

# Park End Primary School



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## ASTHMA POLICY

Review Date	Type of Review	Comments	Initials
Sept 2013	New		
Sept 2019	Review	Review in line with new guidance	KR
Sept 2020	Review	Updates and updates in relation to COVID 19	KR
January 2022	General	Updated	KR

## Asthma Policy

Park End Primary Schools recognises that many pupils attending this school suffer from asthma and that it is a widespread, serious but controllable condition. Asthma is the most common chronic condition, affecting one in ten children (NEU, 2018). On average, there are two children with asthma in every classroom.

This policy has been written using guidance from 'Guidance on the use of emergency salbutamol inhalers in school' (March 2015 Department of Health) and 'Asthma in Schools' (2018 National Education Union).

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All pupils with asthma are welcome at Park End Primary School and encouraged to achieve their potential in all aspects of school life. We endeavour to do this by ensuring we have:

1. an asthma register
2. an asthma policy
3. all pupils with immediate access to their reliever inhaler at all times
4. three emergency salbutamol inhalers kept in the school office
5. regular asthma training for all staff
6. promote asthma awareness with pupils, parents and staff

**Due to Covid 19 restrictions, if a pupil uses the emergency inhaler, it must be disposed of after use and replaced with a new inhaler.**

## **Record Keeping**

1. At the beginning of the school year, or when a child joins the school, parents/carers are asked if their child has any medical concerns
2. This is recorded on the SIMS data base
3. All children with asthma are recorded on an asthma register which is kept on the school network and is available to all staff
4. Children with asthma are identified to staff via medical lists displayed confidentially in each classroom
5. Parents are asked to complete a school asthma form. This includes consent for school to administer the emergency inhalers
6. Children with severe asthma will have a Health Care Plan in school
7. A record of use for the school emergency inhalers is kept with the emergency inhalers in the school office

## **Storage of inhalers**

8. Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack
9. Inhalers should be easily accessible at all times
10. Inhalers are kept in the large green medical bags, in a visible place in each classroom
11. Inhalers and spacers must be clearly labelled with the child's name
12. Inhalers must be taken in the medical bag to any trips, sporting events and PE lessons
13. Asthma cards are kept with inhalers in the class medical bag
14. Medical lists are displayed in each classroom in a confidential location. All staff must be aware of which children have asthma and/or inhalers in school

## **Disposal of inhalers**

15. The school emergency inhalers should be returned to the pharmacy to be disposed of. The school is registered as a lower-tier waste carrier (registration number CBDL3577970). This allows school to legally take inhalers to the pharmacy for disposal
16. Children's expired prescribed inhalers should be returned to parents for disposal

## **Exercise and PE**

17. Taking part in sports, games and activities is an essential part of school life for all pupils
18. Teachers/coaches must be aware of children from their class who have asthma
19. Pupils with asthma are encouraged to participate fully in all sporting activities
20. Staff will bring the medical bag containing blue reliever inhalers with the class to PE lessons
21. Some children need to take their blue reliever inhaler about 15 minutes before any activity or exercise. This will be noted on their inhaler card

## **After School Activities**

22. Staff must be aware of children who have asthma in their groups
23. Staff must be aware of what to do in the event of an asthma attack
24. Staff must be aware of the location of inhalers and the emergency inhalers

## **School Environment**

25. A full no smoking policy is in operation
26. Furry or feathered animals are not kept in school. If animals are brought into school on occasion teachers must take precautions to ensure the wellbeing of any pupils whose asthma could be triggered
27. As far as possible the school uses no chemicals in science/art which are potential triggers
28. Pupils would be encouraged to leave a room if particular fumes trigger their asthma, e.g. aerosol
29. Aerosol deodorants are not permitted in school

## **Pupils falling behind in lessons**

30. If a pupil is missing a lot of time at school, or is particularly tired because of disturbed sleep, the class teacher:
  - i. contacts the child's parent to talk about avoiding the child falling behind
  - ii. discusses with the school nurse
  - iii. discussed child's medical condition in pupil progress meetings

## **How to recognise an asthma attack**

The signs of an asthma attack are:

- 31. Persistent cough (when at rest)
- 32. A wheezing sound coming from the chest (when at rest)
- 33. Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- 34. Nasal flaring
- 35. Unable to talk or complete sentences. Some children will go very quiet
- 36. May try to tell you that their chest 'feels tight' (younger children may express this as a tummy ache)

**CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY, IF THE CHILD:**

- 37. Appears exhausted
- 38. Has a blue/white tinge around lips
- 39. Is going blue
- 40. Has collapsed

## **What to do if a child has an asthma attack**

Asthma Medicines/Reliever inhaler (usually blue)

- 41. Keep calm and reassure the child
- 42. Remain with the child while the inhaler and spacer are brought to them
- 43. Ensure the child takes his/her reliever inhaler (blue) - if not available, use the emergency inhaler
- 44. Encourage the child to sit up, slightly forward, and ensure any tight clothing is loosened
- 45. Tell them to take two separate puffs of their inhaler via the spacer
- 46. If no immediate improvement, encourage the child to continue to take two puffs at a time every two minutes, up to a maximum of 10 puffs
- 47. If the symptoms do not improve in 10-15 minutes – or you are in doubt – call 999 or a doctor urgently
- 48. If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

## **Responsibilities of School Staff**

All school staff have a responsibility to:

- 49. understand the school asthma policy
- 50. know which pupils they come into contact with have asthma
- 51. know what to do in an asthma attack
- 52. allow pupils with asthma immediate access to their reliever inhaler
- 53. tell parents/carers if their child has had an asthma attack

- 54. tell parents/carers if their child is using more reliever inhaler than they usually would
- 55. ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
- 56. ensure pupils who have been unwell catch up on missed school work
- 57. be aware that a pupil may be tired because of night-time symptoms
- 58. liaise with parents/carers if a child is falling behind with their work because of their asthma

The Assistant Head Teacher (K.Rennison) and Office manager (J. Mains) have a responsibility to:

- 59. Ensure the schools emergency inhalers are in date, present and working
- 60. Maintain the emergency inhaler kit
- 61. Maintain the asthma register and inhaler cards
- 62. Complete a termly whole school asthma check

During PE lessons staff have a responsibility to:

- 63. understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled.
- 64. ensure pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when needed
- 65. if a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait/rest at least five minutes.)
- 66. remind pupils with asthma whose symptoms are triggered by exercise to use their reliever inhaler approx 10 minutes before warming up
- 67. ensure all pupils, including those with asthma, always warm up and down thoroughly

## **Asthma Specialist nurse / School nurse**

School nurses may be able to:

- 68. help and offer support to staff about children with asthma in school
- 69. arrange annual update and training on the management of asthma within school from the asthma specialist trainer, and contact regularly if any concerns within school.

## **Emergency inhaler**

- 70. from 1<sup>st</sup> October 2014, the Human Medicines Regulations 2013 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies

71. the emergency inhaler should only be used by children, for whom written parental consent for the 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
72. the inhaler can be used if pupil's prescribed inhaler is not available (e.g. because it is broken, empty etc)
73. schools are not required to hold an inhaler – this is a discretionary power enabling schools to do so if they wish
74. school can buy inhalers and spacers from any pharmacy without a prescription using a signed letter from the Headteacher
75. Park End Primary School has three emergency inhalers in school at all times

## **The emergency kit**

76. The emergency kit should include:

- 1.1. three salbutamol metered dose inhalers
- 1.2. three plastic spacers compatible with the inhaler
- 1.3. instructions on using the inhaler and spacer
- 1.4. instructions on cleaning the inhaler
- 1.5. manufacturers information
- 1.6. a checklist of inhalers, identified by their batch number and expiry date, with half termly checks recorded
- 1.7. a note of the arrangements for replacing the inhaler and spacers
- 1.8. a list of children permitted to use the emergency inhalers
- 1.9. a record of administration

77. The following protocol must be followed when using the emergency inhaler:

- 1.1. the emergency inhalers will be stored in the main office, in the 'Emergency medications' box, accessible to all staff and out of reach of children
- 1.2. The inhalers and spacers should not be locked away
- 1.3. Emergency inhalers should be stored below 30 degrees, protected from direct sunlight and extremes of temperatures
- 1.4. Emergency inhalers should be clearly labelled
- 1.5. It is the responsibility of the Assistant Head Teacher / Office manager to ensure the emergency inhalers are in date
- 1.6. Three emergency inhalers must be kept in school with three spacers at all times
- 1.7. A register of children with asthma or a prescribed inhaler is kept with the emergency inhalers
- 1.8. A register of written consent to use the emergency inhalers is kept with the emergency inhalers
- 1.9. A record of administration must be kept when administering the emergency inhalers
- 1.10. Parents will be informed in writing if their child has used the emergency inhalers so this information can also be passed onto the child's GP

- 1.11. 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
- 1.12. The inhaler can be reused, provided it is cleaned after use. To clean an inhaler the 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 space
- 1.13. If there is risk of contamination with blood (e.g. if the inhaler has been used without a spacer), it should not be reused and disposed of



## Appendix A: Checklist for emergency inhaler

[illegible]

## Appendix B: Letter to inform parents of emergency salbutamol inhaler use

### EMERGENCY SALBUTAMOL INHALER USE

Child's name: .....

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 you have your seen by your own doctor as soon as possible.

Yours sincerely,

## **Appendix C: Instructions for cleaning and storing emergency inhalers in school**

### **Cleaning and looking after your inhaler**

#### **Simple tips to help you keep your inhalers in working order.**

Four easy steps for cleaning a 'press and breathe' metered-dose inhaler (MDI)  
Follow the cleaning instructions that come in the box with your MDI. The most important thing to remember is to never wash the metal canister or put it in water – only wash the plastic parts.

1. Remove the metal canister from the plastic casing of the inhaler and remove the mouthpiece cover.
2. Rinse the plastic casing thoroughly under warm running water.
3. Dry the plastic casing thoroughly inside and out.
4. Put the metal canister into the plastic casing, test it by releasing a single puff into the air and replace the mouthpiece cover.

#### **Cleaning a dry powder inhaler**


1. Wipe the mouthpiece of your dry-powder inhaler with a dry cloth at least once a week.
2. Do NOT use water to wipe the dry powder inhaler because the powder is sensitive to moisture.

#### **Tips and tricks for storing your inhaler**

- The patient information leaflet is the leaflet that's included in the box with a medicine. It explains the best way to use, clean, store and look after your inhaler.
- It's best to avoid keeping your inhalers in your bathroom, as this might make the medicine damp – choose somewhere cool and dry instead.
- The last thing you need is for dust or debris to get inside your inhaler – so, always try to keep the cap on. Do you find you keep losing it? Some people with asthma recommend saving old caps from your empty inhalers so they always have a spare.
- Some people suggest keeping an inhaler in a see-through bag, so can find your inhaler in a rush (but note that spacers should not be kept in plastic bags as this will cause them to build up static).
- Store your inhaler at the correct temperature. Extreme temperatures and/or high altitudes can affect the medicine in your inhaler. Check the label on your inhaler for storage instructions. Don't leave your inhaler where it might get too hot or cold (for example in your car or on a sunny window sill).
- Remember to store all your medicines out of reach of children and pets.
- Speak to your GP about how to look after your inhaler if you're planning to go on holiday to a hot or cold country, or if you're going mountain climbing.

## Appendix D: School asthma card

SCHOOL ASTHMA CARD



To be completed by parent or carer. This card is for your child's school. Review the card at least once a year. Medicines should be clearly labelled with your child's name.

By completing this card you agree to school staff administering your child's inhaler.

Child's name: \_\_\_\_\_

Does your child tell you when they need their inhaler?

☐ Yes ☐ No

Does your child need help taking their inhaler?

☐ Yes ☐ No

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

Does your child need their inhaler before:

Playing outdoors ☐

PE ☐

Other:

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

Do you consent to the use of the school's emergency salbutamol inhaler and spacer in the event of your child's inhaler not being available or unusable?

☐ Yes ☐ No

Parent/carer signature: \_\_\_\_\_

Date: \_\_\_\_\_