

## **EP COLLIER PRIMARY SCHOOL ASTHMA POLICY**

*To be read in conjunction with:*

- *EP Collier Supporting Children in School with Medical Conditions*
- *Reading Borough Council Supporting Pupils at School with Medical Conditions*

At EP Collier we:

- Recognise that asthma is an important condition affecting many school children and welcome all pupils with asthma
- Ensure that children with asthma participate fully in all aspects of school life including PE
- Recognise that immediate access to reliever inhalers is vital
- Keep a salbutamol inhaler for use in emergencies
- Keep records of children with asthma and the medication they take
- Ensure the school environment is favourable to children with asthma
- Ensure all staff who come into contact with children with asthma know what to do in the event of an asthma attack
- Work in partnership with all interested parties including all school staff, parents / carers, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully

### **Asthma Register**

At the beginning of each school year, or when a child joins the school, parents / carers are asked if their child has asthma. All parents / carers of children with asthma are given a National Asthma Campaign school card to give to their child's GP or asthma nurse to complete and return to the school. From this information the school keeps its asthma register, which is available for all school staff. Cards are then sent to parents / carers on an annual basis to update. If medication changes parents / carers are asked to inform the school.

Parents / carers of children with asthma will also be contacted to obtain permission for the use of the emergency salbutamol inhaler using Reading Borough Council's Supporting Pupils at School with Medical Conditions Policy - Template C. These details will also be recorded on the Asthma Register.

### **Medication**

Immediate access to reliever is vital. The reliever inhalers for all children are kept in the school office. All inhalers must be labelled with the child's name by the parent / carer. School Staff are not required to administer medication to children except in an emergency however many of our staff are happy to do this. School staff that agree to do this are insured by the local education authority when acting in accordance with this policy. All school staff will let children take their own medication when they need to.

Parental agreement for the school to administer reliever medication must be obtained using Reading Borough Council's Supporting Pupils at School with Medical Conditions Policy - Template B.

Records must be kept of medicine administered to individual children and medicines administered to all children. See Reading Borough Council's Supporting Pupils at School with Medical Conditions Policy - Templates E & F.

Parents / carers should be informed if their child has been unwell at school.

### **Emergency Salbutamol Inhaler**

The school holds an emergency salbutamol inhaler, which can be used for pupils with asthma if the pupil's prescribed inhaler is not available (eg. it is broken or empty.) The emergency inhaler 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. The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate. Consent for use of the emergency salbutamol inhaler will be obtained using Reading Borough Council's Supporting Pupils at School with Medical Conditions Policy - Template C. Children for whom this consent has been obtained will be listed on the Asthma Register as such.

**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.**

Use of the emergency inhaler must be recorded using Reading Borough Council's Supporting Pupils at School with Medical Conditions Policy - Templates E & F.

The child's parents / carers must also be informed in writing so that this information can also be passed onto the child's GP using Reading Borough Council's Supporting Pupils at School with Medical Conditions Policy - Template D.

Any member of staff may volunteer to take on the responsibility to administer the emergency salbutamol inhaler, but they cannot be required to do so. Members of staff who volunteer to administer the emergency inhaler will become 'designated asthma staff' and must receive appropriate training as detailed in EP Collier's Supporting Children with Medical Conditions in School Policy. The SENCO must ensure that there are sufficient trained staff.

### **Supply**

The school will procure inhalers and spacers from a pharmaceutical supplier by submitting a request signed by the Headteacher stating:

- The name of the school for which the product is required

- The purpose for which that product is required
- The total quantity required

### The emergency inhaler kit

EP Collier will maintain three emergency inhaler kits to allow one kit to be taken on off-site trips leaving two kits in school. The emergency inhaler kits will be kept in the School Office with copies of the Asthma Register. They will be clearly labelled and include:

- A salbutamol metered dose inhaler
- At least two single-use plastic spacers compatible with the inhaler (we will aim to hold three in each emergency kit)
- Instructions on using the inhaler and spacer
- 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 copy of the Asthma Register
- A record of administration

### Storage and Care of the Inhaler

The emergency inhalers will be kept in the emergency inhaler kits which will be kept in the School Office. The First Aid Responsible Person and SENCO have responsibility for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order and that the inhaler has sufficient number of doses available and that paperwork is updated to reflect this
- 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

### Protocol to administer emergency salbutamol inhaler

If a child is experiencing difficulties and their own inhaler is not available:

1. Summon a member of the designated asthma staff via phone. This will usually be a member of support staff so classroom cover will not be required
2. The designated asthma staff member must collect the emergency inhaler, spacer and Asthma Register from the School Office and proceed to the child
3. The designated asthma staff member will check that the correct permissions are listed on the Asthma Register
4. Prime the inhaler (eg. spray two puffs) as it can become blocked when not used over a period of time

5. Following training procedures, administer two puffs of salbutamol via a spacer. If this does not provide relief follow the procedures for responding to an asthma attack, below
6. Ensure that records are updated for the individual child and for all children. Ensure that the parents/carers are informed using Reading Borough Council's Supporting Pupils at School with Medical Conditions Policy - Template D
7. To prevent possible risk of cross-infection the plastic spacer should be sent home with the child for future personal use
8. Clean the inhaler housing by removing the inhaler canister and washing the inhaler housing and cap in warm running water and leaving to dry in air in a clean, safe place. Return the canister to the housing when it is dry; replace the cap
9. Return the emergency inhaler to the emergency kit in the School Office. However, if there is any risk of contamination with blood (eg. if the inhaler has been used without a spacer) it should not be re-used but disposed of and a new housing provided

### Disposal of the Inhaler

Spent inhalers must be returned to the pharmacy to be recycled. To do this legally the school is registered as a lower-tier waste carrier - registration number CBDL27945.

### Responsibilities

The School Secretary is responsible for collecting medical information annually for children and maintaining the Asthma Register, including ensuring that copies are kept updated in every class register and with the emergency inhaler kits.

The First Aid Responsible Person is responsible for overseeing the protocol for use of the emergency inhaler and for monitoring its implementation.

The First Aid Responsible Person and the SENCO are responsible for the supply, storage, care and disposal of the inhaler and spacer.

The SENCO is responsible for staff training - see below.

### **PE**

Taking part in sports is an essential part of school life. Teachers and Sports Coaches are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers and Sports Coaches will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warm up of a couple of short sprints over five minutes before the lesson. Each child's inhalers will be labelled and kept in the school office. If a child needs to use their inhaler during the lesson, they will be encouraged to do so.

### **The School Environment**

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma.

### **When a Child is falling behind in lessons**

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the school nurse and SENCO about the situation. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

### **Responding to asthma symptoms and an asthma 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 (eg. 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 the 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, use the emergency inhaler
- Remain with the 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 ANY TIME 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/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

## **Staff Training**

The School will ensure staff have appropriate training and support; this will fall under the wider responsibilities of the SENCO detailed in EP Collier's Supporting Children with Medical Conditions in School Policy.

It would be reasonable for all staff to be:

- Trained to recognise the symptoms of an asthma attack
- Aware of the Asthma Policy
- Aware of how to check if a child is on the Asthma Register
- Aware of how to access inhalers
- Aware of who the designated asthma members of staff are and how to access their help

Designated asthma members of staff should be trained in:

- 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
- Administering salbutamol inhalers through a spacer
- Making appropriate records of asthma attacks