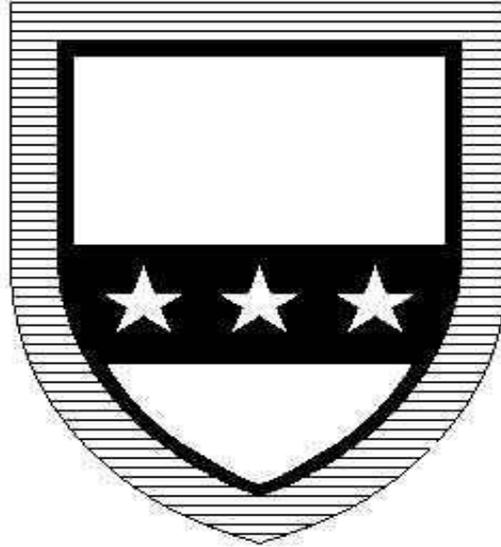


# Asthma Policy



September 2020

Review: September 2021



## **Asthma Policy**

including the use of emergency  
salbutamol in school

Status	Guidance
Date approved	September 2020
Date of next Review	September 2021

## Poulton Lancelyn Primary School

The following policy draws on advice contained within “Supporting pupils at school with Medical Conditions” and the DfE Guidance on the use of emergency salbutamol inhalers in school

The Policy is designed to ensure that Poulton Lancelyn:

- recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.
- pupils with asthma need immediate access to reliever inhalers at all times.
- keeps a record of all pupils with asthma.
- has an emergency salbutamol inhaler and spacer available for emergency use only in the First Aid Room in the infant building and in the cupboard in the Meeting Room in the junior building **The emergency inhaler is only used by children with asthma with written parental consent for its use.** (The draft letter for consent at **Annex A** will be used for this), but will be used at the first aider’s discretion if contact is not possible and patient’s health deteriorates. In the event that the school emergency inhaler is used, parents will be contacted immediately and asked to bring medication to school the next day. **Please read use of emergency salbutamol inhalers in school at the end of this policy.**
- Emergency inhaler permission forms will be reviewed annually in line with the child’s individual HCP.

### Asthma medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to access their reliever inhaler under the guidance of the adult in charge.
- All inhalers must be labelled with the child’s name by the parent/carer.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

### Record keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. When this has been established an agreement will be sent to the parent/carers regarding the guidelines for asthma reliever inhalers in school. **Appendix 1** will be used to notify parents.
- All medical information is added SIMS in the office. A list of children with medical needs inc Asthma is shared with staff and all staff are made aware of children with a HCP. Copies of HCP/medical information are kept in each classroom medical boxes and in the medical room file. The sports coaches also have a copy with them when they are in school.
- When a child uses their reliever inhaler in school a written record is made on a Blue wristband. This wristband is worn by the child to ensure parents are aware that a reliever inhaler has been used and how frequently.

## **Exercise and activity – PE and games**

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register. External sports providers will be provided with clear registers that include relevant medical information.
- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each pupil's inhaler will be labelled and kept in the first aid box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

## **School environment**

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

## **When a pupil is falling behind in lessons**

- If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will complete a concern form for the SENDCO who will consult with the School Nurse and parents about the pupil's needs.
- The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

## **Asthma attacks**

- All trained first aid staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

Also there is a copy in each classroom of: - 'How to recognise an asthma attack' and 'What to do in the event of an asthma attack'

## Use of emergency salbutamol inhalers in school

*From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.*

*The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).*

*This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.*

At Poulton Lancelyn Primary we hold Emergency Salbutamol Inhalers in school and will ensure that it will 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
- who have been prescribed an inhaler as reliever medication.
- **A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.**

Arrangements for the supply, storage, care, and disposal of the inhaler and spacers is in line with the schools policy on supporting pupils with medical conditions.

### **Also in place will be the following:-**

- A Pupil Medical Conditions list is stored in the Medical Box with the spare inhalers. It details children that have been diagnosed with asthma or who have been prescribed a reliever inhaler. Also included will be a list of all children who have parental permission for the use of the Emergency Inhaler. This allows staff a quick check method before initiating the emergency response.
- appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions.
- keeping a record of use of the emergency inhaler as required by Administration of Medication Policy and informing parents or carers that their child has used the emergency inhaler. The draft letter at **Annex B** will be used to notify parents and this will also be discussed via an initial phone call.
- Consent for the use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

## The Emergency Kit

Our emergency asthma inhaler kit includes:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers
- a list of children permitted to use the emergency inhaler as per parental consent form.
- a record of administration (i.e. when the inhaler has been used).

We will be keeping two emergency kits. One will be kept in the First Aid Room in the infant building. The second will be kept in the Meeting Room in the junior building **which** is known to all staff, and to which all staff have access at all times. **The inhaler and spacer will not be locked away** but will be out of the reach and sight of children.

The emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler.

### Storage and care of the inhaler

The HLTA First Aider and SENDCO have responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

## **Responding to asthma symptoms and an asthma attack**

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason the emergency inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed a reliever inhaler **AND** whose parents have given **consent** for an emergency inhaler to be used.

### **Common 'day to day' symptoms of asthma are:**

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

### **Signs of an asthma attack include:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

### **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

## Responding to signs of an asthma attack

At Poulton Lancelyn staff will:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- **Use the child's own inhaler – if not available or there is a problem i.e.: broken, empty, out of date, not in school, use the emergency inhaler which is located in the school office**
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between 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
- The child's parents or carers should be contacted **after** the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

### Recording use of the emergency inhaler and informing parents/carers

Use of the emergency inhaler will be recorded and these records stored with the Emergency Kit This should include how much medication was given, and by whom. *Supporting pupils* requires written records to be kept of medicines administered to children. The HLTA First Aider will review this each half-term.

The child's parents must be informed via an initial phone call and in writing so that this information can also be passed onto the child's GP. The draft letter at **Annex B** will be used to notify parents.

## Staff

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

In the following advice, the term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, and been trained to do this, and are identified in the school's asthma policy as someone to whom all members of staff may have recourse in an emergency.

Our staff have appropriate training and support, relevant to their level of responsibility.

**ALL** staff are informed of:

- symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- Staff who administer inhalers have appropriate training
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help;
- administering salbutamol inhalers through a spacer;

The school nurse delivers this training each year to all members of school staff.

Designated members of staff are trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- making appropriate records of asthma attacks.

At Poulton Lancelyn:

- The SENCO & HLTA First Aider are responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register;
- The SENCO & HLTA First Aider are responsible for the supply, storage care and disposal of the inhaler and spacer.



Annex A



CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Poulton Lancelyn Primary School, Venables Drive, Bebington, Wirral, CH63 9LY

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they have in school that is kept in the designated first aid box in the classroom.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:..... Date: .....

Name (print).....

Child's name: .....

Class: .....

Parent's address and contact details:

.....

.....

.....

Telephone: .....

E-mail: .....



Annex B  
LETTER TO INFORM PARENTS OF  
EMERGENCY SALBUTAMOL INHALER USE

Child's name: .....

Class: .....

Date: .....

Dear .....,  
[Delete as appropriate]

This letter is to formally notify you that..... has had problems  
with his / her breathing today. This happened when.....  
.....

A member of staff helped them to use their asthma inhaler.

- They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.
- Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs. .

[Delete as appropriate]

Please contact the school office for further information.

Yours sincerely,



## Appendix 1 Reliever Inhalers in Primary Schools

Dear

Your child \_\_\_\_\_ has a Reliever inhaler in school.

I am writing to inform you of the School's guidelines with regard to Reliever Inhalers in school.

1. All Reliever Inhalers will be kept in a Class Medical box, of which there is one in every classroom.
2. All Reliever Inhalers will be named.
3. With the inhaler there will be written evidence of the frequency of usage necessary for each individual child. This is to ensure that if a child appears to need their Inhaler rather too frequently, then the parent can be informed. The information will be displayed on a blue wristband.
4. We strongly encourage independence so your child will not be restricted from using their inhaler during the course of the school day.
5. If your child needs their inhaler during break times or lunchtime, a request to a member of staff must be made first before entering the building, where an adult will accompany them.

If you wish to see the School Asthma Policy, please make a request to the school office.

Please sign and return the slip below.

Yours sincerely,

**Mrs C Arnold**  
**Headteacher**

-----  
**Reliever Inhalers**

Please tick as appropriate

{ } I agree and accept the above guidelines regarding reliever inhalers in school

Signed \_\_\_\_\_ Print \_\_\_\_\_ Parent/Guardian

Child's name \_\_\_\_\_ Date \_\_\_\_\_

# 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 AN 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 or there is a problem i.e.: broken, empty, out of date, not in school use the emergency inhaler which is located in the school office**
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two 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**



POLICY APPROVAL FORM

## Asthma Policy

Signed: (Headteacher)

Signed: (Chair of Governors)

Printed name: Mrs Claire Arnold

Date approved: September 2020

### List of Trained Staff

#### Lead Persons for Managing Medicines at School

Mrs Claire Arnold – Headteacher

Miss Sue Haworth – Assistant Headteacher/SENDCO

#### School First Aiders (Full First Aid at Work Certificate)

Name	Role	Date of Training	Renewal Date
Mrs Coull	HLTA KS1	September 2022	Mrs Coull
Mrs Barlow	TA3 F2	January 2021	Mrs Barlow
Mrs Bridge	TA2 KS2	October 2021	Mrs Bridge

#### School Paediatric First Aiders

Name	Role	Date of Training	Renewal Date
Mrs Dobson	TA3 Y1	November 2020	Mrs Dobson
Miss Billington	TA2 F2	November 2020	Miss Billington

#### Trained Staff for Administering Medicines

Mrs P Hughes Mrs S Bardolia Mrs J McArdle Mrs J Gould Mrs P Dutton Mrs A Dingle

Mrs J Simms Mr A Milne