

Asthma Policy

Review Frequency	Annually	Review Date	May 19
Governor Approval (Date)	16/5/19	Published on Website (Date)	

CONTENTS

Section	Page
Distribution of Copies	3
Statement of Intent	3
Background	3
Arrangement	4
Storage of Pupils Inhalers	4
Supply, Storage, Care & Disposal	4
Asthma Symptoms & Signs of An attack	5
What to Do In The Event of an Asthma Attack	6
Recording Use of Salbutamol Inhaler	7
Staff Training	7
School's Emergency Salbutamol Inhaler	8
Annex A Parental Consent Form – Pupil's own salbutamol Inhaler	9
Annex B Parental Consent Form – School's Emergency Inhaler	10
Annex C Informing Parents of use of School's Emergency Salbutamol Inhaler	11

DISTRIBUTION OF COPIES

Master Copy: Head Teacher

Copy One: School Nurse / Healthcare professional

Copy Two: All First Aiders

Copy Three: Staff Room – all staff

The Policy Document will be provided to parents of pupils who have an inhaler in school.

STATEMENT OF INTENT

This Asthma Policy forms part of Village Infants School's overall policy on First Aid and Medicines.

The school recognises that asthma is a widespread condition and that it's severity varies considerably. As with any other medical condition we are committed to ensuring that any pupils with asthma are fully supported at school.

Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

BACKGROUND

This policy follows guidance developed by the Department of Health - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/36 0585/guidance on use of emergency inhalers in schools October 2014.pdf

ARRANGEMENTS

Under our First Aid & Medicines Policy, parents are required to notify the school of any medical condition so that their child can receive appropriate support. The parents are required to give their consent to the administering or supervising administration of the child's own inhaler.

Note: The main risk of schools holding salbutamol inhalers is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by the child for whom it has been prescribed and for whom written parental consent has been given.

STORAGE OF PUPIL'S OWN INHALERS

Asthma medicines clearly need to be quickly accessible in the event of an attack. Pupil's inhalers will be clearly labelled and stored away from direct sunlight, and extremes of temperature, in the Office first aid room. The school's emergency inhaler is labelled 'EMERGENCY INHALER' and is stored will all pupil inhalers.

SUPPLY, STORAGE CARE AND DISPOSAL OF INHALERS

• a record of administration (i.e. when the inhaler has been used).

The following staff are responsible for storage and care of all the inhaler:

Mrs Traci Shailer
Mrs Louisa Spoor
Miss Nicola Tilley

They will ensure that:

- on a monthly basis all the inhalers and spacers are present and in working order
- that replacement inhalers are obtained when expiry dates approach;
- Pupil's inhalers will be clearly labelled to avoid confusion with any other pupil's inhaler and the emergency inhaler.

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. Inhalers will be returned to the parent when no longer used. School will take spent inhalers to the pharmacy.

ASTHMA SYMPTOMS AND SIGNS OF AN ATTACK

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)
- 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 talk or complete sentences
- Tug pronounced in neck
- Child can become agitated

If the child:

- Appears exhausted
- Has a blue/white tinge around the lips
- Is going blue
- Has collapsed

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA
ATTACK PROCEDURE WITHOUT DELAY

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

If a child is displaying the above 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
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate 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

Use of the inhaler should be recorded. This should include where the inhaler was given, the time, 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 will be informed if staff consider the child's use of the inhaler is becoming excessive.

STAFF TRAINING

All staff are expected to be:

- 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

The school will ensure that designated staff are trained in:

- recognising an asthma attack, 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.

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.

http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers

SCHOOL'S EMERGENCY SUBUTAMOL INHALER

Children who can use the School's Emergency Salbutamol Inhaler

The emergency salbutamol inhaler should only be used by :

- children, for whom written parental consent for use of the emergency inhaler has been given. See ANNEX B,
- who have either been diagnosed with asthma and prescribed an inhaler,
- or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Informing Parents of use of the school's emergency salbutamol inhaler

Parents must be informed in writing if their child has used the School's Emergency Inhaler. See ANNEX C

Supply and Storage – see Page 4

Recording – See Page 7



PARENTAL CONSENT FORM:

AUTHORISATION FOR MY CHILD TO ADMINISTER OWN SALBUTAMOL INHALER

VILLAGE INFANTS SCHOOL

In the event my child shows symptoms of asthma I request that my child (named below) will be allowed to take the prescribed dosage of Salbutamol Inhaler in school whilst supervised by a member of staff appointed by the Headteacher.

I understand the member of staff administering or supervising the medication does not claim to be any form of medical practitioner.

Child's Name:		Class:	
Name of Medication to be	given:		
Time to be administered:			
Dosage:			
Signed:	_ Print Name:		
Date:			
9 Page			

PARENTAL CONSENT FORM:



USE OF **EMERGENCY SALBUTAMOL INHALER**

VILLAGE INFANTS 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 has been handed to the school office.
- 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.

Child's Class: Child's name:

Signed:	Print Name:
Date:	
ANNEX C	

Village Infants School Ford Road Dagenham Essex RM10 9JS

€020 8270 6589 Email office@village.bardaglea.org.uk Website www.villageinfants.com









Dear Parent,

Re: Use of School's Emergency Salbutamol Inhaler				
This letter is to formally notify you thatbreathing today. This happened when				
This letter is to formally notify you that your child with them, so a member of staff helped them tontaining salbutamol. They were given pu	to use the emergency asthma inhale			
This letter is to formally notify you that your child's so a member of staff helped them to use the salbutamol. They were given puffs.				
[Delete as appropriate]				
Although they soon felt better, we would strongly a own doctor as soon as possible.	advise that you have your seen by your			
Yours faithfully,				
Jayne Meech Headteacher	[DATE]			