



Our Lady's Catholic Primary School

# **Asthma Policy**

Including the use of emergency  
salbutamol in school

## Our Lady's Catholic Primary School

- recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or trips and other out-of-hours school activities.
- recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- keeps a record of all pupils with asthma.
- has an emergency salbutamol inhaler and spacer available for emergency use only in the school office. **Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use.** (The draft letter for consent at **Annex A** will be used for this), but will be used at the first aider's discretion if contact is not possible and patient's health deteriorates. In the event that the school emergency inhaler is used, parents will be contacted immediately and asked to bring medication to school the next day. **Please read use of emergency salbutamol inhalers in school at the end of this policy.**

### Asthma medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to keep their reliever inhaler at school in their classroom as soon as the parent/carer, doctor or asthma nurse agrees they are mature enough.
- All inhalers must be labelled with the child's name.
- 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. 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, parent/carers are asked if their child has any medical conditions including asthma on their enrolment form. When this has been established an agreement will be sent to the parent/carers regarding the guidelines for asthma pumps in school. **Appendix 1** will be used to notify parents.
- This information is then added to the Medical Class Lists which includes all of the pupils in each class of any Medical conditions or Individual Healthcare Plans that they have. The class teacher will make any sports coach aware of any child who has asthma and will hand over the class green box to him/her when they are in school. The after school sports club staff members will have access to the medical room which displays a full list of every child with a medical condition, including asthma. This is located on the wall next to the medical cabinet.

### Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of school life for all pupils. Pupils with asthma are encouraged to participate fully in all PE lessons. 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.
- Teachers know which children in their class have asthma and will pass this information along with the class medical equipment box onto any teacher covering sports provision. Inside the box is a list of children in the class that have asthma (asthma register). All asthma inhalers will be clearly labelled. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

### **After School Sports Club**

- 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.
- Classroom teachers and after 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.
- Staff also are aware in particular of the difficulties very young children may have in explaining how they feel.

### **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 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 parent/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 trained first aid staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Also there is a copy in each classroom inside the green medical equipment box of: - 'How to recognise an asthma attack' and 'What to do in the event of an asthma attack'
- Each classroom has a green card for a child (**if there is not another adult in the classroom**) to take to the school office to summon first aid help in the case of any emergency.
- Also another adult would lead the rest of the class away from the situation.

# Use of emergency salbutamol 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 Our Lady's Catholic 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.**

We have arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions.

**Also in place will be the following:-**

- Asthma Register in each classroom 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. There will be a list in the front, of all children who have parental permission for the use of the Emergency Inhaler. This allows for the staff to have a quick check for initiating the emergency response.
- **ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use.** (The letter for consent at **Annex A** will be used for this)

*Keeping 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 – ideally annually - to take account of changes to a child's condition.*

- appropriate guidance for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions.
- keeping a record of use of the emergency inhaler as required by *our medical policy* and informing parent/carers that their child has used the emergency inhaler. The letter at **Annex B** will be used to notify parents.
- having at least two responsible staff members for ensuring the protocol is followed. These are Mrs Leahy and Mrs Hillier.
- The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

## The emergency kit

Our emergency asthma inhaler kit includes:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- 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 per parental consent form.
- a record of administration i.e. when the inhaler has been used.

We will be keeping two emergency kits these will be kept in the **medical room which** is known to all staff, and to which all staff have access at all times. **The inhaler and spacer will not be locked away** but will be out of the reach and sight of children.

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

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

There will be least two named volunteers amongst school staff should have responsibility 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

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. 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.

## **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 i.e.: broken, empty, out of date, not in school, use the emergency inhaler which is located in the school office**
- 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 9 999 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. Our Medical Policy requires written records to be kept of medicines administered to children. The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The letter at **Annex B** will be used to notify parents.

## Staff

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

In the following advice, the term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, and been trained to do this, and are identified in the school's asthma policy as someone to whom all members of staff may have recourse in an emergency.

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;
- Staff who administer inhalers have appropriate training
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help;
- administering salbutamol inhalers through a spacer;

We have two named individuals, Mrs Hillier and Mrs Leahy, who are responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register;

These two individuals are responsible for the supply, storage care and disposal of the inhaler and spacer.

Mrs Maton is responsible for ensuring that the monthly checks are carried out to schedule.

Next Review: September 2019





*Consent form for the emergency use of salbutamol inhaler (asthma inhaler)*

**Child's Name** \_\_\_\_\_ **Class** \_\_\_\_\_

1. I can confirm that my child has been diagnosed with asthma or has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they have in school that is kept in the designated area in the classroom.
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: .....

Address and contact details:

.....  
.....  
.....

Telephone: .....

E-mail: .....

# Our Lady's Catholic Primary School



## *Letter to inform parent/carer of the emergency salbutamol inhaler use whilst at school*

Child's name: .....Class: .....

Date: .....

Dear Parent/Carer

This letter is to formally notify you that your child has had problems with his / her breathing today. This happened when.....

.....  
.....  
.....  
.....

A member of staff helped them to use their own asthma inhaler.

☐

They did not have their own asthma inhaler with them, 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

**Miss T Davies**  
Principal

**Appendix 1**  
**Asthma Pumps in Primary Schools**



Dear Parent/Carer

Your child has an asthma pump in school.

I am writing to inform you of the school's guidelines with regard to asthma pumps in school.

1. All asthma pumps will be kept in a medical equipment box, of which there is one in every classroom.
2. All asthma pumps will be named.
3. We strongly encourage independence so your child will not be restricted from using their pump during the course of the school day, but it is considered courteous to make the normal requests of the teacher first.

*We understand that immediate access to reliever medicines is essential. Pupils with asthma are encouraged to independently use their reliever inhaler as soon as the parent/carers, doctor or asthma nurse agrees they are mature enough. Help can always be provided if required.*

4. If the child needs their pump during break times, a request to a member of staff must be made first before entering the building, where an adult will accompany them.

If you wish to see the school Medical Policy, please see our website or ask for a copy in the school office

Please sign and return the slip below indicating your agreement

Yours sincerely

Miss T Davies  
Principal

**Asthma Pumps**

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

☐

I agree and accept the above guidelines regarding asthma pumps in school

Signed \_\_\_\_\_ Date \_\_\_\_\_

# 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
- 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

# WHAT TO DO IN THE EVENT OF 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 i.e.: broken, empty, out of date, not in school use the emergency inhaler which is located in the cabinet in the medical room**
- 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 9 999 FOR AN AMBULANCE
- **If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way**