Asthma Management Policy
(Including the use of Emergency Inhalers)

Introduction and background

These guidelines have been written with advice from the department for education, local healthcare professionals and the governing body.

To enable us to support pupils with allergies, all children will have a Treatment Plan from their GP or Clinic.

In-line with the Department of Health guidance, all support staff at Parklea Primary School are appropriately supported and trained. The Administration staff are responsible for using the emergency inhaler, monitoring their implementation and for maintaining the Children's Medical List. They will also be responsible for the supply, storage and disposal of the devices.

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 and allergies. When this has been established an agreement will be sent to the parent/carers outlining the guidelines for asthma inhalers. (Appendix A).

This information is then added to the Children's Medical List which includes information on all pupils in each class, their medical conditions and copies of their Individual Healthcare Plans. Copies of these are also kept in the school office, in the classroom and in the Family Room.

Use of 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 inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.

At Parklea Primary School we will hold an emergency salbutamol inhaler in school. It will only be used by children for whom written parental consent has been given (Appendix B), who have both 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 in place for the supply, storage, care, and disposal of inhalers and spacers in line with the school's policy on supporting pupils with medical conditions.

A copy of the Children's Medical List will be kept with the emergency inhaler along with a list of all pupils who have parental permission for the use of the emergency inhaler. This allows the staff to

check before initiating an emergency response, and ensures that the emergency inhaler is only used by children with asthma for whom we have written parental consent for its use.

Consent for the use of the emergency inhaler will be updated annually to take account of changes to a child's condition. Appropriate support and training for staff in the use of the emergency inhaler will be provided in line with the schools wider policy on supporting pupils with medical conditions.

A record will be kept of all uses of the emergency inhaler, and parents will be informed (Appendix C)

The use of an emergency asthma inhaler should be specified in a pupil's Individual Healthcare Plan where appropriate.

Asthma Medication
Reliever Medication (blue)

As recommended by the School Nurse, only blue inhalers are needed to be kept in school, to which immediate access is essential.

All inhalers must be labelled with the child's name. They will be kept in the classroom in an area both staff and pupils are aware of.

Spare Inhalers

Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler. The office will hold this separately in case the pupil's own inhaler runs out, is lost or forgotten. All inhalers must be labelled with the child's name.

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 Children's Medical List .

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.

Classroom teachers follow the same principles as described above for games and activities involving physical activity.

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.

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.

Staff are also aware of the difficulties very young children may have in explaining how they feel.

When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school, or is frequently 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 SEND 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.

There is guidance in each classroom: 'How to recognise an asthma attack' and 'What to do in the event of an asthma attack' (Appendix B and C).

Each classroom has a green card to take to the school office to summon first aid help in the case of any emergency. Once assistance has arrived, an adult will lead the rest of the class away from the situation.

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 for 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 forms;
- a record of administration (i.e. when the inhaler has been used).

The emergency kit will be kept in the **SCHOOL OFFICE**. All trained staff will 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 emergency inhaler

There will be least two named volunteers amongst school staff who have responsibility for ensuring:

- On a monthly basis that the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available.
- Replacement inhalers are obtained when the expiry dates approaches.

- 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 used (e.g. spray two puffs) as it can become blocked when not used over a period of time.

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 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.

If there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should be disposed of.

Used inhaler canisters and spacers can be taken to Rowlands Pharmacy 24/25 The Parade, Sundon Park Road, Bedfordshire LU3 3BJ tel: 01582 490907 for disposal.

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 an 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, 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 an 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.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted
- Has a blue / white tinge around the lips
- Is going blue

- Has collapsed.

The above information is given in appendix D for ease of sharing with members of staff.

THE ASTHMA ATTACK PROCEDURE

1. Keep calm and reassure the child.

2. Encourage the child to sit up and slightly forward.

3. Use the child's own inhaler – if not available or there is a problem e.g: broken,empty, out of date, not in school, then use the emergency inhaler which is located in the school office if the parent has given consent.

4. If consent has not been given for use of the emergency inhaler then either contact parents or dial 999 depending on the severity of the attack.

5. Remain with the child whilst the inhaler and spacer are brought to them.

6. Prime the inhaler by spraying two puffs into the air.

7. Immediately help the child to take two puffs of the salbutamol via the spacer.

8. If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until the symptoms improve. The inhaler should be shaken between puffs.

9. 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.

10. If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.

11. If an ambulance does not arrive within 10 minutes give another 10 puffs in the same way.

12. The child's parents or carers should be contacted after the ambulance has been called.

13. 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. Policies for supporting pupils with medical conditions require 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 on to the child's GP.

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 first aid staff have appropriate training and support, relevant to their level of responsibility.

All staff are:

- Aware of the symptoms of an asthma attach, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the Asthma Management Policy
- aware of how to check if a child has a medical condition
- aware of how to access the children's emergency equipment
- aware of who the designated members of staff are, and the policy on how to access their help.

The school nurse delivers this training each year to all relevant members of school staff.

Designated members of staff are trained in:

- recognising asthma and anaphylaxis 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 and anaphylaxis attacks;
- Ensuring the emergency equipment is administered as per the manufacturers instructions..

Agreed by Governors on:
Signed by Chair of Governors:
Next review date:

Appendix A

Dear Parent/Carer

Guidelines for Children with Asthma

Parklea Primary School recognise that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma. We ensure pupils with asthma are able to achieve their potential by having a clear policy that is understood by school staff, pupils and parents.

You have identified your child as having asthma so I am writing to inform you of the school's guidelines with regards to asthma pumps in school.

- All identified pupils with asthma will have a treatment plan from their GP and a support plan that will be prepared by our SEND Administrator with you. Your child will be involved if this is appropriate.
- All asthma pumps must be labelled with the child's name. They will be kept in a box in the classroom.
- With the pump there will be written evidence of the frequency of usage necessary for each child. This is to ensure that if a child appears to need their pump rather too frequently, you can be informed.
- Children will not be restricted from using their pump, but they must notify a member of staff when they do so.
- If your child needs their pump during break or lunch times they must be accompanied into the building by a member of staff.
- It is your responsibility to make sure we have a working, in-date inhaler.
- **We are only able to use our emergency inhaler for children whose parent/carer has consented for us to do so.**
- In the case of emergency the school must have your up to date contact details.

We have enclosed a copy of our Asthma Policy, should you require any further clarification please do not hesitate to contact us.

Yours sincerely

Appendix B

HOW TO RECOGNISE AN ASTHMA ATTACK

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.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted
- Has a blue / white tinge around the lips
- Is going blue
- Has collapsed
- Symptoms have not improved after 5 minutes of treatment

THE ASTHMA ATTACK PROCEDURE

1. Keep calm and reassure the child.

2. Encourage the child to sit up and slightly forward.

3. Use the child's own inhaler, If the child's own inhaler is not available or there is a problem e.g: broken, empty, out of date, not in school, then use the emergency inhaler which is located in the school office if the parent has given consent.

4. If consent has not been given for use of the emergency inhaler then either contact parents or dial 999 depending on the severity of the attack.

5. Remain with the child whilst the inhaler and spacer are brought to them.

6. Prime the inhaler by spraying two puffs into the air.

7. Immediately help the child to take two puffs of the salbutamol via the spacer.

8. If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until the symptoms improve. The inhaler should be shaken between puffs.

9. 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.

10. If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.

11. If an ambulance does not arrive within 10 minutes give another 10 puffs in the same way.

12. The child's parents or carers should be contacted after the ambulance has been called.

13. A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Appendix D

CONSENT FORM

USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed by a doctor as having asthma and has been prescribed an inhaler. ☐
2. I can confirm that my child has been diagnosed by a doctor as having asthma and has been prescribed an inhaler **and has a support plan.** ☐
3. My child has a working, in-date inhaler, clearly labelled with their name, which they have in school to be kept in the designated area in the classroom. ☐
4. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I give consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies. ☐

Signed:…… Date: ……

Name (print)……

Child's name: ……..

Class: ……...

Parent's address and contact details:

……

……

……

Telephone: ……...

E-mail: ……..

Appendix E

EMERGENCY SALBUTAMOL INHALER USE

Child's name: …….

Class: ……....

Date: …….

Dear ,

This letter is to 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, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

☐ 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 child seen by your own doctor as soon as possible.

Yours sincerely