



Asthma Policy

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| Written | December 2023 |
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| Chairs Signature | Hannah Massey |

Policy statement

This school welcomes pupils with asthma and recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. We encourage all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents/carers and by pupils.

All school staff who have contact with these children will be given the opportunity to receive training at regular intervals and this school will ensure attendance by staff at this training. This will take place every year by the school nurses.

Developing and implementing an asthma policy is strongly recommended for all schools.

Indemnity

School staff are not required to administer asthma medication to pupils except in an emergency. However, staff should be willing to assist with administering the reliever inhaler at a set time when it has been recommended by an appropriate healthcare professional. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy. All school staff will allow pupils immediate access to their own asthma medication when they need it.

What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler, but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

Medication

Preventers

Preventer treatments (inhalers and/or oral medications) will be taken on school trips if necessary.

Only reliever inhalers should be kept in school.

Relievers

Usually these are salbutamol, which are blue in colour.

Any child who does not use a salbutamol inhaler as their reliever will need an individual healthcare plan.

In the unlikely event of someone using another child's salbutamol (blue) inhaler there is little chance of harm. The drug in these inhalers is very safe and overdose is very unlikely.

At any age, any child who is able to identify the need to use their reliever inhaler should be allowed to do so, as and when they feel it is necessary.

Good practice indicates that an emergency salbutamol (blue) inhaler is kept in school for staff to use if a child's own salbutamol inhaler runs out, is broken or is lost.

Storage of Inhalers

All children with asthma will have IMMEDIATE access to their reliever inhaler as soon as they need them.

1. A child's reliever inhaler will NEVER be locked away or kept in the school office.
2. A child's reliever inhaler will always be taken with them when moving out of the classroom, e.g. for lessons, trips or activities.

Inhalers are stored in each classroom medical bag. This bag is taken anywhere the class goes, trips, outside for playtimes, and PE lessons. The bag contains pupils' inhalers, spacers, medical instructions and a copy of inhaler use log.

Physical Education

Taking part in sports is an essential part of school life and important for health and well-being; children with asthma are encouraged to participate fully, however symptoms of asthma are often brought on by exercise so each child's reliever inhaler will be available at the site of the PE lesson/sports activity.

Certain types of exercise are more potent triggers for asthma. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise and will be encouraged to warm up prior to participating and cool down after. Parents can also ask that the reliever inhaler be used prior to PE.

The reliever inhaler must be readily available to the pupil throughout the PE lesson/sports activity.

Children should not be taking their reliever inhaler every break/lunch time 'just in case' of symptoms. This is not a recommended practice, and the school will ask the parent to seek written clarification from their doctor/nurse.

School Trips/Visits/Residentials

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant. The child's reliever inhaler will be readily available to them throughout the trip, carried by the supervising adult. Group leaders will have appropriate contact numbers with them.

For residential visits, staff will be trained in the use of regular preventer treatments, as well as emergency management; it is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. The parent/carer must be responsible for ensuring an adequate supply of medication is provided.

Colds/ Viruses

When a child has a cold it is sometimes necessary for them to use their reliever inhaler regularly for a few days. Therefore, a parent/carer may ask you to administer their reliever inhaler, for example each lunchtime, usually for approximately one week. The amount to be given will be advised by the parent/carer but may be anything up to 6 to 10 puffs.

This does not replace using the reliever inhaler as and when needed, it is in addition.

Emergency Procedures

Flow chart 1 included with this policy outlines the actions to be taken in an emergency when the child needs to use a salbutamol (blue) reliever inhaler. If symptoms have been relieved, but then return, the treatment should be given again; there is no minimum time before it can be repeated but if it less than four hours then the parent/carer should be contacted.

How to administer a metered dose inhaler via a spacer

One puff of blue reliever inhaler is administered via a spacer as follows:

- 1) Check the inhaler is in date and not empty
 - 2) Remove the cap
 - 3) Shake the inhaler
 - 4) Fit the inhaler into the spacer
 - 5) Place the spacer mask onto the child's face (or the mouthpiece into their mouth), ensuring a good seal
 - 6) Actuate the inhaler once by pressing the canister into the casing
 - 7) Allow the child to breathe for 5-6 breaths or 10 seconds before removing the spacer
- If another puff is required, start again at step 3.
- 8) Replace the cap

Emergency Inhalers

In an emergency, where a child who is on the school asthma register is experiencing significant symptoms and has not got their own reliever inhaler/spacer with them, it is found to be empty, broken or out of date, it is acceptable to use the school's emergency salbutamol (blue) reliever inhaler/spacer if prior consent has been obtained from parents.

Emergency salbutamol (blue) inhalers and spacers will be kept in appropriate locations on the school site, so all staff can access one with ease, and will be used as per flow chart 1. All staff will know how and where to access the emergency inhalers and spacers. An emergency kit is held in each building.

EYFS - EYFS office

KS1 - Main office

The emergency kit contains

- 2 salbutamol inhalers
- 2 plastic spacers
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date
- A note of arrangements for replacing the inhalers and spacers
- A list of children permitted to use the emergency inhaler
- A record of administration

The named staff for overall responsibility of the emergency kit are Miss N. Skidmore and Mrs. E. Lewis.

The named staff will ensure: -

- Inhalers and spacers are present and in working order and the inhaler has a sufficient number of doses available
- That replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use
- The plastic inhaler housing has been cleaned, dried and returned to storage following use

The emergency inhalers are clearly labelled and are kept separate from children's own inhalers. They are stored at the appropriate temperature and protected from direct sunlight and extremes of temperature.

To avoid possible risk of cross-infection the plastic spacer will not be reused. The inhaler will be cleaned after use and can be reused.

Cleaning the emergency inhaler and spacer

The casing of the salbutamol (blue) inhaler can also be cleaned by removing the aerosol from the casing, washing the casing and lid in warm running water and leaving it to air dry thoroughly before replacing the aerosol. Shake and activate the inhaler to ensure it is working effectively and replace the lid.

Replacing the emergency inhaler

When replacing the emergency salbutamol (blue) inhaler, be aware that an inhaler can run out of medication before it is actually empty.

Inhalers and spacers can be purchased by the school for emergency use as recommended in *Guidance on the use of emergency salbutamol inhalers in schools* (DoH September 2014).

Record keeping

When a child with a reliever inhaler joins this school, the parent/carer will be asked to complete a form giving details of the condition and the treatment required. Information from this form will be used to compile an "Asthma Register" which is available for all school staff. This register will be updated at least annually, or more frequently if required, using the information supplied by parents/carers. Any child who has a reliever inhaler should be included on the asthma register, even if they do not have a formal diagnosis. Use of a reliever inhaler will be documented in the child's records.

Reporting concerns

If a member of staff has concerns about the progress of a child with asthma which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

Responsibilities

Parent/Carer have a responsibility to:

- Tell the school that their child has asthma/has a reliever inhaler.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits, outings or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Provide the school with a reliever inhaler and spacer labelled with their child's name.
- Ensure the lot code on the inhaler provided matches the lot code on the inhaler box.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.
- Provide appropriate clothing for cold weather.
- Ensure your child has regular asthma reviews with the GP which should be at least yearly.

All school staff (teaching and non-teaching) have a responsibility to:

- Understand the school asthma policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Ensure that once an inhaler is used the lot number is checked on the inhaler and box to make sure it is put away correctly
- Inform parent/carer if a child has had an asthma attack.
- Inform parent/carer if they become aware of a child using more reliever inhaler than usual.
- Complete the asthma record and share with parents to sign if the inhaler has been administered
- Ensure inhalers are taken on external trips/outings.

- Ensure inhalers are taken with them during PE, break and lunch times
- Be aware that a child may be more tired due to night time symptoms.
- Liaise with parent/carer, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma

Flow chart 1

What to do in an Asthma Attack

Follow the steps below to help someone having an asthma attack.

If the person does not have a reliever inhaler, call 999 for emergency assistance.

1.

Sit the person upright

- Be calm and try to reassure the person
- Do not leave them alone



2.

Give medication

- Shake the reliever inhaler (usually blue)
- Use a spacer (if available), especially if they are a child
- Give the person one or two puffs of reliever inhaler



3.

Every 30-60 seconds

- Give one puff of reliever inhaler every 30-60 seconds
- You can give up to ten puffs



4.

If there is still no improvement call 999 for an ambulance

- Tell the operator the person is having an asthma attack
- Keep giving **ONE** puff of reliever inhaler every **30-60 seconds** until help arrives



Follow you doctor's advice, take your medication and minimise your triggers to enable you have better control of your asthma.

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
Moat Farm Infant School

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler. [delete as appropriate]

2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept in school for when needed.

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:

EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

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.

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.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.