



Stoke on Trent Community Health Services

Asthma Documentation for Schools

Updated : May 2010
J.Hall

SUPPORTING PUPILS WITH MEDICAL NEEDS IN SCHOOL DfEE & DOH Circular 14/96

There is no legal or contractual duty for school staff to administer medicine or supervise a pupil taking it. This is a voluntary role.

However teachers etc in charge of pupils have a common law duty to act as any reasonably prudent parent would...this might extend to administering medicine in an emergency.

‘In general the consequences of no action are likely to be greater than those of trying to assist in an emergency.’

Waterhouses CE (VC) Primary

ASTHMA POLICY

Adopted by staff and governors: May 2010

Reviewed: May 2014

Next review date: May 2018

This school:

- Welcomes pupils with asthma.
- Recognises asthma as an important condition.
- Encourages and helps children with asthma to participate fully in school life.
- Recognises the need for immediate access to inhalers.
- Attempts to provide a school environment as favourable as possible to asthmatic children.
- Ensures all staff are aware of asthma and know what to do in the event of an attack and will if necessary give emergency treatment.
- Will inform parents of attacks and any treatment given.
- Does not assume responsibility for the routine treatment of asthma (preventative therapy) which remains the prerogative of the parent in conjunction with their GP.

Notification to parent

Waterhouses CE (VC) Primary

Date

Dear parent/guardian of :

Your child has had problems with his/her breathing today which has required the use of their own inhaler.

Since this may indicate your child's asthma is not well controlled at this time you are strongly advised to see your own doctor or practice nurse as soon as possible.

Yours sincerely

EMERGENCY PROCEDURE

Common Signs of an Asthma Attack

- Coughing, shortness of breath, wheezing, tightness in the chest, being unusually quiet, difficulty speaking in full sentences.

D0

- Keep calm – do not panic
- Encourage the pupil to sit up and forward-do not lie them down
- make sure the pupil takes two puffs of their reliever inhaler (usually blue)
- Ensure tight clothing is loosened
- Reassure the pupil.

If no immediate improvement – continue to make sure they take one puff of the reliever every minute for five minutes. Or until their symptoms improve.

Call 999 or a doctor urgently if:

- The pupils symptoms do not improve in 5-10 minutes, they are too breathless to talk, their lips are blue, or if you are in any doubt.
- If symptoms do not improve continue to give 1 puff of the reliever every minute until help arrives.
- Any pupil who has had an asthma attack will need a review by their GP/ Asthma Nurse as soon as possible.
- **A child should never be left to sleep off an asthma attack because the symptoms appear to have disappeared. The child may have gone into ‘silent asthma’ a state of collapse.**
- **If you are in any doubt ALWAYS call for an ambulance.**

RECORD KEEPING

On school entry children with asthma or those possibly asthmatic should be identified. To aid this process the Asthma proforma provided should be completed. A positive response to any question should result in a completed consent form (at foot of Asthma proforma). In addition these children should be brought to the attention of the school nurse as soon as is practical.

A list of asthmatic children should be maintained in which ever way the school chooses to record any other medical information.

It may be helpful in static class rooms to have a list of asthmatic children in or near the teacher's desk- particularly when supply teachers are employed.

A record of use of the child's inhaler must be kept on the log sheet provided, with all details completed.

A copy of the notification letter should be kept on the child's record.

If the same child has to use the inhaler more than once a term they should be brought to the attention of the school nurse. This may indicate a child inadequately treated and therefore at risk.

Asthma Proforma: Consent

If your child has been diagnosed as asthmatic and has been prescribed reliever therapy (Blue inhaler) please complete this form which gives your consent for school staff to give this if required.

I hereby give my consent for school staff to give my child reliever therapy for the treatment of an asthma attack/prior to PE if required. I understand that I will be informed when treatment has been given other than for routine treatment by my request.

Name of child :

Signed Parent/Guardian _____ Date _____

You will also need to sign a copy of the school's asthma care plan.

Please ensure your child carries their own reliever inhaler and spacer (if used) in school and that the inhaler is within expiry date. A spare reliever inhaler and spacer should also be kept in school for emergencies.

If your child experiences breathing problems, especially at night or after exercise, or when laughing or crying, or he/she suffers from repeated chest infections please contact your School Nurse

HOW TO USE A SPACER DEVICE

1. Remove the cap from the spray and shake gently five or six times.
2. Put the inhaler into the hole at the end of the spacer.
3. Put the mouthpiece into the child's mouth keeping their lips behind the ring. Make sure the child's lips are sealed around the mouthpiece.
4. Encourage the child to breathe in and out slowly and gently (i.e. normally). You may hear a clicking noise which is the valve opening and closing- this is normal. If the child cannot move the valve, tilt the inhaler end of the spacer to keep the valve open.
5. Continue with this breathing pattern and press the medication canister down once (one puff). Leave the spacer in the mouth while four or five more breaths are taken.
6. Repeat as above if more puffs are required.
7. Shake the inhaler every 2 – 4 puffs.
8. Remove the spacer from the child's mouth.

Guidelines RE- School Asthma Careplans

The School Nurse Should:

1. Provide each school with a copy of the asthma documents.(These can be E mailed to the school)
2. Advise each school to send a copy of the Asthma proforma headed 'consent' to:
 - i) All the new September entrants.
 - ii) All new pupils who migrate during the school year.
 - iii) All the pupils known to have asthma that are listed on the school pupil data bank.
3. 5+ Questionnaires- if the child has an inhaler, a care plan should be commenced and the parent consent letter completed.

The School is advised to:

1. Commence a care plan for each child who has an inhaler (as highlighted by the return of the asthma proforma).
2. A copy of the care plan should be :
 - i) Sent to parents/ carer
 - ii) Kept in an accessible Asthma Folder
 - iii) Given to the school nurse
3. A list of pupils with care plans should be kept and reviewed annually.

School Asthma Care Plan

Name: _____

D.O.B: _____

School: Waterhouses CE (VC) Primary

<u>Identified Need</u>	<u>Action Plan</u>	<u>Step 1</u>	<u>Date:</u>
<i>To promote Optimum health by maintaining good control of Asthma symptoms.</i>	<i>School staff are able to identify when reliever inhaler is needed.</i>	<i>Staff Training completed</i>	<i>Completed Jan 2011 May 2014</i>
		<u>Step 2</u> <i>To ensure appropriate consent forms are signed.</i>	
	<i>Consent for medication in school</i>	<u>Step 3</u> <i>Parents to supply inhaler and spacer (as requested on proforma)</i>	
		<u>Step 4</u> <i>Parents to check expiry dates and change accordingly.</i>	
		<u>Step 5</u> <i>School staff should complete audit form and inform parent when reliever inhaler used during school day</i>	
	<i>Easy access to inhalers whilst in school</i>		
	<i>To monitor and record inhaler use</i>		

Signatures: _____
 (parent) (headteacher) (school nurse)

Review annually-

