



Keystone Academy Trust

Asthma Policy

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Legal Requirements

This policy has been written with due regard to the following guidance and legislation:

- Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (Dfe) September 2014
- Guidance on the use of emergency salbutamol inhalers in schools, Department for Health, March 2015
- 0-25 SEND Code of Practice 2015
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Schools Admissions Code Dfe 1 Feb 2010

1. Introduction

Keystone Academy Trust recognises that asthma is a widespread, serious but controllable condition and our schools welcome all children with asthma. We ensure that children with asthma can and do fully participate in all aspects of school life, including PE, visits, outings or field trips and other out-of-hours school activities.

This is achieved through:

- Ensuring that children have access to their inhalers as and when required.
- Keeping a record of all children with asthma and the medicines they take.
- Creating a whole school environment, including the physical, social, sporting and educational environment, that is favourable to children with asthma.
- Helping all children to understand asthma as a medical condition.
- Making sure that all staff (including supply teachers and support staff) who come into contact with children with asthma know what to do in the event of an asthma attack.
- Working in partnership with all interested parties including the school's governing body, all school staff, parents/carers, the local authority, health care professionals and children to ensure the policy is planned, implemented and maintained successfully.

2. Policy Implementation

The overall responsibility for the implementation of this policy at Long Sutton Primary School is given to Melissa Ford, Inclusion Leader. They will also be responsible for ensuring that sufficient staff are suitably trained. Clare Webley, Deputy Head teacher will ensure cover arrangements in cases of staff absences or staff turnover, to ensure that someone is always available and on-site with an appropriate level of training.

3. Including pupils with asthma in school life

School environment

Keystone Academy Trust does all that it can to ensure that each school's environment is favourable to children with asthma. As far as possible, we do not use chemicals in lessons that are potential triggers for children with asthma.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all children. All teachers know which children in their class have asthma; they receive regular up-to-date class medical information. We encourage children, as they get older to try to remember this themselves and to take more control in remembering their medication. Children with asthma are encouraged to participate fully in PE. Children whose asthma is triggered by exercise are encouraged to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a child needs to use their inhaler during a lesson, they will be encouraged to do so.

Offsite sport, swimming and educational visits

All inhalers must accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school etc. These are returned to the classroom once back on school grounds.

4. Procedure to be followed when notification is received that a pupil has asthma

When a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their admission form. Parents/carers of children with asthma will then be sent an Asthma UK School Asthma Card for them to complete. Parents/carers will be asked to return the asthma card to the school. From this information, the school keeps its asthma register, which is available to all school staff in the Health Care Plan file in the staff room. Asthma Cards will then be sent to parents/carers of children with asthma on an annual basis to update. Parents/carers will also be asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

5. Asthma medicines

Immediate access to reliever medicines is essential. Pupil inhalers are labelled and kept in class medical ruck sacs – these are carried out to the playground in the event of a fire. School staff are not required to administer asthma medicines to children (except in an emergency). Children are encouraged to take their own inhaler when they require it. This is usually supervised by a member of staff. The asthma register clearly states which children are

asthmatic and if parental permission has been given to use the school's emergency inhaler. The emergency inhaler (see section below) can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty). The emergency inhaler is kept in the main school office. In the event of an attack, an inhaler must be taken to the child.

6. Staff training

Designated 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

Training is provided through Paediatric First Aid training, kept up to date every three years. All staff also undertake asthma awareness training on an annual basis.

7. Guidance on the use of emergency salbutamol inhalers in schools

Taken and edited from the Department of Health's published document 'Guidance on the use of emergency salbutamol inhalers in schools' March 2015.

In March 2015, the Department of Health published guidance on the use of emergency salbutamol inhalers in schools. From the 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies. It should 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. Consent should be updated regularly to take account of changes to a child's condition. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty) where appropriate.

Keeping an inhaler for emergency use will have many benefits:

- Prevent an unnecessary and traumatic trip to hospital, and potentially save their life
- Parents are likely to have greater peace of mind about sending their child to school
- Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

This guidance is non-statutory, and has been developed by the Department of Health with key stakeholders, to capture the good practice which schools in England should observe in using emergency inhalers and which should form the basis of any school protocol or policy.

8. Use of an emergency inhaler

An emergency asthma inhaler kit should include:

- 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 (see below)
- A list of children permitted to use an emergency inhaler
- A record of administration (i.e. when the inhaler has been used)

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

Storage and care of the emergency inhaler

Staff members responsible for inhalers in school will ensure:

- 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
- The emergency inhalers and spacers are labelled and kept in the school office
- 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. If the inhaler has been used without a spacer, it should also not be re-used but disposed of.

Recording use of the emergency inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place, how much medication was given, and by whom. The record book is kept in the medicines cupboard in the office. The child's parents must be informed so that this information can also be passed onto the child's GP.

9. Daily care requirements

Common 'day to day' symptoms of asthma

- Coughing and wheezing (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to the use of the child's 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.

How to recognise an asthma attack

The signs of an asthma attack are:

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

However a child may not display all of these signs and symptoms at once, for example a child may only display one of these symptoms e.g. a persistent cough.

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

What to do in the event 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 the inhaler and spacer are brought to them
- Immediately help the child to take one puff of salbutamol via the spacer
- If there is no immediate improvement, continue to give one puff at a time every 30-60 seconds, up to a maximum of 10 puffs (as recommended on Asthma UK School Asthma Card)

- 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.

10. Complaints

Should parents/carers be unhappy with any aspect of their child's care, then they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the attention of Melissa Ford, Inclusion Leader or a member of the senior leadership team, who will, where necessary, bring concerns to the attention of the head teacher.

If the situation remains unresolved, then a letter outlining the concern should be sent formally to the Clerk to the Governors at the school address.