



# Higher Failsworth Primary School

'Working together for an Education for Life'

## Asthma Policy

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## **At Higher Failsworth we;**

- Recognise that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- Ensure 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.
- Recognise that pupils with asthma need immediate access to reliever inhalers at all times.
- Keep a record of all pupils with asthma.
- Have an emergency salbutamol inhaler and spacer available for emergency use in the school office.

## **Asthma medicines**

Immediate access to reliever medicines is essential. Pupil's asthma medication will be kept in an easily accessible location in the classroom.

All inhalers must be labelled with the child's name by the parent/carer.

A record will be kept each time a child uses their inhaler. For younger children the class teacher will do this, but children will be encouraged to take responsibility for this as soon as they are able.

School staff are not required to administer asthma medicines to pupils (except in an emergency). It is vital that children learn to manage their own health and can independently medicate themselves as soon as possible for their own safety.

## **Record keeping**

At the beginning of each school year or when a child joins the school, parents/carers are asked to notify the school if their child has any medical conditions including asthma, on their Data Collection form. When the school is notified, an agreement will be sent to the parent/carers regarding the guidelines for asthma pumps in school. Appendix 1 will be used to notify parents.

We will send out Appendix 1 (Asthma Plan template) every year in September for parents to update, but should there be any change to a child's asthma plan during the year, parents should contact to the school to advise and complete a new asthma plan.

This information is then added to the child's Individual Healthcare Plan. Copies of these are kept in each classroom 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 and all PE teachers at the school are aware of which pupils have asthma from the school's medical register.

Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. The inhalers will be taken by the teacher

(or the pupil if they are responsible for their own inhaler) into the hall or outside. 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.

### **Out-of-hours sport**

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

Classroom teachers and out of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers, and what to do in the event of an asthma attack.

Staff also are aware, in particular, of the difficulties very young children may have in explaining how they feel.

Pupils asthma inhalers will be available for children to use and will be taken on all out of school activities.

### **School environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible, the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

### **When a pupil is falling behind in lessons**

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and Inclusion leader about the pupil's needs.

The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

### **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.

A number of school staff have completed asthma training.

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

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014, allowed 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 Higher Failsworth Primary, we hold Emergency Salbutamol Inhalers in school. We will ensure that they 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.

The draft letter for consent at Appendix 2 will be used to obtain consent for emergency use of school inhalers, but the inhaler will be used at the first aider's discretion or if recommended by a medical professional (e.g. 999 staff) if contact with parents is not possible and the patient's health deteriorates.

In the event that the school emergency inhaler is used, parents will be contacted immediately and asked to bring the pupils own medication to school the next day.

**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 and care of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions.

Also in place will be the following:

- A list of pupils with medical conditions in each classroom, which includes 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 summary list of all children who have parental permission for the use of the Emergency Inhaler. This allows 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.** The draft letter for consent at Appendix 2 will be used for this. Keeping a record of parental consent in the medical conditions 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 and informing parents or carers that their child has used the emergency inhaler. The draft letter at Appendix 3 will be used to notify parents.
- First aid trained staff are responsible for ensuring the protocol is followed.
- 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 inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with termly 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 keep five emergency kits. These are kept in specifically designated orange soft cases. They are strategically placed around the school building in locations known to staff and are easily identifiable. They are accessible at all times.

The inhaler and spacer are not be locked away but are out of the reach of children.

The emergency inhalers are clearly labelled (stored in orange bags) to avoid confusion with a child's inhaler.

### **Storage and care of the inhaler**

There will be school staff that have responsibility for ensuring that:

- on a regular 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 by spraying two puffs.

As they can become blocked again when not used over a period of time, inhalers should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection we use disposable spacers which can be thrown away once they are finished with.

The inhaler (blue casing) itself 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, 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 not be re-used and 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 i.e. broken, empty, out of date, not in school, use the emergency inhaler which is located in the orange bags around the school building.**

- 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. The draft letter at Appendix 3 will be used to notify parents.

### **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.

A number of staff have received specific training on:

- 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 other designated members of staff are, and the policy on how to access their help;
- administering salbutamol inhalers through a spacer;

**First Aid 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.





# My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.



Name:

## 1 My daily asthma medicines

- My preventer inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_
- I take \_\_\_\_\_ puff/s of my preventer inhaler in the morning and \_\_\_\_\_ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:  
\_\_\_\_\_  
\_\_\_\_\_

- My reliever inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_. I take \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is \_\_\_\_\_

## 2 When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than \_\_\_\_\_

**If my asthma gets worse, I should:**

Keep taking my preventer medicines as normal.

And also take \_\_\_\_\_ puff/s of my blue reliever inhaler every four hours.



If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?



If YES I take:

\_\_\_\_\_ puff/s of my reliever inhaler (usually blue) beforehand.



Remember to use my inhaler with a spacer (if I have one)

# My Asthma Plan

## 3 When I have an asthma attack

### I'm having an asthma attack if:

- My blue reliever inhaler isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than \_\_\_\_\_

### When I have an asthma attack, I should:

**Sit up** – don't lie down. Try to be calm.

Take one puff of my reliever inhaler **every 30 to 60 seconds** up to a total of 10 puffs.

**Even if I start to feel better,** I don't want this to happen again, so I need to see my doctor or asthma nurse today.

**If I still don't feel better and I've taken ten puffs,** I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another \_\_\_\_\_ puff/s of my blue reliever inhaler every 30 to 60 seconds (up to 10 puffs).



Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

### My asthma triggers:

Write down things that make your asthma worse

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### I need to see my asthma nurse every six months

Date I got my asthma plan:

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Date of my next asthma review:

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Doctor/asthma nurse contact details:

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### Parents – get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school, grandparents and babysitter (a printout or a photo).

### You and your parents can get your questions answered:

Call our friendly expert nurses  
**0300 222 5800**  
 (9am – 5pm; Mon – Fri)

Get information, tips and ideas  
**www.asthma.org.uk**



## CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

**For children showing symptoms of asthma / having asthma attack:**

I can confirm that my child has been diagnosed with asthma	YES / NO
I can confirm that my child has been prescribed an inhaler	YES / NO
My child has a working, in-date inhaler, clearly labelled with their name, which they have in school that is kept in the designated area in the classroom.	YES / NO

**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.**

Child's name:
Class:
Parent Name:
Parent's address and contact details:
Telephone:
E-mail:
Signed:
Date:

**This consent will be kept on file for as long as your child is attending Higher Failsworth, and we have been notified that they have Asthma.**

**If their asthma diagnosis changes, or you wish to withdraw this consent at any point, please contact the school office to advise as soon as possible.**



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### LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:	
Class:	
Date:	

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

.....  
.....

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.

**OR**

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.

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Class Teacher