



Asthma Policy

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Signed by Headteacher	Kate Baskeyfield	<i>Kate Baskeyfield</i>
Signed by Chair of Governors	Elizabeth Dunstan	<i>EDunstan</i>

Document control

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If you have any questions about the content of this policy:

- If you are a member of staff – speak with your line manager or a member of the leadership team
 - If you are a parent / carer – contact the school office on 0161 748 1867
- If you are another interested party – contact the school office on 0161 748 1867

Introduction

This policy statement has been written in light of the Government legislation from the Department of Health: September 2014: Guidance on the use of emergency Salbutamol inhalers in schools.

Introduction

At Kingsway Primary School we are aware of the need to ensure that the pupils who are asthmatic have access to their inhalers at all times. We have procedures in place to ensure that inhalers are readily available. The school maintains a record of all those who are registered as asthmatic/have allergies. A copy of the child's asthma card is saved in school. In the event of a child requiring an inhaler and not having access to their own, we have implemented the use of an emergency Salbutamol inhaler.

At Kingsway Primary School, we recognise that 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. It is our school policy that 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 inhaler themselves, it should be easily accessible to them.

In the event of a child's inhaler being broken, lost or unavailable, the school's emergency Salbutamol inhaler may be used.

Arrangements for the supply, storage, care and disposal of the inhaler:

Supply

It has been agreed in the legislation that schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit. At Kingsway Primary School, we will liaise with the School Nurse.

The emergency kit

Upon the advice outlined in the Guidance an emergency asthma 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 permitted to use the emergency inhaler (see pages 6-7: Children who can use an inhaler) as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

At Kingsway Primary School, we have made the decision for keeping more than one emergency asthma kit, one for the main school building and one for the KS1/EYFS building to ensure that all children within the school environment are close to a kit. The suggested number is 2 per department floor.

Storage and care of the emergency inhaler

Kingsway Primary School's asthma policy includes staff responsibilities for maintaining the emergency inhaler kit. At Seymour Park, Kate Baskeyfield (AHT for Pupil Support) and Zaynor Eppleston (HLTA for Medical Needs) will 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.

As a school we will ensure that the inhaler and spacers are kept in a safe and suitably central location in the school, which is known to all staff, and 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 should not be locked away.

The inhaler is 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 will be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. 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.

The inhaler can 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 and a child has blood on their hands or mouth), it is recognised that it should also not be re-used but disposed of.

Children who use the 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 asthma record or IHCP if severe. 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.

The asthma register is crucial. As a school we will ensure that the asthma register is easy to access, and is designed to allow a quick check of whether or not a child is recorded as having asthma, and consent for an emergency inhaler to be administered. As a school we also include – with parental consent - a photograph of each child, to allow a visual check to be made.

As part of the school's asthma policy, when the emergency inhaler is to be used, a check will be made that parental consent has been given for its use, in the register. If parental consent has not been given, it will be sought verbally. School staff will administer the emergency inhaler without parental permission should the child's life be in danger.

Options include:

- obtaining consent at the same time as for administering or supervising
- administration of a child's own inhaler under an asthma policy or medical conditions
- policy, or as part of development of an individual healthcare plan or asthma record card
- obtaining consent at the same time as seeking consent for the flu vaccination or other vaccinations

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 should be updated regularly – ideally annually - to take account of changes to a child's condition.

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, we recognise that 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.

It is recommended that our asthma policy includes general information on how to recognise and respond to an asthma attack, and what to do in emergency situations. Staff should be aware in particular of the difficulties very young children may have in explaining how they feel.

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 a child's 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

We recognise that 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, use the emergency inhaler
- 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
- 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 ANY TIME 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/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/carer arrives.

Staff

All staff at Kingsway Primary School will be trained by the School Nursing Service annually 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.
- The school's policy includes a procedure for allowing a quick check of the register as part of initiating the emergency response. The register is held in every classroom.

Designated first aiders should be 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;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

Liability and indemnity

Supporting pupils requires that the Board of Governors/Core Group ensures that the school has levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

Useful links

Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014).

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

Asthma UK Website

<http://www.asthma.org.uk/>

Education for Health

<http://www.educationforhealth.org>

NHS Choices, Asthma in Children

<http://www.nhs.uk/conditions/asthma-in-children/pages/introduction.aspx>

APPENDIX 1

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