



# Blue Gate Fields Infant School

## Asthma Policy

Including the use of emergency  
salbutamol in school

Agreed by staff  
Agreed by governors

Date December 2019  
Review Date December 2020

This policy is written following the guidance "supporting pupils at school with medical conditions" statutory guidance for governing bodies of maintained schools and proprietors of academies in England, September 2014.

On September 1<sup>st</sup> 2015 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Please read in conjunction with the school's attendance and accident procedures policies.

### **Aims - The School**

- recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- ensures 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.
- recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- keeps a record of all pupils with asthma.
- has an emergency salbutamol inhaler and spacer available for emergency use only in the Infant Hall/ Staffroom medical cabinet. 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 A will be used for this), but will be used at the first aider's discretion if contact is not possible and patient's health deteriorates. In the event that the school emergency inhaler is used, parents will be contacted immediately and asked to bring medication to school the next day. Please read use of emergency salbutamol inhalers in school at the end of this policy.

### **Asthma medicines**

- Immediate access to reliever medicines is essential.
- All inhalers must be labelled with a pharmaceutical label.
- School staff are required to assist children to administer asthma medicines.

## **Record keeping**

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their admission form. When this has been established a checklist will be sent to the parent/carers regarding the guidelines for asthma pumps in school. (Appendix 2)
- This information is then added to the Children's Health Lists which includes all of the pupils in each class of any Medical conditions or if they have an Individual Health Care Plan (IHCP). Copies of these are kept in the inclusion office and on Scholar Pack.
- Children who do not have an IHCP and have asthma will be given an 'Asthma Emergency Care Plan' for parents to sign until they are able to see the School Nurse or other health professional.

## **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 teachers at the school are aware of which pupils have asthma from the school's asthma 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. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Children are advised by the school nurse to take their salbutamol before PE and before break times during cold weather. Salbutamol only needs to be taken once within a four-hour window. Any medicine administered should be recorded on a 'Medicine Log' (See Medical Policy)

## **After School Clubs**

- Staff running after school clubs should know which children have asthma, have read their care plan and know where their medicine is stored.

## **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.
- The school doesn't use air fresheners, if needed children with asthma must be evacuated until the room has been aired.

## **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 special education needs coordinator about the pupil's needs.

- The school recognises that it is possible for pupils with asthma to have special education 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.
- Also there is a copy in each classroom of: - 'How to recognise an asthma attack' and 'What to do in the event of an asthma attack'

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

*From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow 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 Blue Gate Fields Infant School we will be holding Emergency Salbutamol Inhalers in school and we will ensure that it 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. 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, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions.

### **Also in place will be the following:**

- Childs Health List in each classroom of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler. There will be a list displayed of all children who have parental permission for the use of the Emergency Inhaler. This allows for 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. (Appendix 1)

Keeping a record of parental consent on the asthma 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 by Supporting pupils at school with medical conditions policy and informing parents or carers that their child has used the emergency inhaler. The draft letter at Annex B will be used to notify parents.
- 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 metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- 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 per parental consent form. - a record of administration (i.e. when the inhaler has been used).

We will be keeping two emergency kits these will be kept in the **SCHOOL HALL and STAFFROOM** which is known to all staff, and to which all staff have access at all times. **The inhaler and spacer will not be locked away** but will be out of the reach and sight of children.

The emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler.

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

Rebecca Phillips has responsibility for ensuring that:

- 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

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

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.

### **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 ie: broken, empty, out of date, not in school, use the emergency inhaler which is located in the SCHOOL HALL/COMMUNITY ROOM/ BY THE INFANT PLAYGROUND**
- 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. A medical slip will be filled out to notify parents.

## **Staff**

Our staff have appropriate training and support, relevant to their level of responsibility.

**ALL** staff are informed of:

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

A trained nurse delivers this training each year to all members of school staff.

Members of staff are trained in: (See list of 1<sup>st</sup> Aid trained staff and those who attended the asthma and Allergy training)

- 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.

### **At BGFI:**

- Rebecca is responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register;
- Rebecca and Poppy are responsible for the supply, storage care and disposal of the inhaler and spacer.

This medical policy was approved by governors in December 2019 and signed by the chair of governors.

.....Chair of governors.

.....Date

It will be reviewed in December 2020 or sooner in the case of new information, changes or legislation.

# Appendix 1



## CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER Blue Gate Fields Infant School, King David Lane. Stepney. E1 0EH

### Child showing symptoms of Asthma/ having and asthma attack

1. I can confirm that my child has been diagnosed with asthma and has an IHCP
2. 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.
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 2



### Asthma Medication Checklist

Your child \_\_\_\_\_ has an asthma pump in school.

I am writing to inform you of the School's guidelines with regard to asthma pumps in school.

1. All asthma pumps will be kept in the class medical cabinet.
2. All asthma pumps/ boxes will be named with Pharmaceutical labels.
3. With the pump there will be written evidence (Individual Health Care Plan) of the frequency of usage necessary for each individual child. This is to ensure that if a child appears to need their pump rather too frequently, then the parent can be informed.
4. If children require their pumps at any point during the day then they should ask an adult within their class. This will then be recorded on the 'Medicine log' (see Medical Policy)
5. If the child needs their pump during break times, a member of staff will fetch the asthma pump and bring it to the child.
6. Please ensure you sign a '*CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER*' in case of an emergency.

If an update to date care plan is not in place then a referral to the school nurse will be made for them to write a new one.

Yours sincerely

Rebecca Phillips

Assistant Head Teacher/ Inclusion Coordinator

## Appendix 3

### Asthma Emergency Care Plan

<b>Child's name:</b>	<b>DoB:</b>	
<b>Diagnosis:</b> Asthma	<b>Allergies:</b>	
<b>Emergency Asthma Medication</b>	<b>Dose</b>	<b>Route</b>
Salbutamol (usually blue)	As necessary	Inhalation

#### Symptoms of an asthma attack

- Persistent cough
- A wheezing sound coming from the chest
- Difficulty breathing
- Unable to talk or complete sentences. May become very quiet
- May try to tell you that their chest 'feels tight' (may express this as tummy ache)

#### What to do in the event of asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up straight and slightly forward. Do not lie them down.
- Use the child's own inhaler - if not available use the emergency inhaler (kept in the medicine cabinet in the infant hall/ by KS1 playground cupboard)
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take one puff of their inhaler via the spacer every 30 - 60 seconds, up to 10 puffs (remembering to shake the inhaler between puffs)
- 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 continue with another 10 puffs in the same way.

#### Call an ambulance immediately if the child:

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

Contact parents/guardian and advise that the pupil has experienced an asthma attack and an ambulance has been called.

Parents/Guardian

I give permission for the emergency medication and treatment to be given by school staff as set out in this Care Plan

Signed (Parent/Guardian)..... Name.....

Date..... Relationship to child.....