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Responsible Person	Headteacher
Responsible Committee	Full Governing Body
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The Principles of our Asthma Policy

- Kingsham recognises that asthma is a widespread, serious but controllable condition affecting many school children and the school welcomes all pupils with asthma.
- The school ensures that pupils with asthma can, and do, participate fully in all aspects of school life across the curriculum, including physical education, educational trips and other out-of-hours school activities.
- We recognise that pupils with asthma need immediate access to reliever inhalers at all times.
- Our school keeps a record of all pupils with asthma.
- The school will 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 medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to know the location of their reliever inhaler in their classroom.
- All inhalers and spacers must be supplied in their boxes with the prescription label clearly showing the child's name. Parents/carers should supply the school with two inhalers, one to be kept in the classroom and one to be kept in the school office.
- All school staff are trained to assist pupils in administering their asthma medicines should the need arise or in an emergency situation. All school staff will let pupils take their own medicines when they need to.

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 enrolment form. When this has been established, an agreement will be sent to the parents/carers regarding the guidelines for asthma inhalers in school. **Appendix 3** will be used to notify parents/carers.
- This information is then added to the child's electronic record and classroom staff are informed. The information is added to every club and trip register and included on all activity risk assessments.
- A medical register is kept in a Monitoring folder in each classroom of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler.

- Records are kept every time a child uses their inhaler.
- Asthma inhalers for each child are regularly checked for expiry dates by the school office.

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 PE 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. It is agreed with PE staff that each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

School trips, out-of-hours activities and being outdoors

- When a child is away from the school classroom on a school trip, club, outside sport or PE, their inhaler should accompany them and be made available to them at all times.
- Classroom teachers and out-of-hours staff are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.
- Staff also are aware in particular of the difficulties very young children may have in explaining how they feel.

School environment

- The school does all that it can to ensure the school environment is favourable to pupils with asthma.
- The school has a definitive no-smoking policy.
- As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.
- Children are encouraged to leave the room and go and sit in with an adult in a separate space if particular fumes trigger their asthma.
- As a school, we aim to make the school asthma-friendly through ensuring that all children understand asthma. Asthma can be included in the curriculum (for example, in science or PE). Information for children can be accessed from the following website www.asthma.org.uk.

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 Special Educational Needs and/or Disabilities Coordinator (SENDCO) about the pupil's needs and whether a referral to the school nursing team would be appropriate.

- The school recognises that it is possible for pupils with asthma to have Special Educational Needs (SEN) due to their asthma.

Asthma attacks

- All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is clearly displayed in all classrooms.
 - 1. Ensure that the reliever inhaler is taken immediately.
 - 2. Stay calm and reassure the child.
 - 3. Help the child to breathe by ensuring tight clothing is loosened.
- After the attack Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.
- A record of the attack must be made and parents/carers informed.
- Each classroom has a telephone to call the office (or another relevant first aider) for help in the case of any emergency.

Emergency procedure

- If the pupil does not feel better or you are worried at any time before reaching 10 puffs from the inhaler, call 999 for an ambulance.
- If the ambulance has not arrived after 10 minutes, give an additional 10 puffs as detailed above.
- In the event of an ambulance being called, the pupil's parents or carers should always be contacted.
- In the event of a pupil being taken to hospital by ambulance, they should always be accompanied by a member of staff until a parent or carer is present.

Emergency Salbutamol Inhalers

- Kingsham Primary School has two emergency salbutamol inhalers and spacers available for emergency use only in the school office and welfare. **Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use (see appendix 1).** The emergency inhaler will be used at the first aider's discretion if contact is not possible and the patient's health deteriorates.
- At Kingsham Primary School, we will ensure that it will only be used by children, for whom written 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.**
- Written parental consent will be given for the use of the emergency inhaler - the draft letter for consent at **Appendix 1** will be used for this.
- Appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions.
- We have arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with school policy on supporting pupils with medical conditions.

- In the event that the school emergency inhaler is used, parents/carers will be contacted immediately and asked to bring medication to school the next day.
- 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 **Appendix 2** will be used to notify parents.
- The use of an emergency asthma inhaler should also be specified in a pupil's asthma plan where appropriate.
- *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.*

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 in the **SCHOOL OFFICE 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

There will be least two named volunteers amongst school staff should have 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 office
- 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.

Staff

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

In the following advice, the term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, and been trained to do this, and are identified in the school's asthma policy as someone to whom all members of staff may have recourse in an emergency.

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;

Medical professionals deliver this training each year to all members of school staff.

Designated members of staff are 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;
- making appropriate records of asthma attacks.

At Kingsham Primary School:

- two individuals are responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register;
- at least two individuals are responsible for the supply, storage care and disposal of the inhaler and spacer.

Appendix 1

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Kingsham Primary School, Chichester, West Sussex, PO198BN

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

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

LETTER TO INFORM PARENTS OF
EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear.....,

[Delete as appropriate]

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. .

[Delete as appropriate]

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 3

Asthma Pumps in Primary Schools

Dear

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. Two asthma pumps are required in school. One for the school office and one for the classroom. These will be kept in a sealed bag and accessible at all times.
2. All asthma pumps will be named, supplied in date and in the correct prescription box.
3. A record of the use of asthma pumps will be kept with the medication. This is to ensure that if a child appears to need their pump rather too frequently, then the parent can be informed.
4. We strongly encourage independence so your child will not be restricted from using their pump during the course of the school day.

We understand that immediate access to reliever medicines is essential.

If you wish to see any relevant policies relating to health and safety or managing medicines, please go to our school website (<https://www.kingshamprimary.org.uk/>) or ask the school office.

To confirm your agreement of these guidelines, sign and return the slip below in. If your child no longer requires an asthma plan or medication after consultation with health professionals, please indicate this on the form below.

Yours sincerely

Headteacher

Asthma Pumps

Please tick as appropriate

{ } I agree and accept the above guidelines regarding asthma pumps in school.

{ } My child no longer needs an asthma plan, inhaler or spacer to be kept in school after a review with a health professional. Please remove my child from the Medical Register and the electronic system.

Signed _____ Print _____ Parent/Carer

Child's name _____ Date _____