

St. Edmund's Catholic Primary School

'Together we learn and grow through worship and celebration'

Asthma Policy

Committee responsible for policy	Catholic Life and Community
Approved by Committee/FGB	January 2023
Statutory/Non-statutory	NON STATUTORY
Frequency of Review	Free to determine
	4 YEARS or earlier if
Date of last review	New Policy
Date of next review	January 2027
Purpose of policy	To ensure the school understands its duty of care to children with asthma and states how and when the emergency salbutamol inhaler should be used.
Consultation	Medical Agencies as appropriate LA guidance Appropriate Government documentation and guidance
Links to other policies	Supporting Pupils with Medical Conditions Equalities, Accessibility SEND,

1 INTRODUCTION

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK, and 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out.

2 POLICY AIMS

This policy sets out how and when the emergency salbutamol inhaler should be used. The School keeps two Emergency Asthma Kits. Keeping an inhaler for emergency use has many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school.

The School has the appropriate insurance cover for the use of emergency salbutamol inhalers.

Throughout the policy the term 'parent' is deemed to mean those with parental responsibility and includes parent, carer and guardian.

3 GENERAL

Parents should notify the School that their child needs an inhaler in the joining documents on admission, or as diagnosed thereafter, and provide the School (if provided) with the HCP provided by an Asthma Nurse Specialist.

All inhalers must be sent in with the original prescription box, with the child's name and dosage details marked clearly on the label. They must also come to school via the front office, clearly labelled with the completed accompanying forms.

4 ROLES & RESPONSIBILITIES

ST EDMUND'S CATHOLIC PRIMARY SCHOOL:

- Recognise that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- Ensure that pupils with asthma can and do participate fully in all aspects of school life, including art, PE, science, educational visits and out of hours activities.
- Recognise that pupils with asthma need immediate access to reliever inhalers at all times.
- Keep a record of all pupils with asthma and the medicines they take.
- Endeavour that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma.
- Ensure that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are and know the school's procedure to follow in the event of an asthma attack.

PARENTS HAVE A RESPONSIBILITY TO:

- Tell the school if their child has asthma. An asthma form has to be completed.
- Ensure the school has been informed about the medicines their child requires during school hours.

- Ensure the school has been informed about the medicines their child requires while taking part in visits, field trips and activities such as sports.
- Tell the school if there have been any changes to the child's condition and/or medication.
- Ensure their child has a named inhaler in school at all times.
- Ensure that their child's inhaler is in date and working.
- Regularly review their child's condition with their doctor.

If a parent/carer has stated that their child requires an inhaler in school but does not supply an in-date inhaler, the school will take the following action: Phone the parent/carer and request that the inhaler is brought into school without delay. The phone call will be logged on the pupil's Asthma Information Form ('For Office Use' box). Further conversations may be appropriate, at the discretion of the school.

THE SCHOOL OFFICE / WELFARE OFFICER:

- Ensuring that the policy is followed.
- Monitoring the implementation of the policy.
- Ordering replacement Salbutamol (Ventolin) reliever inhalers and Large Volume Spacers (LVS) before expiry date; and after emergency use.
- Ensuring all staff are familiar with this policy.
- Maintaining the Asthma Register.
- The maintenance of the Emergency Asthma Kit (located in the Medical room and office).
- Administering an emergency inhaler from the Emergency Asthma Kit, when required.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate pupils to take their medicines when they need to.

If any member of staff has reason to suspect a child has undiagnosed asthma or a respiratory condition, they should notify the parents, so they can take the child to a doctor.

- **4.1 PARENTAL CONSENT** A record of parental consent will be kept on the Asthma Register.
- **4.2 ASTHMA REGISTER** The Asthma Register is easy to access and is designed to allow a quick check of whether or not a child is recorded as having asthma and consent is given for an emergency inhaler to be administered.

5 EXERCISE AND PHYSICAL ACTIVITY

All children are encouraged to participate fully in all aspects of school life including PE. Children are encouraged/reminded to use their inhalers before or after exercise (if instructed by the parent/carer on the asthma form) and during exercise if needed. Staff are aware of the importance of thorough warm up and cool down. Each pupil's inhaler will be labelled and kept in a box at the site of the lesson.

6 EMERGENCY PROCEDURE TO RESPOND TO AN ASTHMA ATTACK

- **6.1** <u>Salbutamol / Ventolin inhalers</u> The pupil's own Salbutamol / Ventolin inhalers are intended for use when that pupil has asthma.
 - The use of an inhaler is recognised as administering a medicine and, as such, keeping an accurate record of its use is essential. A member of staff records the child's use of the inhaler on each occasion used. Adults will assist in any case where the child finds it difficult to use.
 - The following information is recorded:
- a) Date
- b) Time
- c) Exact number of 'puffs' taken
- d) Any reaction/triggers
- **Emergency Salbutamol inhaler** We hold an emergency salbutamol inhaler in school and re-useable and disposable spacers. This can only be used by children on the Asthma Register, 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 emergency inhaler and spacers are held in the medical room, in a labelled box and in the office.
 - A register of children in school that have been diagnosed with asthma or prescribed a reliever inhaler is kept with the emergency inhaler together with parental consent
 - When the emergency inhaler is used staff will make a record on the 'Emergency Salbutamol Inhaler details of use' form and the parent will be informed, in writing.

The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation or 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 either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication; and
- if their prescribed inhaler is not available (for example, because it is at home, broken, lost or empty).

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

- 1. Sit the child in an upright position, reassure them and keep calm. Loosen any tight clothing around their neck.
- 2. Help the child take **one** puff of their reliever inhaler every 30-60 seconds, with a spacer, shaking the inhaler between doses. Two puffs should be administered, if the child is still in difficulty please immediately seek a first aider for more assistance.
- 3. If the pupil is starting to feel worse or if the symptoms are not relieved after 10 puffs, call 999 for an ambulance and contact the child's parents/carers.
- 4. If the ambulance is taking longer than 15 minutes and the pupil's symptoms are not improving, repeat step 2 if in doubt seek advice from the call operator.

- 5. If the pupil's symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.
- 6. If the pupil becomes unresponsive, at any point, prepare to give CPR.

An ambulance will be called if:

- The child appears to be going blue/ has a blue tinge around extremities
- The child has collapsed
- There is no improvement in the child's condition
- The child has received a maximum of 10 puffs of their inhaler (even if they are feeling better)
- If there is any doubt at any point about the child's condition.

If the pupil is taken to hospital, details of medicines/personal asthma action plan will be taken with the child.

The first aider will check the pupils Asthma Information Form to ensure consent is given to provide the treatment in an emergency, which is recognised by Asthma UK and the NHS.

7 MANAGEMENT OF INHALERS IN SCHOOL

The school recognise the importance of children self-managing their inhalers and this is actively supported through the systems and procedures in place.

Inhalers are managed within school through the following:

- Each class has a 'green box' in which all inhalers for the class, record books and asthma guidance is kept. This is kept in a prominent place in the classroom to allow easy access.
- Each child with an inhaler has a 'named bag' in the green box containing the inhaler itself, the dosage record card and the child's Asthma Information Form.
- When medication is taken, the adult records this on their dosage record card which is located in their 'named' bag.
- The class box is taken to PE lessons, break times and lunchtimes is and returned at the end of each session.
- The inhaler bags are taken on school visits and swimming sessions.
- The medical team are responsible for undertaking monthly checks and will advise the parent if a replacement inhaler is needed.
- Parents are responsible for collecting out of date medicines from school.
- New inhalers received for a pupil during the year are to be sent via the office, initially, in order to update records.
- In July (end of school year) all held inhalers are returned home. Medicines are not stored in school over the summer holidays.
- In September all medication is given to the office/welfare officer and records are updated. Inhaler boxes are then re-distributed.

7.1 Contents of the School Emergency Asthma Kits:

- Patient Able Spacer devices (also known as Large Volume Spacers (LVS)).
- One Salbutamol (Ventolin) reliever inhaler.
- Emergency Asthma Inhaler Administration Record Chart.
- A checklist of inhalers
- A note of the arrangements for replacing the inhaler and spacers.
- A copy of the Asthma Register listing the children who are permitted to use the emergency inhaler.

In the event of a student with asthma not having their inhaler/s with them, school staff can take an Emergency Asthma Kit on school visits and trips. This should be collected from the Medical Room.

8 Monitoring and Review of Policy and Procedure

Regular monitoring of this policy is essential in ensuring that identified procedures and practice are fully embedded throughout the school. Monitoring will be undertaken by both the Welfare Officer and the Deputy Headteacher. Any actions which are deemed necessary following such procedures are to be put in place without delay. The policy will be formally reviewed every two years in conjunction with other medical policies.