CREATIVE BRITISH SCHOOL

PACE GROUP
Education Empowers

ASTHMA MANAGEMENT POLICY

(Aligned with Department of Health – Abu Dhabi - Standard for Administration of Medications in schools-2026)

1. PURPOSE

To establish standardized procedures for prevention, identification, treatment, monitoring, and emergency management of asthma among students at Creative British School and to ensure safe administration of asthma medications in accordance with Department of Health (DOH) Abu Dhabi requirements and physician instructions.

2. POLICY STATEMENT

Creative British School recognizes asthma as a chronic respiratory condition that may affect student participation and wellbeing. The school is committed to ensuring:

- Immediate and safe access to rescue medication.
- Individualized asthma care plan.
- Timely emergency response.
- Safe medication storage and administration.
- Documentation and continuous monitoring.

3. SCOPE

This policy applies to:

- All students diagnosed with asthma.
- School licensed registered nurses.
- Teaching staff and support staff.
- Parents/guardians.
- Visiting healthcare providers involved in student care.

4. REFERENCES

- Department of Health – Abu Dhabi Standards for Administration of Medication in Schools.
- Department of Health – Abu Dhabi Healthcare Standards.
- Applicable school health and safeguarding requirements.

5. DEFINITIONS

Asthma

A chronic inflammatory condition of the airways resulting in wheezing, coughing, chest tightness, or breathing difficulty.

Rescue Medication

Salbutamol 100 mcg/dose inhaler (Ventolin® or equivalent) prescribed for relief of acute asthma symptoms.

Spacer Device

A medical device attached to an inhaler to improve medication delivery.

Individual Asthma Healthcare Plan (IAHP)

A documented nursing care plan outlining asthma management requirements.

6. ROLES AND RESPONSIBILITIES

Parents/Guardians

- Submit physician diagnosis and treatment instructions.
- Provide prescribed inhaler and spare inhaler for school use.
- Complete medication consent forms annually.
- Replace expired medication.
- Inform school of changes in treatment.

School Clinic- Registered Nurse

- Verify physician orders and parental consent.
- Assess and administer medication.
- Monitor expiry dates.
- Maintain documentation.

Teachers and Staff

- Identify symptoms promptly.
- Refer student immediately to school clinic

Student

- Carry inhaler if approved and capable.
- Report symptoms immediately.

7. MEDICATION MANAGEMENT

Approved Medication

Salbutamol 100 mcg/dose inhaler (Ventolin® or equivalent).

Medication Access

- Students requiring rescue inhalers must have immediate access.
- Students competent in self-administration may carry inhalers following authorization.
- If self-carry is not appropriate:

    1. Medication shall be stored securely.
    2. Medication shall remain accessible.
    3. Medication shall be clearly labelled.
- Salbutamol inhaler with spacer readily available in clinic inventory

Spare Medication

Parents shall provide:

- One personal inhaler if indicated
- One physician-prescribed spare inhaler for school clinic use.

8. CONSENT REQUIREMENTS

The following documents shall be available before medication administration:

- Physician prescription.
- Asthma Action Plan /IAHCP
- Parent consent for medication administration.
- Emergency medical treatment consent.

Consent shall be reviewed annually or whenever treatment changes.

9. MANAGEMENT OF ASTHMA EPISODES

Initial Assessment

The school nurse shall:

- Assess airway, breathing and circulation.
- Check severity of symptoms.
- Review Individual Asthma Healthcare Plan.

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Intervention

Encourage rest periods if fatigued

- Communicate with teachers for activity modifications
- Encourage Expression and questions
- Provide Informations.
- Teach **Relaxation Techniques** like
- Pursed-lip breathing- Controls the rate of breathing, helping to relieve shortness of breath. Inhale through the nose, then exhale slowly through pursed lips, as if you are going to blow out a candle.
- Imagery-Imagining a peaceful, calming place to help reduce the anxiety that often accompanies asthma symptoms.
- Monitor vital signs including SPO2.
- Monitor respiratory rate, heart rate, oxygen saturation, and breathe sounds (wheezing) frequently.
- Assess for accessory muscle use, cyanosis, and inability to speak in full sentences.
- Monitor for cough, wheeze, shortness of breath
- Encourage fluid intake to help loosen and expel thick secretions, if indicated.
- Identify and teach avoidance of triggers such as smoke, dust, pet dander, cold air, and strong odors.
- Maintain a calm demeanor to reduce patient anxiety/emotional support
- Place the patient in a high-Fowler's or upright position to maximize lung expansion.
- Provide supplemental oxygen in accordance with SPO2.
- Administer prescribed medicines as per ADEK/DOH policy.
- Administer Salbutamol inhaler 4 puffs via spacer. Give one puff at a time, ask the person to take 4 breaths from the spacer after each puff.
- Wait for 4 minutes
- Repeat if no improvement/severe attack (unable to talk, cyanosis, drowsiness) and notify parent and ambulance.
- Use spacer device where indicated.
- Observe student response.
- Continue monitoring until stabilized.

Emergency Response

Call Emergency Medical Services immediately if:

- Severe respiratory distress.
- Blue lips or cyanosis.
- Reduced consciousness.
- Unable to speak normally.
- Persistent symptoms after medication.
- Clinical deterioration.

Parents shall be informed immediately.

10. EMERGENCY INHALER PROTOCOL

An emergency inhaler may be used when:

- Student forgot personal inhaler.
- Student inhaler is empty.
- Student inhaler unavailable during emergency.

Requirements:

- Use compatible spacer.
- Spacer devices shall never be shared.
- Administration shall be documented.

11. STORAGE AND MEDICATION SAFETY

The school clinic shall:

- Store medications in original packaging.
- Monitor expiry dates monthly.
- Keep medications protected from heat and contamination.
- Maintain medication inventory logs.

Medication administration shall follow:

1. Right Student
2. Right Medication
3. Right Dose
4. Right Time
5. Right Route
6. Right Reason
7. Right Documentation

12. DOCUMENTATION REQUIREMENTS

Maintain:

- Individual Asthma Healthcare Plans.
- Medication administration records.
- Incident reports.
- Emergency transfer documentation.
- Expiry monitoring log.

13. QUALITY INDICATORS / AUDIT CHECKLIST

- Student asthma plans updated
- Parent consent completed
- Medication within expiry date
- Emergency inhaler available
- Documentation completed
- Incident reports closed

14. POLICY REVIEW

This policy shall be reviewed annually or upon issuance of updated DOH/ADEK requirements

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CREATIVE BRITISH SCHOOL(CBS)

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