

St Francis Horndale CE Primary School



Asthma Policy

Our Vision

Let your light shine bright!

#inspiredtoshinebright

We aim for all our children to achieve their full potential and to thrive in the modern world. We encourage confident and independent global citizens who have a love of learning. This is underpinned by the teaching of Christian values. These enable children to cultivate compassion, integrity, and respect, fostering their overall development and character formation.

Matthew 5: 14-16 provides us with our school vision that helps us live out the school foundation of educating children living in poverty. Matthew teaches us the need for self-worth, self-confidence and resilience to find and then shine our lights bright. By shining we support the academic and personal development of ourselves and our wider school family.

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INTRODUCTION

Throughout the document ‘Parent’ is deemed to mean those with parental responsibility.

This protocol is intended to be read in conjunction with ‘Guidance on use of emergency inhalers in schools’, March 2015, DfE use of [emergency use of inhalers in schools](#).

‘Schools’ includes maintained schools, independent schools, independent educational institutions, pupil referral units and alternative provision academies. Maintained nursery schools are also eligible to hold an emergency salbutamol inhaler.

This protocol does not supersede the Department of Health guidance https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

EMERGENCY USE

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow primary and secondary schools to voluntarily 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 (for example, because it is at home, broken, lost or empty).

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents and carers are likely to have greater peace of mind about sending their child to school.

This policy that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack:

- 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;
- 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out.

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. Inhalers will be kept in locked boxes within classrooms and taken onto the yard at Lunchtime by LSAs.

If any member of staff has reason to suspect a child has undiagnosed asthma or a respiratory condition, they should notify the parents/carers, so they can take the child to a doctor.

DESIGNATED STAFF MEMBERS

These named staff members have volunteered to be responsible for maintaining the emergency inhaler kit:

- Ms. L. Fahey

A minimum of two volunteer staff members to be responsible for the supply, storage, care and disposal of inhalers and spacer kits. These will be kept in the classrooms for emergency use.

One volunteer staff member to ensure the policy is followed, monitor its implementation and maintain the asthma register:

- Mrs. L. Lakey

To enable the asthma register to be checked in an emergency situation the designated teachers must familiarise themselves, possibly with photographs, with any pupils who would be unable to give their name during an attack or be difficult to be identified by other pupils, for example - newly-arrived pupils/non-English speaking EAL pupil/non-verbal pupil with SEN. Schools should check they are covered by the local authority's indemnity cover for this activity or if outside local authority remit, should acquire their own cover.

SUPPLY – STORAGE – DISPOSAL

SUPPLY

Supply of one or more kits

- The Headteacher will provide a letter on school headed notepaper for the pharmacy, authorising the purchase of inhalers and spacers for the school. (5 spacers minimum is suggested);
- Inhalers and spacers will be bought from a pharmaceutical supplier / pharmacy;
- A bag will be purchased for the emergency kit with a dry pouch/space for the paperwork and instructions;
- The bag(s) will be sited appropriately for easy access - NOT Locked away THIS WILL BE IN THE EACH OF THE CLASSROOMS.

An emergency inhaler kit should include:

- 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 (see below);

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

School staff can take the emergency kits on school visits and trips. N.B. The change to the regulations only applies to schools and does not extend to allowing transport companies to have emergency inhaler kits.

STORAGE

The two or more volunteer staff members responsible for emergency inhaler kits are:

- Ms. L. Fahey;
- Mrs L Lakey

They will:

- Conduct a monthly check of the kits and record date (Appendix 1);
- Store kits below 30 degrees away from sunlight;
- Order replacement inhalers before expiry date;
- Order new replacement spacer after emergency use;
- Clean inhaler’s plastic case after emergency use and return to kit.

DISPOSAL

- School will register as a lower tier waste carrier <https://www.gov.uk/waste-carrier-or-broker-registration>;
- School will dispose of spent or expired inhalers at a pharmacy.

PARENTAL CONSENT

On average, there are two children with asthma in every classroom in the UK:

- School has a procedure for identifying and regularly updating the list of those children or young people who have an inhaler prescribed. (optional Appendix 2);
- School keeps a record of parental consent on the ‘asthma register’ will this enables staff to quickly check whether a child is able to use the inhaler in an emergency;

- Consent is updated regularly – at least annually - to take account of changes to a condition (Appendix 3).

ASTHMA REGISTER

The emergency salbutamol inhaler should only be used by children who have:

- been diagnosed with asthma, and prescribed a reliever inhaler;
- OR been prescribed a reliever inhaler;
- AND have written parental consent for use of the emergency inhaler.

This information should be recorded in a child’s individual healthcare plan and on the school’s quick check asthma register (Appendix 4). School ensures that the asthma register is easy to access and is designed to allow a quick check of whether a child is recorded as having asthma, and consent is given for an emergency inhaler to be administered. School may include, with parental consent, a photograph of each child, to allow a visual check to be made. If the pupil is unknown to the staff member when breathless in an attack (new to school or a non-English speaking EAL pupil, or non-verbal pupil with SEN) then the ‘designated staff member’ should be able to confirm these children have consent.

MAINTAINING KITS

The designated staff will conduct a monthly check of the kits and record dates and re-order when necessary (Appendix 1).

Month	Date	Inhaler present with cap Y/N	Inhaler doses Y/N	Inhaler has Y/N	Inhaler date expired Y/N	Unused spacers present Y/N
JAN						
FEB						
MAR						
APR						
JUN						
JUL						
AUG						
SEPT						
OCT						

NOV					
DEC					

STAFF TRAINING

All staff are:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- 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.

At least two designated members of staff have 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 this school's asthma policy as someone to whom all members of staff may have recourse in an emergency.

School has ensured there are a reasonable number of designated members of staff to provide enough coverage for our school population.

We may decide to have all members of staff as designated members of staff.

We will ensure staff have appropriate training and support, relevant to their level of responsibility.

Designated staff are trained to:

- recognise asthma attacks (and distinguishing them from other conditions with similar symptoms);
- respond appropriately to a request for help from another member of staff;
- recognise when emergency action is necessary;
- administer salbutamol inhalers through a spacer;
- make appropriate records of asthma attacks.

EMERGENCY PROCEDURE FOLLOWING ASTHMA ATTACK

We have agreed the emergency procedure to respond to an asthma attack.

On recognising an asthma attack the staff member will:

- summon assistance by **telephoning the office** and requesting they locate the **emergency first aider** (pupil or staff seeking another adult/the designated member of staff/telephone for assistance);
- send for the emergency kit by a pupil asking adult to bring the kit/pupil going for the kit /telephone the office for the kit);
- the register will be checked by **any adult that is available**;
- the inhaler will be administered with support from **the emergency first aider**.

Salbutamol inhalers are intended for use where a child has asthma.

The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation or 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:

- A. diagnosed with asthma and prescribed a reliever inhaler AND parental consent has been given for an emergency inhaler to be used;
- B. OR who have been prescribed a reliever inhaler AND parental consent has been given for an emergency inhaler to be used.

RESOURCES

Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Education for Health is a charity providing asthma training with the most up to date guidelines and best practice <http://www.educationforhealth.org>

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

SYMPTOMS .

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. However, **an asthma attack requires an immediate response.**

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 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.

RECORDING

'Supporting pupils with medical conditions' statutory guidance requires written records to be kept of medicines administered to children.

Use of the emergency inhaler should be recorded.

This should include where and when the attack took place (e.g. PE lesson, playground/yard, 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.