



# ASTHMA POLICY

**Ownership:** Health and Safety Committee

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Pupils are given many opportunities to serve each other, the school and the wider community, developing their own skills and talents in the process.



**Section 48 Diocesan Inspection October 2018**

“Pupils make rapid progress because they are very keen to learn, and because the teaching is highly effective ... Behaviour is excellent. Pupils get along very well and enjoy school, accepting one another’s different views...”



**Ofsted March 2013**

*At St Margaret Clitherow School we are committed to Safeguarding Children  
Jesus lives in us, our families, our school, our Church, our world. Jesus is our guide, let us  
follow Him*

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## **Introduction**

### **St Margaret Clitherow 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 and records and informs parents if a child's inhaler is used.
- 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 on page 2 of this policy.
- is a 'Smoke Free' environment and thus supports the well-being of every child and particularly those with asthma.

### **Parents should**

- inform the school if their child develops asthma
- the school if their child is having more frequent asthma attacks or colds/chest infections so that modified or alternative activities can be provided for the child.
- ensure all medication is in date.

### **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 teachers are aware of which children in their charge have asthma. Year 1 – Year 6 inhalers are in plastic box on the shelf by the classroom door. Reception inhalers are in a plastic box in the teacher's cupboard. Nursery inhalers are in a plastic box on the window sill out of reach of children. All members of staff are aware of the location of the asthma inhalers.
- All inhalers must be labelled with the child's name by the parent/carer.

### **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 a Healthcare Plan will be sent to the parent/carers.
- 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, medical room and the main office. The sports coaches also have a copy with them when they are in school.

## **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 the PE teachers at the school are aware of which pupils have asthma from the school's asthma register.
- Pupils with asthma are encouraged to participate fully in all PE lessons.

## **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 of: - 'How to recognise an asthma attack' and 'What to do in the event of an asthma attack'.

## **Use of emergency salbutamol inhalers in school**

At St Margaret Clitherow school we hold 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:-

- Child's 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 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.

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 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 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 SCHOOL 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.

## **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.

The child's parents must be informed in writing so that this information can also be passed onto the child's GP.

**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;

Asthma awareness is included in the general First Aid training for all staff.