



Newport CE Junior School

Asthma Policy

Date Policy Written and Agreed by Governors:	Date of last review:	Date of next review:
October 2023	April 2026	April 2027

Newport CE Junior 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 field 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.** It 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 carry their reliever inhaler 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 by the parent/carer.
- 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, parents/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.
- This information is then added to the Children's Health Lists which includes all of the pupils in each class of any Medical conditions or Individual Healthcare Plans that they have. Copies of these are kept in each classroom, staffroom and the main office.

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.
- Pupils with asthma are encouraged to participate fully in all PE lessons. 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.

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.
- Each classroom has a Code 99 card to take into the next classroom or 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 Newport CE Junior 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:-

- Childs Health List in each classroom of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler.
- **ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use.**

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 support and training 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 *Supporting pupils at school with medical conditions policy* and informing parents or carers that their child has used the emergency inhaler.

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 3 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 **SCHOOL OFFICE** 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 3 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 ie: 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 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. *Supporting pupils* requires written records to be kept of medicines administered to children. **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;

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

Designated 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; * recognising when emergency action is necessary;
- * making appropriate records of asthma attacks.