

# Asthma Policy



## **Asthma Policy**

(see also First Aid & Medicines; Supporting Pupils with Medical Needs; Equality; SEN; Safeguarding)

### **1 Strategy**

- 1.1 Blakedown CE Primary School's vision, embedded in Psalm 139:14 - '**I will praise you because I am fearfully and wonderfully made,**' recognises, values and nurtures the individuality of all of our children. We are committed to giving all of our children every opportunity to use their individual skills and talents in *service* of others and to *achieve* the highest of standards. The achievements, attitudes and well-being of all our children matter, hence this policy states how to enable all our children to flourish and not be hindered by their physical needs.
- 1.2 There is no legal or contractual duty for school staff to administer medicine or supervise a pupil taking it. This is a voluntary role, however school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would, and this might extend to administering medicine in an emergency. In general, the consequences of no action are likely to be greater than those of trying to assist in an emergency.
- 1.3 This policy is written in regard to Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils with medical conditions. It also takes into account the Human Medicines (Amendment No.2) Regulations 2014 which came into force on 1<sup>st</sup> October 2014 allowing schools to buy salbutamol inhalers, without a prescription for use in emergencies.

### **2 Policy**

Blakedown CE Primary School wishes to:

- 2.1 Encourage and help children with asthma to participate fully in school life;
- 2.2 Recognise the need for immediate access to inhalers;
- 2.3 Inform parents of attacks and any treatment given;
- 2.4 Ensure all staff are aware of asthma and know what to do in the event of an attack and will if necessary give emergency treatment;
- 2.5 Ensure that all staff are updated on Asthma via the School Nurse or other routes of medical support;
- 2.6 Recognise that the routine treatment of Asthma remains the prerogative of the parent in conjunction with their GP;
- 2.7 Ensure that it remains the parents' responsibility to ensure that prescribed medication is 'in date'.

### **3 Procedure**

#### **3.1 Asthma Symptoms**

Asthma is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air both in and out as you breath. The symptoms of asthma occur when the muscles around the airways tighten and the lining of the airway becomes inflamed and start to swell; this leads to a narrowing of the airways. The usual symptoms of asthma are:

3.1.1 Coughing

3.1.2 Shortness of breath

3.1.3 Wheezing

3.1.4 Tightness in the chest

3.1.5 Being unusually quiet

3.1.6 Difficulty speaking in full sentences

3.1.7 Sometimes younger children will express the feeling of tightness in the chest as a tummy ache.

The symptoms however are rapidly reversible with appropriate medication. Only when symptoms fail to be reversed medical attention must be sought.

#### **3.2 Types of Treatment**

There are two types of treatment for asthma:

##### **3.2.1 Relievers**

Every child with asthma should have access to a reliever in school. The reliever inhaler is commonly blue, but may come in different colours, and they come in different shapes and sizes. It is the parents' responsibility to provide the correct reliever inhaler. These treatments give immediate relief and are called bronchodilators because they cause the narrowed air passages to open up by relaxing the airway muscle. They do not however reduce the inflammation.

##### **3.2.2 Preventers**

Preventers are a group of treatment that are designed to prevent the narrowing and inflammation of the airway passages. The ultimate objective is to reduce asthma attacks of any kind. These medicines should be taken regularly usually morning and evening. There is therefore no indication for them to come to school with the child. Even if they are taken during an attack, they will not have an immediate effect.

**\*THIS POLICY REFERS ONLY TO RELIEVERS.**

3.3 The best way for people to take their asthma medication is to inhale them directly into the lungs. There are a variety of devices available and the asthma medication needs to be breathed in steadily and deeply.

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- 3.4 For young children and those with co-ordination problems, other devices are sometimes used. These devices are breath activated so that the device fires automatically when the child is breathing in.
- 3.5 Some younger children use a spacer device to deliver their aerosol inhaler, this maybe a volumatic or aerochamber. The aerosol is pressed into the spacer and the child breaths slowly and steadily for approximately 10 seconds. If the child is using an aerochamber and it whistles they are inhaling too quickly. Spacers are very useful for those who have difficulty co-ordinating their breathing and inhaler. The spacer device is also very useful in the case of an acute asthmatic attack
- 3.6 Irrespective of the type of device, the medicine being delivered is a reliever.
- 3.7 All children who need their relievers should have them in school and readily available at all times. Where possible, the child must carry their reliever inhaler with them at all times. The administration of the reliever to children should be on their own perception of whether or not they need it.
- 3.8 Some younger children may need more help and encouragement with taking their reliever. Inhalers should be kept in an easily accessible place where either child or teacher can reach it with the minimum of difficulty. At Blakedown CE Primary this will be in each classes First Aid box which is kept in the classroom and travels with the children around school at break times or P.E. for easy access.
- 3.9 At Blakedown CE Primary an agreement between school and the parents will be drawn up and signed so that the parents are fully informed of the school policy on the management of asthma in the classroom for their child. This should also include a reliever inhaler supplied by the General Practitioner (GP) and an emergency spare device and inhaler, which will be held in school.
- 3.10 When a child needs a dose of their reliever, this is noted in the class record sheet. If a child is using their inhaler three or more times a week, the teacher should inform the parent/carer as the child's asthma care may need reviewing.
- 3.11 It remains the responsibility of the parent to seek medical attention and to liaise with the school on the frequency with which inhalers are taken.

**3.12 The Physical Environment**

Many environmental aspects can have a profound effect on a child's symptoms at anytime. The four key points for schools are:

3.12.1 Materials:

The school should as far as possible avoid the use of art and science materials that are potential triggers for asthma.

3.12.2 Animal Fur and Hair:

Some children can have marked acute and chronic symptoms if they are exposed to animals including, mice, rabbits, rats, guinea pigs, hamsters, gerbils, chinchillas and birds. Consideration should be given to the placement of any school pets in the classroom, and special vigilance may be needed on trips to

farms and zoos where children handle animals or on the occasion of a visiting animal expert.

**3.12.3 Grass/Tree Pollen:**

Pollens are common triggers in provoking an exacerbation of asthma.

Consideration should be given to grass being cut in school time. Children may require extra vigilance.

**3.12.4 Sport:**

Children with asthma should be encouraged to participate in sports however teachers need to be mindful that exercise may trigger asthma. Children should effectively warm up before exercise and cool down following exercise. Reliever inhalers should be taken in to P.E. lessons and when the children are playing outside sports within the class first aid box, the P.E./classteacher is responsible for ensuring this travels with the children.

**3.13 Access to Reliever Medication**

3.13.1 Asthmatic children must have immediate access to reliever inhalers at all times. If the child does not carry their device it must be immediately accessible if required and school staff and teachers should know where the device is. All inhalers are kept in the class first aid box which is kept in the class cupboard and taken out for each break and out of classroom activity.

3.13.2 Where possible, children in KS2 should carry their own devices and self-administer their reliever medication, occasions where children will carry their inhaler will be during offsite visits.

3.13.3 At the start of each school year a child should bring in a new reliever device and spacer clearly labelled with his/her name. It is the responsibility of the parent/carer to ensure that medication provided in school is in date. This device remains the property of the school for the school year. It can be returned to the child on the last day of the summer term. This will be retained in the class first aid box kept in the labelled cupboard in the classroom.

3.13.4 All staff must know where the reliever devices are kept.

3.13.5 In addition to the reliever device provided by each child, the school will hold an emergency Asthma inhaler kit which should include:

3.13.5.1 a salbutamol metered dose inhaler;

3.13.5.2 at least two single-use plastic spacers compatible with the inhaler;

3.13.5.3 instruction on using the inhaler and spacer/plastic chamber;

3.13.5.4 instructions on cleaning and storing the inhaler;

3.13.5.5 a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;

3.13.5.6 a record of administration;

3.14.5.7 a checklist of inhalers, identified by their batch number and

- 3.14.5.8                      expiry date, with monthly checks recorded;  
a note of the arrangements for replacing the inhaler and spacers.

### **3.14 WHAT TO DO IF A CHILD HAS AN ASTHMA ATTACK**

If an asthmatic pupil in your class becomes breathless or wheezy or starts to cough:

- 3.14.1 Keep calm, it's treatable. If the treatment is given at an early stage the symptoms can be completely and immediately reversible.
- 3.14.2 Let the child sit in a position they find most comfortable. Many children find it most comfortable to sit forwards with their arms crossed on the table.
- 3.14.3 Ensure the child has 2 puffs of their usual reliever.  
If the pupil has forgotten their reliever inhaler or their device is out of date or empty then:
- 3.14.3.1                      Give 2 puffs of the emergency school reliever inhaler provided that parents have given permission, preferably via their spacer or aero chamber.
- 3.14.3.2                      **STAY WITH THE CHILD.**  
The reliever should work in 5 - 10 minutes.
- 3.14.3.3                      If the symptoms disappear, the pupil can return to the lesson as normal.
- 3.14.3.4                      If symptoms have improved but not disappeared then:  
Give 2 puffs of the reliever inhaler every 2 minutes for 5 minutes  
Stay with the child
- 3.15.3.5                      IF THE CHILD HAS WORSENER SEE 3.15.

### **3.15 MANAGEMENT OF A SEVERE ASTHMA ATTACK**

HOW TO RECOGNISE A SEVERE ATTACK:

- The reliever has no effect after 5-10 minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts about the child's condition
- **STAY WITH THE CHILD**

- 3.15.1 Call 999 or send someone else to call 999 immediately - Inform them the child is having a **SEVERE ASTHMA ATTACK AND REQUIRES IMMEDIATE ATTENTION.**
- 3.15.2 Using the child's reliever and spacer device give one puff into the spacer. Allow the child to breathe the medicine from the spacer. If the spacer device is an aeoro chamber and it whistles ask the child to breath more slowly and gently. After one minute give another puff and allow the child to breathe the medicine. Repeat at not more than one minute intervals until the ambulance arrives.

3.15.3 Contact the parents and inform them what has happened.

### **3.16 Special Areas for Concern**

3.16.1 Many teachers are concerned that an unsupervised child with an inhaler may result in the medication being taken by the peer group. This does not pose a danger to the health of other children.

3.16.2 Many teachers are concerned that using the device of another child will leave them vulnerable to legal action or criticism. Teachers are reminded they have a duty of care to the children in school. Taking no action, or not using another device could be interpreted in a failure of that care.

3.16.3 Reliever inhalers and spacer devices should always be taken to swimming lessons, sports, cross country, team games and educational visits out of schools, and used according to need. Children with known exercise induced asthma will need to take their reliever immediately prior to exercise.

3.16.4 Self administration of the reliever is the usual and best practice. Any concerns about inappropriate use or abuse of the devices should be reported to the Head Teacher or the parents/guardian.

3.16.5 In an event of an uncertainty about a child's symptoms being due to asthma, TREAT AS FOR ASTHMA. This will not cause harm even if the final diagnosis turns out to be different.

### **3.17 Information to parents and guardians and carers**

3.17.1 As part of the school policy it is proposed that all parents are made aware of how the school will manage a child who has symptoms due to their asthma whilst they are in school.

3.17.2 The school will need a Metered Dose Inhaler reliever and spacer prescribed by the child's GP to be kept in school. All parents of children entering the school are issued a Data Checking Sheet to complete which requires parents to indicate if their child is asthmatic.

3.17.3 If a child is identified from this as having asthma, then parents will be asked to sign a separate consent form allowing the teachers to give both their own reliever and use the spacer device if necessary, as well as consent to administer the emergency school inhaler.

3.17.4 Parents will be asked to sign the consent form, which will be held in the school office and to inform school of any changes as soon as they are known.

3.17.5 The forms will be checked at the start of the new school year and updated if necessary.

3.17.6 Use of the emergency inhaler will be recorded and will include where and when the attack took place, how much medication was given and by whom. A copy of this form will be given to the parents so that this information can be passed onto the child's GP.

### **3.18 Pupils with special educational needs**

Children who have a statement of special educational need or an Education Health and Care Plan may have additional special requirements to ensure that they take their asthma medication appropriately and that they are appropriately treated in the event of an acute attack. This will be made explicit by the medical team responsible for giving the medical advice input into the plan.

### **3.19 Care of the Inhaler and Spacer Devices**

3.19.1 All inhalers should be stored at the appropriate temperature and protected from direct sunlight and extremes of temperature.

3.19.2 The emergency inhaler and spacer should be kept separate from any individual child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.

3.19.3 To avoid possible risk of cross-infection, the plastic spacer of the emergency inhaler should not be re-used.

3.19.4 The emergency inhaler itself can usually be re-used 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.

3.19.5 If there is any risk of the emergency inhaler being contaminated with blood it should also not be re-used but be disposed of.

3.19.6 After use an individual child's spacer should be washed in warm soapy water, and allowed to dry naturally in the air. The spacer device once dry then should be stored carefully.

### **3.20 Insurance**

3.20.1 Teachers who undertake responsibilities within this policy will be assured by the Headteacher that they are covered by the LA/school's insurance.

3.20.2 Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

## **4 Monitor and review**

4.1 The Headteacher and SENCo will monitor the effectiveness of this policy on a regular basis. The Headteacher and SENCo will report to the governing body on the effectiveness of the policy at least annually and if necessary make recommendations for further improvements.



**5. Linked policies**

Other Relevant Policies that cross reference with this one are:

Supporting Pupils with Medical Needs; First Aid & Medicines; SEND; Health, Safety & Welfare, Child Protection/Safeguarding, Equality.



**Draft Letter of Consent:**  
**Use of Emergency Salbutamol Inhaler**

Dear Parent/Carer

We are currently updating our asthma records for the new school year. The school has a policy for the management of asthma and in order to bring our documentation up to date, we would be grateful if you could fill in the form included in this letter and return it to school as soon as possible. This will be kept in school as a record of your child's asthma treatment.

**You may need to ask your child's GP or Practice Nurse to help you.**

Please let us know if your child's regular treatment is changed at any time. It is important that you tell us in order that the record can be updated.

If your child is likely to need asthma treatment whilst at school, please ensure that your child has an inhaler at school at all times, including school trips, clearly marked with his/her name. Please ask your GP to prescribe a new inhaler and spacer each September at the start of each new school year, to be kept by school. At the end of each school year, inhalers can be taken home and used normally.

Poorly controlled asthma can interfere with a child's school performance. Please let your child's class teacher know if your child's asthma is being more troublesome than usual, especially if their sleep is being disturbed. If your child becomes asthmatic at any time, please inform us immediately.

Please sign the enclosed form regarding the giving of relievers in the event that your child has a severe attack in school.

Yours sincerely



**Blakedown CE Primary Consent Form: Use of  
Emergency Salbutamol Inhaler**

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. I understand that I am responsible for ensuring that my child is equipped with their asthma medication as required and confirm that my child has a working, in-date inhaler, clearly labelled with their name, which I have provided to the school, to be retained in school for their use.
3. In the event of my child displaying symptoms of asthma and if their own 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.
4. I understand that I shall be informed if my child's asthma appears to be deteriorating in school, so that I can inform my child's General Practitioner or Practice Nurse as necessary.

Signed:..... Date .....

Name (print):.....

Child's Name:.....Class:.....

Parent/Carer's address and contact details:

.....

.....

.....

Telephone:.....

E-mail:.....



**Blakedown CE Primary School**

Letter to inform parents of Emergency Salbutamol Inhaler use.

Name of school

Blakedown CE Primary School

Name of child

Date

Year group/class

Dear

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

A member of staff helped them to use their asthma inhaler.

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.

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 child seen by your own doctor as soon as possible.

Yours sincerely



**Blakedown CE Primary School**

Example Record Form for Emergency Inhaler Administration

Date	Pupils Name	Time	Name of Medication	Dose Given	Any Reactions	Signature of Staff	Print Name