



**ST. ANNE'S C.E.(VC) PRIMARY SCHOOL**



**ASTHMA POLICY**

**'Together With God, Making Learning a Life Long Friend'**

Approved:	Spring 2019
Review Date:	Spring 2020

This policy has been written with advice from Department of Health, NICE guidelines, Asthma UK and the School Health Service.

**Aims:**

St Anne's C.E. Primary School aims to:

- Welcome all children with asthma
- Recognise that asthma is an important condition affecting many children
- Encourage and help children with asthma to participate fully in school life
- Recognise the need for immediate access to inhalers
- Do all it can to make sure that the school environment is suitable, as practically possible, for children who are affected by asthma
- Ensure that all staff understand asthma
- Understand what to do in the event of a child having an asthma attack and will, if necessary, give emergency treatment and inform parents accordingly
- Work in partnership with children parents, staff, governors and the school health service to ensure the successful implementation of this asthma policy.

**Planning and Provision:**

This school encourages children with asthma to achieve their potential in all aspects of school by having a clear policy that is understood by school staff and pupils. Supply teachers and new staff are made aware of the policy and appropriate teaching staff and non-teaching staff receive asthma training from the school nurse and the training is updated at regular intervals. We also have fully trained first aiders. In addition, all staff are kept up to date with information via the schools Appointed Person

When a child joins the school, parents are asked to inform us if their child has asthma. It is also important that parents inform the school if their child **subsequently** develops asthma. All parents of children with asthma are asked to give us information about their child's medication and their signs and symptoms of an asthma attack by completing an Individual Health Care Plan proforma for asthma (Appendix 1). From this information the school keeps its asthma register. If the child's medication changes parents are asked to inform the school.

Immediate access to reliever inhalers is vital. Children are encouraged to carry their own reliever inhaler as soon as the parent, doctor and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom or the school office, in a readily accessible place, depending on the child's needs. Reliever inhalers are

taken with the children when they go on a school trip. All reliever inhalers must be labelled with the child's name by the parent. We have a register of all children who have an inhaler. School staff are not required to administer medication to children except in an emergency. **All school staff will let children take their medication when they need to.**

Taking part in PE is an essential part of school life and children with asthma are encouraged to participate fully. Teachers are aware of which children in their class have asthma and they will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. If a child needs to use their reliever inhaler during the lesson they will be able to do so.

The school does all that it can to ensure that the school environment is favourable to children with asthma. The school has a non-smoking policy and is aware of the possible effects of keeping pets in the classroom. As far as is possible the school does not use chemicals in science or art that are potential triggers for children with asthma. All staff who come into contact with children with asthma are guided what to do in the event of an asthma attack by the posters which are located on display in classrooms and around the school (Blue and green A4 posters).

See- How to recognise an asthma attack- Appendix 2

See- Guidance in the event of an asthma attack- Appendix 3

#### **Additional guidance regarding calling an ambulance:-**

- Staff should send another pupil to get another teacher/adult if an ambulance needs to be called.
- Staff should contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Generally staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action.
- Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.

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

**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 emergency asthma inhaler kit is kept in the main office and includes:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;

- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a record of administration (i.e. when the inhaler has been used).

**The Appointed Person (Mrs Tracey Brown) will ensure:-**

- School has written consent from parents for their child to use the emergency inhaler (Appendix 4)
- 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.

**Care of the emergency inhaler:**

- 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.

**Record Keeping**

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- A record should be made of the use of the inhaler for this attack and subsequent attacks.
- The parents/carers **must** always be told if their child has had an asthma attack, no matter how minor.
- If a child has two asthma attacks within a four hour period, staff should advise parents that medical advice should be sought.
- If the school's emergency inhaler is used, a letter (Appendix 5) should be sent home.

**Training**

Teaching staff and non-teaching staff receive asthma training from the school nurse and the training is updated at regular intervals.

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>

### **Equal Opportunities:**

The *Governing Bodies'* duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- School **will not** discriminate against, harass or victimise disabled children and young people
  
- School **will** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage.

### **Monitoring and evaluation:**

This policy will be reviewed annually by the *Governors Safeguarding Committee*.  
Implementation of the policy will monitored and evaluated by the committee.

**Appendix 1**

**St Anne's C.E. Primary School**

**INDIVIDUAL HEALTH CARE PLAN FOR ASTHMA  
NURSE TO PROVIDE.**

## Appendix 2

### **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

### Appendix 3

## 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 separate 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

**Appendix 4**

**CONSENT FORM**

**USE OF EMERGENCY SALBUTAMOL INHALER**

**St Anne's C.E. Primary School**

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I 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 5

St Anne's C.E.Primary School

LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: .....

Class: .....

Date: .....

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today.

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. .

In order, to minimise cross infection, we do not use the spacer again, and therefore have sent it home for your use. We do request that you replace our spacer in school with a new one, in place of the one sent home.

Yours sincerely,