



ASTHMA POLICY February 2023 (Including the use of Emergency Salbutamol in School)

This policy has been written with advice from the Department for Education & Skills, Asthma UK, local healthcare professionals and the school health service. This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. Whetstone Field Primary School encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, parents and pupils. Supply teachers and new staff are also made aware of the policy.

Asthma medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom in a safe place.
- 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 by the local education authority 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.
- All parents/carers of children with asthma are consequently sent a consent for administration of inhaler form (Appendix 1). This includes consent for the administration of salbutamol from an emergency inhaler held within school should the child's own inhaler be unavailable. Parents/carers are asked to return this to the school. From this information the school keeps its asthma register, which is available to all school staff.
- Consent forms are sent to parents/carers of children with asthma on an annual basis to update.
- Parents/carers are also asked to update consents if their child's medicines, or how much they take, changes during the year.
- Parents and carers are informed when their child has needed to use their inhaler, in addition to the times specified on their plan, during the school day using a slip held in each classroom.

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.
- 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 a 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.



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- Classroom teachers follow the same principles as described above for games and activities.

Out-of-hours sport

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.
- PE teachers, classroom teachers and out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

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. Pupils with asthma are encouraged to leave the room and go and sit with supervision in the medical room, if particular fumes trigger their 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 then talk to the school nurse and special education needs coordinator 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 staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- In the event of an asthma attack the school follows the procedure outlined in the Department of Health document, 'Guidance on the use of emergency salbutamol inhalers in schools' (March 2015). This procedure is visibly displayed in the staffroom, school hall and entrance corridor.

Use of Emergency 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 Whetstone Field Primary School we will be holding Emergency Salbutamol Inhalers in school and we 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, or 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.

Emergency Inhaler Kit

An emergency inhaler kit is stored in the medical room and includes:

- A salbutamol metered dose inhaler;
- Two plastic spacers;
- Instructions on using the inhaler and spacer;
- Manufacturers information; a checklist of inhalers, identified by 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 detailed in individual consents;
- A record of administration.

Storage and care of the Emergency Inhaler

Mrs Debra Slatcher and Mr S Cox are responsible for ensuring that:

- On a monthly basis the inhaler and spacer 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 (which holds the canister) has been cleaned, dried and returned to storage following use.

The emergency inhaler is kept in the medical room out of the reach of children. The inhaler and spacer should not be locked away. All staff are aware of this location.

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

To avoid possible risk of cross-infection, the plastic spacer should not be reused.

The inhaler itself may be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic 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.



However, if there is any risk of contamination with blood, or 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:

- 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 ie: broken, empty, out of date, not in school, use the emergency inhaler which is located in the medical room
- 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 inhaler and informing parents/carers.

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The draft letter in Appendix 2 will be used to notify parents.

Staff

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;
- aware of the asthma policy;
- aware of how to check if a child is on the register;



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- aware of how to access the inhaler;
- aware of who trained first-aiders are, and the policy on how to access their help;
- informed of administering salbutamol inhalers through a spacer;

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.

References:

Department for Education - Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

Department for Health - Guidance on the use of emergency salbutamol inhalers in schools.

Asthma UK.org, Resources for Schools (Accessed January 2016)

Policy reviewed February 2023



Appendix 1

Consent for Administration of an Inhaler

Child's Name: _____ Date of Birth: _____

Address: _____

Next of Kin: _____ (Print full name) Relationship: _____

Contact telephone numbers: _____

My child has been diagnosed with asthma and requires the administration of the following prescribed inhaler

Dosage required: _____

When should the inhaler be administered? (Please include any known triggers and typical symptoms)

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.

Parents need to agree to the following points if they wish the school to take responsibility for administering medication:

- I will provide the school with an inhaler which is clearly **labelled on the device** with my child's name, name of medicine and instruction for use.
- Inhalers will be kept in the classroom or on the child's person so that it can be accessed immediately when needed.
- We will inform you, in writing, on the days when the inhaler has been administered.
- I will provide written information if there are any changes in the administration of medication required.
- I understand that staff are acting voluntarily when overseeing or administering medication and I give them my full consent to do so.

Signed _____ Date _____

Authorised by S Cox, Head Teacher



Appendix 2

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/ 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 seen by your own doctor as soon as possible.

Yours sincerely,

Mr S Cox
Head Teacher