



Asthma Protocol

Myddelton College recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma and encourages them to achieve their potential in all aspects of school life by having a clear policy that is understood by all school staff.

Following advice from the Commission of Human Medicines 2013, the Medicines and Healthcare Products Regulatory Agency (MHRA) recommended changes to legislation to enable schools to hold emergency salbutamol inhalers. The regulation came into force in October 2014 and as an independent school we have chosen to follow this regulation to ensure a safe school environment.

What is asthma?

Asthma is a long term condition that affects the airways. Asthma is the most common chronic condition that affects one in eleven children. When a child or young person comes into contact with an asthma trigger the muscles around the walls of the airways tighten therefore making the airway narrower. The lining of the airway becomes inflamed starting to swell, also producing sticky mucus or phlegm. It is important to remember that asthma varies in severity from person to person and needs to be treated on an individual basis.

Common symptoms

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

Asthma triggers

A trigger is anything that irritates the airways causing the asthma symptoms, everybody's asthma is different and everyone will have different triggers, most have several. The common triggers are:

- Viral infections (cold and flu)
- Cold air
- Cigarette smoke
- Exercise
- Animals
- Pollen and grass cutting
- Chlorine in pools
- Chemicals and fumes
- Laughter and excitement
- Dust
- Stress
- Scented deodorants and perfumes

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

WHAT TO DO IN THE EVENT OF 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 the child while the inhaler and spacer are brought to them

- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 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

IMPORTANT THINGS TO REMEMBER IN AN ASTHMA ATTACK

- Never leave the pupil having an asthma attack
- If the pupil does not have their inhaler at hand designate another person to get the emergency inhaler from one of designated areas.
- In an emergency situation school staff are required under common law duty of care, to act like any responsible prudent parent
- Reliever medicine (blue inhaler) is very safe, do not worry about a pupil overdosing
- Delegate another person to call for an ambulance if required
- Contact the pupils parents/guardians immediately after calling the ambulance
- A member of school staff should ALWAYS accompany the pupil to the hospital and stay with them until the parents/guardians arrive.
- Another adult should always accompany anyone driving a pupil having an asthma attack to accident and emergency.

Emergency Inhaler kit

This should include:

- A salbutamol inhaler
- 2 single use plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Checklist of inhalers identified by their batch number and expiry date with monthly checks recorded
- A list of the pupils permitted to use the emergency inhaler

Storage and care of the Salbutamol inhaler

Salbutamol is a relatively safe medication; however the main risk of now allowing schools to have a salbutamol inhaler for emergency use is that it may be administered to a pupil who

does not have asthma. Therefore as a school it is essential that the inhaler is only used by a pupil with asthma, or who has been prescribed a reliever inhaler, or for whom written parental consent has been given. The medical staff will be responsible for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order and the inhaler has a sufficient number of doses
- the replacement inhalers are obtained when the expiry dates approach
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use

The inhaler needs to be stored below 30° C protected from direct sunlight and extremes of temperature. The plastic spacers should NOT be reused; the inhaler CAN be reused as long as the inhaler canister has been removed, and the plastic inhaler housing and cap have been washed in warm water and left to dry in a clean safe place.

For the list of locations for the Emergency Inhaler Kits please see Appendix 1

Disposal

Used inhalers should be returned to the medical centre, where they can be safely disposed of.

Children who can use an inhaler

As previously noted the emergency salbutamol inhaler should only be used by a pupil with asthma, or who has been prescribed a reliever inhaler, or for whom written parental consent has been given. A pupil may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol; however the salbutamol inhaler should still be used if their own is not accessible. It will still help with their asthma and it could save their life.

An asthma register will be in all emergency kits to make it feasible for all members of staff to be aware of the asthmatic children and to make sure that the pupils have been given parental consent for the emergency inhaler to be used.

All children with asthma will have a school asthma card which will have detailed information of how to manage their asthma hopefully enabling us to prevent the child needing to use the emergency inhaler.

Staff

The school has dedicated members of staff for senior and prep school together with the school nurses who have responsibility for helping to administer an emergency inhaler. These members of staff are trained by the school nurses to safely and effectively help administer the emergency inhaler. The designated members of staff will be trained in:

- recognising asthma attacks

- responding appropriately to a request for help from another member of staff
- recognising when emergency action is needed
- administering salbutamol inhaler through a spacer
- making appropriate records of the asthma attacks

All staff will however receive annual training on:-

- How to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms
- The school asthma policy
- How to check if a child is on the register
- How to access the inhaler
- Who the designated members of staff are