



# **ASTHMA POLICY**

**School Mission Statement  
Federation of The Downs and Northbourne CEP  
Schools**

Our mission is to create a school in which every member feels valued, irrespective of their race, gender or disability and where the development of the whole child is paramount.

We expect high standards from all, and try to provide the maximum opportunities for every member to fulfil their individual potential. Our Christian ethos encompasses tolerance and cultural diversity which will enable us to embrace the challenges of our world.

We strive to make our learning and working environment a safe, but vibrant and stimulating place from which children can begin their journey of lifelong learning.

Our values underpin our entire school curriculum.

<b>Reviewed December 2015</b>	<b>Next Review December 2018</b>			
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## **The Federation of The Downs and Northbourne CEP Schools Asthma Policy including the procedures for the use of the emergency inhalers**

### **Introduction**

Asthma is the most common chronic condition, affecting one in eleven children. Therefore we recognise there maybe more than one child in each class who suffer with asthma. The aim of this policy is to ensure all staff have an awareness of asthma, can identify signs of an asthma attack and use the appropriate procedures when dealing with an attack within school.

We as a Federation recognise the need for emergency inhalers to be available in school. The policy also lays out the procedures which are required to enable designated staff to administer salbutamol in the event of an emergency.

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

#### **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.

- Send a SOS card (each member of staff carries a SOS card and a card is in each room of the school) to the school office and ask for a first aider. Give the name of the child and report the symptoms witnessed.
- The first aider will check the asthma register and parental signature in regard to the use of the emergency inhaler.
- Bring the child's inhaler and emergency inhaler (in case the child's own inhaler is faulty)

#### **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

This policy and guidelines are taken from the Department of Health's Guidance on the use of emergency salbutamol inhalers in schools. (March 2015)

### **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, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate 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.

### **Procedures for the use of emergency inhalers**

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

The Human Medicines (Amendment) (No. 2) Regulations 2014 has enabled our schools to purchase salbutamol inhalers, without a prescription, 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 (for example, because it is broken, or empty).

The use of an emergency inhaler could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

### **At The Downs and Northbourne Schools we will ensure:**

- the supply, safe storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions

This policy and guidelines are taken from the Department of Health's Guidance on the use of emergency salbutamol inhalers in schools. (March 2015)

- that we have a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler
- that we have parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan
- 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
- a record of use of the emergency inhaler and inform parents or carers that their child has used the emergency inhaler
- our senior leadership team are responsible for ensuring our policy is followed

### **The Emergency Kit**

An emergency asthma inhaler kit should include:

- 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
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans and asthma register
- a record of administration (i.e. when the inhaler has been used)

### **Schools**

In order to obtain the above emergency kit the head teacher will request a prescription from our local pharmacy. This request will detail the name of the school, the purpose of the product and the total quantity.

### **Salbutamol**

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects.

The effects may include:

- feeling shaky or may tremble
- the child may report that they feel their heart is beating faster

### **Storage and care of the inhaler**

We will ensure that:

- on a termly basis the inhaler and spacers are present, in date 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 inhalers will be kept in the school office to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer will not be locked away.

The inhalers will be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate and the emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler.

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An inhaler should be primed when first used (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 will be given to the child to take home for future personal use or disposed of in school.

The inhaler can be reused, provided it is cleaned after use.

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 safely.

Children who can use an inhaler

The emergency salbutamol 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 for whom written parental consent for use of the emergency inhaler has been given.

This information should be recorded in a child's individual healthcare plan and noted on the asthma register.

**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.**

A record of parental consent on the asthma register will also enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent will be updated regularly annually - to take account of changes to a child's condition.

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

Use of the emergency inhaler should be recorded. It will 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.

Staff administering the emergency inhaler will have appropriate training and support.

**ALL** staff have an awareness of:

- recognising the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms
- this policy
- how to check if a child is on the register
- how to access the inhaler
- who the designated members of staff are

Each class will have a list of pupils who are on the asthma register and which parents have given consent for the use of the emergency inhaler.

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**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;

Records will be updated and the parent/carer will be informed in writing of the use of the emergency inhaler.

**ALL** staff are able to:

- to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the this policy;
- aware of how to check if a child is on the register
- aware of how to access the inhaler