

# Barcroft Primary School



## Asthma Policy Including the use of emergency salbutamol in school

Status	Statutory
Date approved	December 2020
Date of next review	October 2021

### **Barcroft Primary School**

- recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.
- recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- keeps a record of all pupils with asthma.
- has an emergency salbutamol inhaler and spacer available for emergency use only in the school office and medical room. Ensuring that the emergency inhaler is only used by children with asthma with parental consent for its use, but will be used at the first aider's discretion if contact is not possible and patient's health deteriorates. In the event that the school emergency inhaler is used, parents will be contacted immediately and asked to bring medication to school the next day.

### **Asthma medications**

- Immediate access to reliever medicines is essential. Pupils have their inhalers in the classroom in a labelled box.
- All inhalers must be labelled with the child's name by the parent/carer.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. All school staff will let pupils take their own medicines when they need to.
- Inhalers should accompany them when taking part in off-site activities, or residential trips.
- Inhalers should be taken outside along with the register for fire drills

### **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 parent/carers regarding the guidelines for asthma pumps in school. This information is then added to the Children's Health Lists which includes all of the pupils in each class of any Medical conditions or Individual Healthcare Plans that they have. Copies of these are kept in each classroom, staffroom and in the SEN office.

### **Exercise and activity**

- 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. 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.

### **Out of hours sports**

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

- Classroom teachers and out-of hours school sport coaches 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 does not keep furry or feathery animals and 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.

#### **Asthma attacks**

- All trained first aid staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Also there is a copy in each classroom of: - 'How to recognise an asthma attack' and 'What to do in the event of an asthma attack'
- Each classroom has a telephone (if there is not another adult in the classroom) to the school office to summon first aid help in the case of any emergency.
- Also another adult would lead the rest of the class away from the situation.

#### **Use of emergency Salbutamol inhalers in school**

- 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.
- At Barcroft Primary School we will be holding Emergency Salbutamol Inhalers in school and we will ensure that it will 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. 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. We have arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions.
- Also in place will be the following:-
  - Childs Health List in each classroom of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler.
  - ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use.
- appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions.
- The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

#### **Responding to asthma symptoms and attacks**

- 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.
- **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.

**Responding to 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. Recording use of the inhaler and informing parents/carers Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. Supporting pupils requires written records to be kept of medicines administered to children. The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The draft letter at Annex B will be used to notify parents.

Signed

Signed

Date

Date

Chair of Governors

Head teacher

**APPENDIX 1**

**Asthma Record (Care Plan)**

**Surname** .....

**First Name** .....

My child's details and contact numbers:

Date of Birth .....

Parent(s) name(s) .....

Telephone    Home .....

Work .....

Mobile .....

Doctor (GP) name .....

Doctor (GP) telephone .....

Asthma nurse .....

Known triggers/allergies .....

Any other medical problems? .....

### My Child's Medication

Reliever medication (usually blue)

Medication name (e.g. SALBUTAMOL)	Device (e.g. disk haler)	Dose (e.g. 1 blister)	When taken (e.g. when wheezy, before exercise)

### Other Medication

Most preventers can be taken outside of school hours – check with your GP or asthma nurse

Medication name	How taken/device	Dose	When taken

### Emergency Treatment

In the event of a severe asthma I am happy for my child to receive up to 10-20 puffs of their reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.

Signed: (Parent) ..... Date .....

### Key points for parents to remember:

This record is for your school. Remember to update it if treatment is changed. Remember to check you have enough inhaler doses and that the inhaler is in date and labeled by the pharmacist with your child's name and dosage details.

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The section below is to be completed by school staff

Has this child got a healthcare plan for any other condition?

Yes  (discuss with school nursing staff)

No

Asthma record checked by asthma link person (Name) .....

Any concerns to be discussed with school health advisor/school nurse:

Record of discussion: Signature/Date: