



Asthma Policy

November 2021

Approved by the Governing Body Strategy Group 18/11/21

**This Policy is due for renewal in Term 1
2023–24**

ASTHMA POLICY

OF

GODINTON PRIMARY SCHOOL

SECTION ONE – INTRODUCTION TO ASTHMA

This policy has been written with advice from the Department for Education and Skills, National Asthma Campaign and the Local Authority. It has also been informed by the document ‘Guidance on the Use of Emergency Salbutamol Inhalers in School’ produced by the Disabled and Ill Child Services Team, Department of Health) This policy should be read in conjunction with the school’s policy on medical needs.

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK. (Information taken from ‘Guidance on the Use of Emergency Salbutamol Inhalers in School’).

Our school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma. When asthma is well managed children are able to participate in the full range of curricular and extra-curricular activities including PE and sport.

This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, pupils and parents, the Governing Body and the local education authority.

All staff (teaching and non-teaching) including new members of staff and supply teachers are made aware of the policy. First aiders will have a more comprehensive training about asthma, including spacer use.

This policy should be read in conjunction with the school’s policy ‘Supporting Pupils at School with Medical Needs and First Aid’.

SECTION TWO – MEDICATION

2.1 It is the parents’ responsibility to provide appropriate information about their child’s asthma including details of medication. This is done through the completion of the medical needs form completed by parents at the start of Year R and Year 3. Parents must update the school when changes occur. It is the responsibility of the school to share this information with relevant staff. Medical needs are also shared at transition meetings at the end of the academic year.

2.2 Upon completion of the medical needs form, parents who note that their child suffers from asthma will be contacted by the medical needs coordinator. A copy of their asthma card will be asked for and copied. Parents will be asked to confirm whether their child will carry their reliever inhaler with them in school or not. Easy access to reliever inhalers is essential. Children are encouraged to carry their reliever inhalers as soon as there is agreement that the child is mature enough. As a general rule this would be children in upper school. If children do carry their own reliever inhaler they will self-medicate and school will not be able to record that the inhaler has been used.

2.3 For younger children, inhalers will be kept in the class Medical box where they can be accessed whenever necessary

2.4 The school will record details of when children have used their inhalers.

2.5 Parents are responsible for replacing their child's inhaler before the expiry date.

All inhalers must be labelled with the child's name, by the parent or carer. A consent form must also be completed. Some children require use of a spacer. These will be kept in the class Medical box with the inhaler.

2.6 School staff are generally happy to administer medication to children provided adequate information is provided, but there is no legal obligation for them to do this. All staff in maintained schools who agree to do this are insured when acting in accordance with this policy.

2.7 If a child is required to take an inhaler on a regular basis e.g. two puffs at lunchtime, then the request to do so should be accompanied by a letter from the doctor or nurse prescribing this and their asthma card. A healthcare plan will be put in place for these children.

SECTION THREE – EMERGENCY INHALERS

3.1 From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler must 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. Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

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

3.2 Arrangements for the supply, storage, care and disposal of emergency inhalers

Our school has purchased 4 salbutamol inhalers and spacers which may be used in an emergency for those children whose parents have granted permission.

The school follows the guidance on page 11 of 'Guidance on the Use of Emergency Salbutamol Inhalers in School' for the appropriate purchase of these.

Each emergency inhaler forms part of an emergency inhaler kit which includes:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- 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, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- Guidance on the use of emergency salbutamol inhalers in schools
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

The school has four emergency inhaler kits which are located in:

- The Medical room
- The Staff room
- The Reception Classroom
- Eagles Classroom

Staff are made aware of their locations and the kits are kept out of reach of children, but are not locked away.

Emily Clark (Medical Needs Coordinator) and Hita Kelleher are the members of staff who have volunteered to be responsible for maintaining the emergency inhaler kits. They are responsible for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has 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, or that replacements are available if necessary.

The emergency inhaler and spacers are clearly labelled to avoid confusion with an individual child's inhaler.

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 if used in an emergency. 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.

Spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. In order to do this legally, our school is registered as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration has been completed at:

<https://www.gov.uk/waste-carrier-or-broker-registration>

(Registration certificate: CBDL413305)

3.3 Children who can use an emergency inhaler

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by children who have asthma and prescribed a reliever inhaler or who have been prescribed a reliever inhaler, and for whom written parental consent has been given. This information is recorded in a child's asthma plan.

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.

The school seeks written consent from parents of children on the asthma register for them to use the school's emergency salbutamol inhaler in an emergency.

A record of parental consent is kept within the emergency inhaler kit, to enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent is updated annually or if a child's needs should change.

3.4 Using the emergency inhaler

In the event that a child's inhaler fails, cannot be found or is broken, the member of staff supporting the child will summon a first aider to assist in administering the emergency salbutamol inhaler. All trained first aiders can assist with the administration of an emergency inhaler.

The register will be checked to ensure that parents have given permission for the emergency inhaler to be used. The register can be found in the emergency inhaler kit.

If permission has been given, the child will be supported in using the emergency inhaler to relieve symptoms.

3.5 Recording use of an emergency inhaler and informing parents

The use of the emergency inhaler is recorded. This includes 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 will be telephoned if the school's emergency inhaler has been used. They will also be informed in writing so that this information can be passed onto the child's GP.

SECTION FOUR – RESPONDING TO AN ASTHMA ATTACK

3.1 The appendices of this policy alert staff to the signs that will indicate that a child is having an asthma attack rather than another serious condition/illness, including allergic reaction, hyperventilation and choking from an inhaled foreign body which can sometimes be mistaken for those of asthma. Appendix two provides further guidance on how to respond to an asthma attack.

3.2 School staff are provided with information about asthma and asthma attacks. First aiders will have received more detailed training and should be sent for in the event that a member of staff suspects that a child is having an asthma attack. Parents should be contacted if the attack is severe and a child may need to go home. In the event of a significantly severe attack, emergency procedures will be initiated i.e. contacting parents and emergency services.

SECTION FIVE – PE AND SCHOOL TRIPS

3.1 Taking part in sport is an essential part of school life. Teachers will be aware of which children have asthma. Children with asthma are encouraged to participate fully in PE. If a child needs to use their inhaler during the lesson they will be allowed to do so.

3.2 The school will make provision for inhalers to be taken on school trips, swimming etc.

SECTION SIX – AN ASTHMA FRIENDLY SCHOOL

The school will help children understand asthma. Asthma can be included in key stage 1 and 2 in science, design and technology, geography, history, PSHE and PE of the national curriculum.

The school has a no smoking policy. Smoking is not permitted inside the school building or in the school grounds.

SECTION SEVEN – ASTHMA AND ATTENDANCE

If a child is frequently absent from school because of asthma, or is tired in class because of disturbed sleep, has increased frequency of symptoms or more frequent use of reliever medication, the class teacher will initially talk to the parents. If appropriate the teacher will then discuss the situation with the Assistant Head for Inclusion or the Medical Needs Coordinator.

SECTION EIGHT – EQUALITY STATEMENT (Refer also to specific policies for equal opportunities and racial equality)

At Godinton Primary School, we are committed to ensuring equality of opportunity for all members of our school community irrespective of race, religion or belief, gender, gender reassignment, disability, sexual orientation, age, pregnancy or maternity, marriage and civil partnership or socio-economic background. We are determined to develop a culture of inclusion and diversity in which all those connected to the school feel proud of their identity and ability to participate fully in school life.

We tackle discrimination through the positive promotion of equality by challenging stereotypes and by creating an environment that champions respect for all. At Godinton Primary School, we believe that diversity is a strength that should be respected and celebrated by all those who learn, teach and visit us.

All school policies have an explicit aim of promoting equality and will be reviewed in terms of their contribution and effectiveness in achieving this aim.

SECTION NINE – MONITORING AND REVIEW

The policy is reviewed every 2 years.

APPENDIX ONE

HOW TO RECOGNISE AN ASTHMA ATTACK

(Taken from Guidance on the use of emergency salbutamol inhalers in schools)

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

APPENDIX TWO

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

(Taken from Guidance on the use of emergency salbutamol inhalers in schools)

- 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 separate 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