

Spalding St Paul's Primary



Asthma & Emergency Inhaler Policy

| Date of Policy | Review Date | Policy Written by: | Date Shared with Staff | Date Shared with Local School Board |
|----------------|--|---|------------------------|-------------------------------------|
| January 2024 | No later than one year following publication of the policy | Miss Katie James (Assistant Headteacher / SENCO) | January 2024 | January 2024 |

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Statement of intent

Spalding St Paul's Community Primary School:

- Recognises that asthma is a serious but controllable condition and welcomes all pupils with asthma.
- Ensures that pupils with asthma can and do participate fully in all aspects of school life including physical exercise, visits, field trips and other out-of-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 their medicinal requirements.
- Ensures that the school environment is conducive to the education of pupils with asthma.
- Ensures that all members of school staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Works in partnership with interested parties, such as the Local School Board, members of school staff, parents, pupils and outside agencies, to ensure the best educational outcomes possible for pupils with asthma.

1. Background

This policy has been created with regard to the following DfE guidance:

- ‘Supporting pupils at school with medical conditions’ December 2015.
- ‘Guidance on the use of emergency salbutamol inhalers in schools’ March 2015.

This policy enables pupils with asthma to manage their condition effectively in school and provides clear procedures to help ensure their safety and wellbeing.

This policy also encourages and assists pupils with asthma in achieving their full potential in all aspects of school life.

2. Key roles and responsibilities

The Local School Board has a responsibility to:

- Ensure the health and safety of staff and pupils on the school premises and when taking part in school activities.
- Ensure that the Asthma Policy, as written, does not discriminate on any grounds, including, but not limited to: age, ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handle complaints regarding this policy as outlined in the school’s Complaints Policy.
- Ensure the Asthma Policy is effectively monitored and updated.
- Report any successes and failures of this policy to the headteacher, members of school staff, local health authorities, parents and pupils.
- Provide indemnity for teachers and other members of school staff who volunteer to administer medicine to pupils with asthma in need of help.

The headteacher has a responsibility to:

- Create and implement the Asthma Policy with the help of school staff, community nurses, the CIT Academy Trust guidance and the governing body.
- Ensure this policy is effectively implemented and communicated to all members of the school community.
- Ensure all aspects of this policy are effectively carried out.
- Arrange for all members of staff to receive training on: how to recognise the symptoms of an asthma attack; how to distinguish asthma attacks from other conditions with similar symptoms; how to deal with an asthma attack; how to check if a child is on the school Asthma Register; how to access the emergency inhalers; who the designated members of staff are and how to achieve their help.
- Ensure all supply teachers and new members of staff are made aware of the Asthma Policy and provided with appropriate training.
- Monitor the effectiveness of the Asthma Policy.
- Delegate the responsibility to check the expiry date of spare reliever inhalers and maintain the school’s Asthma Register to a designated member of staff.
- Report to the Director of Education at CIT trust, Local School Board and LA as necessary.

Members of school staff have a responsibility to:

- Read and understand the Asthma Policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in the event of an asthma attack (as outlined in sections 6 and 7).

- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if their child has had an asthma attack.
- Inform parents/carers if their child is using their reliever inhaler more than usual.
- Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom.
- Ensure pupils who are unwell due to asthma are allowed the time and resources to catch up on missed school work.
- Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms.
- Make contact with parents/carers and the school SENDCo if a child is falling behind with their school work because of their asthma.

Members of staff leading PE lessons have a responsibility to:

- Understand asthma and its impact on pupils. Pupils with asthma should not be forced to take part in activities if they feel unwell.
- Ensure pupils are not excluded from activities that they wish to take part in, provided their asthma is well controlled.
- Ensure pupils have their reliever inhaler with them during physical activity and that they are allowed to use it when needed.
- Allow pupils to stop during activities if they experience symptoms of asthma.
- Allow pupils to return to activities when they feel well enough to do so and their symptoms have subsided (the school recommends a 10-minute waiting period before allowing the pupil to return).
- Remind pupils with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up.
- Ensure pupils with asthma always perform sufficient warm ups and warm downs.

Pupils with asthma have a responsibility to:

- Tell their teacher or parent/carer if they are feeling unwell.
- Treat asthma medicines with respect.
- Know how to gain access to their medication in an emergency.
- Know how to take their asthma medicine.

All other pupils have a responsibility to:

- Treat other pupils, with or without asthma, equally.
- Let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called immediately.

Parents/carers have a responsibility to:

- Inform the school if their child has asthma.
- Ensure the school has a complete and up-to-date **asthma card** for their child.
- Inform the school of the medication their child requires during school hours.
- Inform the school of any medication their child requires during school trips, team sports events and other out-of-school activities.
- Inform the school of any changes to their child's medicinal requirements.
- Inform the school of any changes to their child's asthmatic condition. For example, if their child is currently experiencing sleep problems due to their condition.

- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their child's name.
- Ensure that their child's reliever inhaler and spare inhaler are within their expiry dates.
- Ensure their child catches up on any school work they have missed due to problems with asthma.
- Ensure their child has regular asthma reviews with their doctors or asthma nurse (every six to twelve months).

Asthma medicines

Pupils with asthma are encouraged to carry their reliever inhaler as soon as their parent/carer and the school nurse agree they are mature enough.

Reliever inhalers kept in the school's charge are held in the pupil's classroom in the medical bags secured to the wall.

Parents/carers must label their child's inhaler.

Parents/carers must ensure that the school is provided with a labelled spare reliever inhaler, in case their child's inhaler runs out, is lost or forgotten.

Members of school staff are not required to administer medicines to pupils (except in emergencies).

Staff members who have agreed to administer asthma medicines are insured by **the CIT Academy Trust** when acting in agreement with this policy.

Staff members will let pupils take their own medicines when they need to.

This policy is predominantly for the use of reliever inhalers. Preventer inhalers are very rarely required at school. However, if they are needed, staff members may need to remind pupils to bring them in if they consistently forget.

3. Emergency inhaler

Spalding St Paul's Primary School keeps a supply of salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. These are kept in 'emergency asthma kits'.

Emergency asthma kits contain the following:

- A salbutamol metered dose inhaler
- Two plastic, compatible spacers
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Instructions for replacing inhalers and spacers
- The manufacturer's information
- A checklist, identifying inhalers by their batch number and expiry date
- A list of pupils with parental consent and/or individual healthcare plans permitting them to use the emergency inhaler
- A record of administration showing when the inhaler has been used

We buy our supply of salbutamol inhalers from the West Elloe Pharmacy.

The emergency inhaler should only be used by pupils, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication.

Parental consent for the use of an emergency inhaler should form part of any pupil with asthma's individual healthcare plan.

When not in use, emergency inhalers are stored the Medical Room / Disabled Toilet in the temperate conditions specified in the manufacturer's instructions, out of reach and sight of pupils, but not locked away.

Expired or used-up emergency inhalers are returned to the West Elloe Pharmacy to be recycled.

Spacers must not be reused and may be given to the pupil for future home-use.

Emergency inhalers may be reused, provided that they have been properly cleaned after use.

Appropriate support and training will be provided for relevant staff on the use of the emergency inhaler and administering the emergency inhaler.

Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration.

Whenever the emergency inhaler is used, the incident must also be recorded, indicating where the attack took place, how much medication was given, and by whom, and the pupil's parents will be informed in writing.

Mrs Donna Palmer (Inclusion Lead) is responsible for:

- overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining the Asthma Register.
- Checking that inhalers and spacers are present and in working order, with a sufficient number of doses, on a monthly basis.
- Ensuring replacement inhalers are obtained when expiry dates are approaching.
- Ensuring replacement spacers are available when needed.
- Ensuring that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary.

4. Symptoms of an asthma attack

Members of school staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest

- Being unusually quiet
- Difficulty speaking in full sentences

Younger pupils may express feeling tight in the chest as a ‘tummy ache’.

5. What to do when a child has an asthma attack

In the event of an asthma attack, staff will follow the procedure outlined below:

- Keep calm and encourage pupils to do the same.
- Encourage the child to sit up and slightly forwards – **do not hug them or lie them down.**
- If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.
- If necessary, summon the assistance of a **trained member of staff**, to help administer an emergency inhaler.
- Ensure the child takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.

If there is no immediate improvement:

- Continue to ensure the child takes two puffs of their reliever inhaler every two minutes, until their systems improve, but only up to a **maximum of 10 puffs.**

If there is no improvement before you have reached 10 puffs:

- Call 999 for an ambulance.
- If an ambulance does not arrive in 10 minutes, administer another 10 puffs of the reliever inhaler as outlined in 6.2.

Call 999 immediately if:

- The child is too breathless or exhausted to talk.
- The child is going blue.
- The child’s lips have a blue/white tinge.
- The child has collapsed.
- You are in any doubt.

6. Important points to remember

Never leave a pupil having an asthma attack unattended.

If the pupil does not have their inhaler, send another teacher or pupil to retrieve their spare inhaler.

In an emergency situation, members of school staff are required to act like a ‘prudent parent’ – known as having a ‘duty of care’.

Reliever medicine is very safe. Do not be overly concerned a pupil may overdose.

Send another pupil to get a teacher/adult if an ambulance needs to be called.

Contact the pupil's parents/carers immediately after calling an ambulance.

A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent/carer arrives.

Generally, staff will not take pupils to hospital in their own car. However, in some extreme situations staff at Spalding St Pauls Community School understands that it may be the best course of action.

If a situation warrants a staff member taking a pupil to hospital in their car, another adult must accompany them.

7. Record keeping

At the beginning of each school year, or when a child joins Spalding St Paul's Primary School, parents/carers are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form.

The school keeps a record of all pupils with asthma, complete with medication requirements, in its Asthma Register.

Parents must inform the school of any changes to their child's condition or medication during the school year via an Asthma Policy Information Slips. ([Appendix 2](#)).

8. Exercise and physical activity

Games, activities and sports are an essential part of school life for our pupils. All teachers know which children in their class have asthma and are aware of any safety requirements.

Outside suppliers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity via the school's Asthma Register.

Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.

During sports, activities and games, each pupil's labelled inhaler will be kept in a box at the site of the activity.

Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

9. Out-of-hours sport

Spalding St Paul's School believes sport to be of great importance and utilises out-of-hours sports clubs to benefit pupils and increase the number of pupils involved in sport and exercise.

Pupils with asthma are encouraged to become involved in out-of-hours sport as much as possible and will never be excluded from participation.

Members of school staff or contracted suppliers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in this policy.

10. The school environment

Spalding St Paul's Primary School does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep any furry or feathered animals and has a definitive no-smoking policy throughout school grounds.

As far as possible, the school does not use any chemicals in art or science lessons that are potential triggers for asthma.

If chemicals that are known to be asthmatic triggers are to be used, asthmatic pupils will be taken outside of the classroom and provided with support and resources to continue learning.

11. Pupils falling behind

If a pupil is falling behind in lessons because of their asthma, the class teacher will talk to the parents/carers to discuss how to prevent the child falling further behind and possible ways for the child to catch-up.

If appropriate, the teacher will then talk to the school nurse and SENCO about the pupil's needs and possible interventions.

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

12. Monitoring and review

The effectiveness of this policy will be monitored continually by the headteacher. Any necessary amendments may be made immediately.

Appendix 1

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

| Medicine | Parent/carer's signature |
|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/> |

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

| Medicine | Expiry | Date checked | Parent/carer's signature |
|----------------------|----------------------|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Parent/carer's signature Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Pollen Stress

Exercise Weather

Cold/flu Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe

| Medicine | How much and when taken |
|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> |

Dates card checked

| Date | Name | Job title | Signature / Stamp |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

To be completed by the GP practice

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(Monday-Friday, 9am-5pm)

www.asthma.org.uk

The Asthma UK and British Lung Foundation Partnership is a company limited by guarantee 01863614 (England and Wales), VAT number 648 8121 18. Registered charity numbers 802364 and SC039322
Your gift will help Asthma UK fund vital research projects and provide people with asthma with the support they need. © Asthma UK Last reviewed and updated 2020; next review 2023.

Appendix 2



Emergency inhaler used

To inform parents of emergency salbutamol inhaler use

Spalding St Paul's Primary school

Child's name:

Class:

Date:

Dear

This letter is to formally notify you that.....has had problems with their 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.

Although they soon felt better, we would strongly advise that your child is seen by their own doctor as soon as possible.

Please can you ensure your child brings in a working in-date inhaler and spacer for use in school both should be clearly labelled with your child's name and date of birth.

Yours sincerely,

Mrs Selina Ratchford

(Headteacher)



Increased inhaler use

To inform parents/carers of pupil increased inhaler use (3X more than stated on personal asthma plan)

Spalding St Paul's Primary school

Child's name:

Class:

Date:

Dear

..... has required their reliever inhaler on the following occasions this week.

Mon (date) – state am or pm or both

Tues (date) – state am or pm or both

Wed (date) – state am or pm or both

Thurs (date) – state am or pm or both

Fri(date) – state am or pm or both

We have been advised to inform you of this as you may wish to seek further advice of take your child to see their GP or practice nurse for a review.

Yours sincerely,

Mrs Selina Ratchford

(Headteacher)



Record of inhaler administered to pupils.

Childs Name: _____

| Date | Time | Name of medicine | Dose given | Spacer cleaned | Signature of staff | Print name |
|------|------|------------------|------------|----------------|--------------------|------------|
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Parents should be notified if a student is using their inhaler more frequently than 3 times per week more than stated on their care plan. For example, some students will use their inhaler routinely before PE.
Please be aware of those students who carry their own inhaler and self-medicate.



Record of EMERGENCY inhaler administered to pupils.

| Date | Child's name | Time | Name of medicine | Dose given | Spacer cleaned | Signature of staff | Print name |
|------|--------------|------|------------------|------------|----------------|--------------------|------------|
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Parents should be notified if a student is using their inhaler more frequently than 3 times per week more than stated on their care plan. For example, some students will use their inhaler routinely before PE.

Please be aware of those students who carry their own inhaler and self-medicate



The Emergency Kit Checklist

An emergency asthma inhaler kit should include:

| | Yes | No | Checked by/date |
|---|-----|----|-----------------|
| A salbutamol metered dose inhaler. | | | |
| Once used the spacer should be washed in accordance with the guidance, in warm soapy water and leave to air dry for 15 minutes. | | | |
| 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 detailed in their individual healthcare plans (asthma register with consent recorded). | | | |
| A record of administration (i.e. when the inhaler has been used). | | | |
| Pen | | | |
| Asthma Leads Details | | | |
| 1. | | | |
| 2. | | | |



Record of children who have permission to use the EMERGENCY inhaler.

| Child's name with Asthma | Year Group | Date of permission |
|--------------------------|------------|--------------------|
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You're having an asthma attack if any of the following happens:

- ❖ Your reliever isn't helping or lasting over four hours
- ❖ Your symptoms are getting worse (cough, breathlessness, wheeze or tight chest)
 - ❖ You're too breathless or it's difficult to speak, eat or sleep
- ❖ Your breathing is getting faster and it feels like you can't get your breath in properly

What to do in an asthma attack

- 1 Sit up** – don't lie down. Try to keep calm.
- 2 Take one puff of your reliever inhaler** (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 If you feel worse** at any point while you're using your inhaler OR you don't feel better after 10 puffs OR you're worried at any time, **call 999 for an ambulance.**
- 4 If the ambulance is taking longer than 15 minutes** you can repeat step 2.

IMPORTANT! This asthma attack information is not designed for people using a SMART or MART medicine plan. Speak to your GP or asthma nurse to get the correct asthma attack information for them.

Any asthma questions or concerns?
Speak to our expert Helpline nurses,
Monday to Friday from 9am to 5pm

0300 222 5800
www.asthma.org.uk



If you go to A&E (Accident and Emergency) or are admitted to hospital, if possible take your written asthma action plan with you so staff can see details of your asthma medicine

