



# Asthma Policy

<b>Review Frequency</b>	Annually	<b>Review Date</b>	Feb 25
<b>Governor Approval (Date)</b>	<i>Pending approval</i>		

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

## THE PRINCIPLES OF OUR ASTHMA POLICY

- 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.
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- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures that other children understand asthma
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack
- Ensures 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

## STORAGE OF PUPIL'S OWN INHALERS

- Asthma medicines need to be readily available to the children and **not locked away**.
- Each child's inhaler is kept in their own classroom cupboard in a named wallet containing their individual medication along with the Authorisation for my child to administer own Salbutamol Inhaler Form and a record of administration Form which is completed when the child has used the inhaler.

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

Louisa Spoor  
Nicky Tilley and  
Daniel Smith

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.

The school's emergency inhaler is labelled 'EMERGENCY INHALER' and is stored in a clearly label cupboard in the Medical Room.

## **RECORDING USE OF THE INHALER**

- When a child joins the school, parents/carers are asked on the School's Enrolment form to identify if their child is asthmatic.
- All parents of children with asthma are required to complete an Authorisation for my child to administer own Salbutamol Inhaler Form (Appendix A).
- From this information the school keeps its asthma register which is displayed in all the Classroom Red Folders and the School Office.
- This asthma register is also kept in the emergency inhalers. If any changes are made to a child's medication it is the responsibility of the parents or carer to inform the school.
- All staff members are responsible for acquainting themselves with the triggers of a possible attack (allergies, colds, cough, cold weather) for each individual child in their care. All this information is found in Classroom Red Folder and with the child's medication.
- 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. The Record sheet is kept with the child's medication.
- The child's parents will be informed if staff consider the child's use of the inhaler is becoming excessive.

## **PE**

- Taking part in sports is an essential part of school life.
- Teachers are aware of which children have asthma from the medical/asthma register.
- Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson.
- Each child's inhalers will be labelled and kept in a box at the site of the lesson.
- If a child needs to use their inhaler during the lesson, they will be encouraged to do so.
- Records are kept every time a child uses their inhaler.

## **SCHOOL TRIPS AND OUTSIDE ACTIVITIES**

- When a child is away from the school classroom on a school trip, club, outside sport or PE, their inhaler should accompany them and be made available to them at all times.
- Parents/carers will be informed when their child has used their medication outside of school.

## **MAKING THE SCHOOL ASTHMA FRIENDLY**

- The school ensures that all children understand asthma.
- Asthma can be included in Key Stage Science, Design and Technology, Geography, History and PE of the National Curriculum.
- All students and staff members are encouraged to learn about asthma; information for children and teens can be accessed from the following website [www.asthma.org.uk](http://www.asthma.org.uk).

## **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>

## **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.

## **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





PARENTAL CONSENT FORM:

AUTHORISATION FOR MY CHILD TO ADMINISTER OWN SALBUTAMOL  
INHALER

VILLAGE INFANTS SCHOOL

Triggers for possible Asthma Attack \_\_\_\_\_

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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: \_\_\_\_\_

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**

Dear Parent,

**Re: Use of School’s Emergency Salbutamol Inhaler**

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

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This letter is to formally notify you that your child 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.

This letter is to formally notify you that your child’s 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.

**[Delete as appropriate]**

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

Yours faithfully,

Village Infants School Office

[DATE]