for parental consent is included as Appendix 2.
- The school's emergency salbutamol inhalers should be readily available in an area where staff are always present, such as reception
- Parents should be informed if the emergency inhaler is used, and this should be documented.
- Click [here](#) for Dept of Health guidance on the use of emergency inhalers in schools.

### 5. **. \*\*Inhaler Use / Techniques\*\***

→ Examples of how to use different spacers can be found on the [Asthma and Lung UK website](#) within the spacers section (use link above) and within [understanding your child's inhalers](#).

→ Beat Asthma has some excellent [short films](#) on how to use different spacers, as well as other resources, in the 'videos' section of their website

The Hands-on Guide to Practical Paediatrics team has put together instructional videos on how to use different inhalers:

→ [How to use a metered dose inhaler \(MDI\) with a volumatic spacer](#)

→ [How to use a Turbuhaler](#)

→ [How to use an Accuhaler](#)

→ [How to use an Easi-Breathe inhaler](#)

→ The Hands-on Guide to Practical Paediatrics team has also developed an instructional video on [how to give inhalers to a young child or baby](#).

→ West Suffolk NHS Foundation Trust shared this [short video](#) for #AskAboutAsthma 2022 week where paediatric respiratory nurse specialist Liz and asthma patient Evelyn show you how to use an inhaler with a spacer and face mask. Face masks are recommended for children under five, or as appropriate to the individual child.

## 6. **\*\*Supervision During Physical Activities:\*\***

- . All staff members should be aware of all pupils with medical conditions, including asthma and their asthma management. Teachers must ensure that students have their reliever inhalers with them during physical education classes or outdoor activities.
- Some children may need to take precautionary measures before or during exercise and may need immediate access to their asthma inhalers.

## 7. **Considerations for Art, DT and Science Teachers**

- Fumes from science experiments can trigger asthma symptoms or attacks. Teachers should check pupils care plans for specific triggers. Fume cupboards should be used wherever possible to avoid this. When a fume cupboard is not available, an

asthmatic pupil should be asked to sit near an open window, at a good distance from the experiment(s).

- In Biology lessons asthmatic pupils should be reminded not to sit near to animals, birds or pollen experiments.
- In Technology lessons asthmatic pupils should be reminded to be aware of sawdust and fumes from solder, plus the need to wear eye protection as necessary.

#### 8. **\*\*School Trips / Educational Visits\*\***

- Arrangements for pupils to use their reliever inhaler, either routinely or in emergency situations, will need to be taken into consideration when planning school trips / visits. Staff supervising school trips / educational visits should always be aware of any individual pupil's medical needs and relevant emergency procedures. A copy of Individual Health Care Plans should be taken on visits in the event of the information being needed in an emergency.
- Medication required on Junior School trips and visits should be given when appropriate. Junior School pupils with asthma inhalers must carry an inhaler with them (or this must be carried by a member of staff) and the trip leader must hold a second inhaler (preferably the pupil's personal spare device) for use in an emergency.
- Senior School pupils are responsible for bringing emergency medicines with them on school visits, however **staff must check that pupils have this medication** with them before departing on the visit. The trip leader must carry a second asthma inhaler (preferably the pupil's personal spare device) for pupils who require them.
- Competency of staff to administer emergency medicines should be taken into account when preparing risk assessments for educational visits and the appropriate training should be provided by the school nurse where necessary.

#### 9. **\*\*Emergency Response:\*\***

- Staff members should be trained to follow the Asthma UK guidelines for managing asthma attacks In the event of an asthma emergency, (see page 2 of this protocol).
- Emergency contacts for students with asthma, including parents/guardians and healthcare professionals, must be readily available.

#### 10. **\*\*Asthma Register\*\***

- School Nurses should maintain an 'Asthma Register' which includes the name of all affected pupils, their medication and how it should be taken.

#### 11. **\*\*Allergen Control:\*\***

- GDST schools will strive to maintain an environment that minimizes exposure to known asthma triggers, such as allergens and irritants.

- Any changes in the school environment that may affect students with asthma will be communicated promptly to parents/guardians.

## 12. **Elevated Local Environmental Pollution Levels**

Follow guidance and information available if required.

<https://uk-air.defra.gov.uk/air-pollution/daqj>

<https://uk-air.defra.gov.uk/latest/currentlevels?view=region>

## 13. **\*\*Communication with Parents / Guardians:\*\***

- Regular communication will be maintained with parents / guardians of students with asthma to update medical information and address any concerns.
- Parents / guardians are expected to inform the school of any changes in their child's asthma management plan.
- Care plans should be reviewed annually, and updated accordingly.

## 14. **\*\*Review and Evaluation:\*\***

- This Asthma Protocol should be reviewed regularly annually to ensure its effectiveness and relevance.
- Feedback from parents, staff, and healthcare professionals should be considered in the ongoing improvement of the policy.

By adhering to this Asthma Policy, GDST schools aim to create a safe and supportive environment for students with asthma, promoting their well-being and academic success.

## 15. **Other Relevant GDST Policies / Protocols and Further Information**

- Administration of Medicines Protocol
- Chronic and Long-term Conditions Protocol
- Severe Asthma Individual Healthcare Plan Template
- [www.asthma.org.uk/](http://www.asthma.org.uk/)
- [www.asthmaandlung.org.uk/](http://www.asthmaandlung.org.uk/)

# **Appendix 1 - ASTHMA MANAGEMENT PLAN**

## GREEN ZONE

- Asthma under control
- Breathing feels good
- No cough or wheeze
- Can take part in normal activities and sports

## ACTION IF NECESSARY

**Take 2-4 puffs of reliever inhaler as required, if cold symptoms present or before exercise**

If wheezing and no improvement from reliever inhaler (blue) move to **AMBER ZONE**.

## AMBER ZONE – MILD ASTHMA ATTACK

- Cough, wheeze or tight chest
- Can talk in sentences
- Not distressed

## ACTION

**GIVE 4 TO 6 PUFFS OF RELIEVER INHALER (BLUE) VIA A SPACER, ONE PUFF AT A TIME, SHAKE THE INHALER BETWEEN PUFFS**

**Reassure and stay with the child**

**Call for help from School Nurse or First Aider**

**Help child to sit up or lean forward**

**Loosen tight clothing**

**Inform the parent/guardian**

**IF NO IMPROVEMENT contact parent to collect child and parent to take them to GP**

If condition worsens move to **RED ZONE**.

## RED ZONE – SEVERE ASTHMA ATTACK

- Breathing hard and fast
- Can't talk in sentences
- Distressed
- Becoming exhausted
- Pale/grey/blue in colour
- Feels frightened

## ACTION



**DIAL 999 FOR AN AMBULANCE**

**GIVE ONE PUFF OF RELIEVER INHALER (BLUE) EVERY 30 SECONDS (VIA SPACER), ENCOURAGE 4 BREATHS THROUGH SPACER, SHAKE THE INHALER BETWEEN PUFFS**

If the child does not have a spacer, encourage them to hold their breath after each puff of inhaler

Call for help from School Nurse or First Aider

Contact parent/guardian

**DO NOT** move the child or make them lie back

Reassure and stay with the child

Loosen tight clothing

Keep calm

## Appendix 2

<b>CONSENT to Use Emergency Salbutamol Inhaler - for Children Already Prescribed Inhalers</b>
<p>From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without prescription, for use in emergencies.</p> <p>The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.</p> <p>If your child falls into the above category, we need written permission to use the school's emergency inhaler should the need arise, and if their usual inhaler is not available (for example, because it is broken, or empty).</p> <p>Child's name .....</p> <p>1. I can confirm that my child has been diagnosed with asthma by a medical professional / has been prescribed an inhaler but is not a diagnosed asthmatic. [delete as appropriate]</p> <p>2. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.</p>

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**Signed by Parent /  
Guardian**

**Date**