

# Old Leake Primary & Nursery School



## Asthma Policy Statement

Appendix 1: How to recognise an asthma attack.

Appendix 2: What to do in the event of an asthma attack.

Appendix 3: Using emergency salbutamol inhalers in school.

Appendix 4: Asthma Care Plan.

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### Policy Statement:

#### Old Leake Primary & Nursery School:

- Welcomes pupils with asthma and recognises their needs.
- Expects and encourages parents/carers to give appropriate information to the school regarding their child's asthma and to provide a prescribed reliever (blue) inhaler, and spacer device if required.
- Recognises that pupils need to have immediate access to their reliever inhaler.
- Will encourage and help children who have asthma to participate fully in all aspects of school life.

Will ensure that parents and staff regularly check that inhalers are within their use by date

**On Admission to school:**

- All parents/carers will be asked to complete an admission form giving full details of their child's asthma, regular medication, emergency contact numbers, family GP and any relevant hospital details.
- Every child with an asthma diagnosis must have a reliever inhaler, (blue) available in school and a spacer device if this is normally used.

**Storage and Disposal of Medication:**

- All inhaler devices need to be clearly labelled with the child's name.
- Foundation and KS1 – Inhalers will be kept in the classroom under the supervision of the class teacher. Reliever inhalers (blue) should be easily accessible to the child.
- KS2 – Pupils are encouraged to become self-managing by the end of Year 6 by carrying their own reliever inhaler and using it when needed. If there are concerns about the child's technique they should be referred to their doctor or consultant.

Most children will not need to use their reliever inhaler (blue) on a daily basis. If the child has experienced symptoms and has needed to use their inhaler, parent/carers will always be informed.

Parents/carers will always be informed if their child has an asthma attack (see appendix 5).

If pupils leave the premises for any activity they must have their reliever (blue) inhaler with them.

Parents/carers need to check all reliever inhalers/spacer devices regularly, confirming that the inhalers are in date and full of medication.

Inhalers should not be stored where there is excessive heat or cold.

**Exercise and Activity:**

- Pupils with asthma are encouraged to participate in PE lessons.
- Some pupils with asthma may need to use their inhaler before exercising.
- Reliever inhalers must be readily available at all times.

**Asthma Attack:**

- It is important that all staff know how to manage a child experiencing an asthma attack.
- In the event of an asthma attack school staff will follow the procedures outlined in appendices 1 and 2.

**Training:**

All staff in school access asthma awareness training and receive regular updates. All staff can therefore recognise and know how to manage a child having an asthma attack, when and how to call an ambulance and what to do whilst waiting for the ambulance to arrive.

**Appendix 1:****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 and increased heart rate.
- 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.

### **Appendix 2:**

## **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, use the emergency inhaler.
- 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.
- ***The child's parent/carer should be contacted AFTER the ambulance has been called***
- ***A member of staff should accompany a child taken to hospital by ambulance and stay with them until a parent/carer arrives.***

### **Appendix 3:**

## **USING EMERGENCY SALBUTAMOL INHALERS IN SCHOOL**

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

**\*The emergency salbutamol inhaler should 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\*.**

The inhaler can be used if the pupil's prescribed inhaler is not available (e.g. it is broken or empty).

Arrangements for the supply, storage, care and disposal of the emergency inhaler:

- School will purchase inhalers and appropriate sized spacers from a pharmaceutical supplier on an occasional basis.
- School will provide a request signed by the headteacher.
- The emergency kit will include a salbutamol inhaler, two single use plastic spacers that are compatible with the inhaler, instructions on using and cleaning and storing the inhalers and spacers, a note of the arrangements for replacing the inhaler and spacers, a list of children permitted to use the emergency inhaler, a record of administration.
- Named staff will be responsible for maintaining the kit (Clare Vidal/Emily Barker/Caroline Meeds) making sure the equipment is present and in good working order, replacement inhalers are obtained when expiry dates are reached, replacement spacers are provided.
- Inhalers and spacers need to be stored in a safe, central location known to all staff.
- The plastic **spacer should not be re-used**. It must be given to the child to take home for future personal use. The child's parent will be asked to replace this spacer for school.
- The inhaler can be reused provided it is cleaned after use. However, if there is any risk of contamination with blood, it is the school's policy to dispose of the inhaler.

Register of children in school that have been diagnosed with asthma or prescribed a reliever inhaler:

- School will maintain an asthma register which will be easy to access and allows a quick check on whether a child is recorded as having asthma and whether consent has been gained from parents for the inhaler to be administered.

Ensuring the emergency inhaler is only used by children with asthma with written parental consent for its use:

- School will seek written consent (care plan) from parents of children on the asthma register (see appendix 4).

Appropriate support and training for staff in the use of the emergency inhaler in line with schools wider policy on supporting pupils with medical conditions:

- All staff in school access asthma awareness training and receive regular updates. All staff can therefore recognise and know how to manage a child having an asthma attack, when and how to call an ambulance and what to do whilst waiting for the ambulance to arrive.

Keeping records of the use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler:

- School will record each time the emergency inhaler is used including where and when the attack took place, how much medication was given and by whom.
- The child's parents will be informed by the class teacher or member of staff who administered the medication.

Staff are:

- trained to recognise the symptoms of an asthma attack.
- aware of the asthma policy.

- aware of how to check if a child is on the asthma register.
- aware of how to access the inhalers.
- aware of the designated members of staff who have wider responsibilities for administering medication and supporting children with medical conditions and how to access their help if needed.

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.
- administering salbutamol inhalers through a spacer.
- Making appropriate records of asthma attacks.

**The governing body ensures that when school staff are supporting pupils with medical conditions there are appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.**

**To be reviewed February 2022**

**Appendix 4:**



**ASTHMA CARE PLAN**

**Consent form for use of emergency salbutamol inhaler**

Dear Parent/Carer

**Childs name**..... **Class**..... **Date**.....

Child showing symptoms of asthma / having an asthma attack

I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate).

My child has a working, in-date inhaler, clearly labelled with their name, which will be kept in school.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signature ..... Print name.....

**Appendix 5:**



**EMERGENCY INHALER USE**

Dear Parent/Carer

**Childs name**..... **Class**..... **Date**.....

This letter is to notify you that ..... had a problem with his/her breathing today.

This happened when .....

.....

They did not have their own inhaler with them / their own inhaler was not working, so a member of staff helped them to use the school emergency inhaler containing salbutamol.

They were given .....puffs.

If you have any concerns we strongly advise that you seek advice from your GP.

Please make arrangements to replace the school spacer that your child used and return it to the school office as soon as possible.

Yours sincerely

Signature ..... Print name.....