



ST MICHAEL & ALL ANGELS C. E. (FOUNDATION) PRIMARY AND PRE-SCHOOL

ASTHMA POLICY

including the use of emergency salbutamol in school

This policy is written in support of the Vision and Values of St Michael and All Angels (Foundation) Primary and Pre-School.

Last Reviewed	Summer Term 2024
Next Review Due	Summer Term 2025

Linked Policies and Document:

Special Educational Needs
Supporting Pupils with Medical Conditions
Health and safety
Safeguarding

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Aims

To consider medical advice on the best procedures to support asthmatic pupils in school to enable them to take part as fully and safely as possible in all our activities. For such pupils school will ensure:

1. The specific medical needs (as advised by parents/ guardians) are recorded and stored on the main school computer. This information will also be made available to alert class teachers;
2. Those pupils with inhalers know how to access their inhalers. This is to ensure that they always have immediate access to them. This includes the inhalers being taken out of school for off-site activities;
3. Information for each pupil will be updated whenever school is advised of any changes and will be reviewed at the beginning of each academic year.

Obtaining and Recording Accurate Information

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 Asthma Care Plan will be sent to the parents/carers to complete. This will also include the permission to use the emergency salbutamol (the draft letter for consent will be used for this). It is up to the parent/carer to keep school informed if there are any changes to their child's medical needs. If a child uses their inhaler following a 'trigger' rather than as a 'preventative' parents/carers are informed.

Access to Medicines and Inhalers

Where asthma medicines/inhalers are necessary (i.e. prescribed by a Doctor), pupils will need easy access to their location. Inhalers will be stored in the classroom in a first aid bag under the supervision of the class teacher. The bags are taken out for outdoor activities such as playtime/trips. All inhalers and capsules will be labelled with the pupil's name and class. There are two main types of inhalers:

- Relievers: These relieve the symptoms of asthma – common examples are called 'Ventolin' and Bricanyl' and are usually BLUE in colour.
- Preventers: These relieve inflammation and are clearly designed to prevent the onset of asthma – common preventers are 'Beclafort', 'Becatide' and 'Intal' and are usually BROWN in colour. Preventers should be taken at home unless on a residential trip or medically advised to do differently.

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N.B. Pupils should be encouraged to self-administer asthma medication if written authority to do so is provided by their parents on their Asthma Care plan.

Sports & Exercise

Classroom teachers and outside sport coaches will be aware of children with asthma and the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attacks. Staff 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. Staff will also be made aware of those pupils with asthma who may become wheezy during exercise and who may need to use their inhaler before taking part. Breathlessness occurring during an activity will result in the pupil being withdrawn from the activity for that lesson and monitoring by a member of staff qualified in first aid.

Animals

Staff are aware that some animals can cause a sudden and severe asthmatic reaction. Pupils, who react in this way should not approach, handle or care for the animals. To avoid problems pets are not kept in the classrooms but in special designated rooms where children and staff do not normally work. This also applies to any incubator that is used to hatch chicks. Parents/ carers are advised that dogs are prohibited at all times from all areas of the school site.

Returning From Absence Due to Illness

We do not encourage pupils to miss lessons or to stay indoors during break and lunchtimes, so before a pupil returns to school after an illness, parents should ensure that he/she are well and can cope with the whole school day. In certain circumstances a phased return may be mutually agreed between school and parents. This is usually on the advice of a suitably qualified health professional.

Long-term / Acute Medical Problems

Pupils known to be suffering from asthmatic conditions that might require emergency treatment at any time, are recorded on CPOMS and teachers are made aware of the condition, the treatment and any other relevant information. Teachers **MUST** ensure they keep up-to-date with such information and the administration staff will ensure supply teachers receive this information. All emergency use of inhalers will be recorded on school's Medication Administration Record Sheet.

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Cleaning Regimes

Excessive dust from 'walked in' dirt (clay particles) contributes to respiratory problems and should be removed by school's regime of vacuuming on a regular basis rather than by normal sweeping. Filters on warm air central heating systems will be checked and cleaned regularly in particularly dusty environments. Such filters will always be cleaned before the heating is switched on in the autumn term. "Deep clean" regimes of all rooms in school will be implemented throughout the academic year when the site is closed to pupils. School's site manager (Mrs Sarah Mooney) is aware of / and will ensure such regimes are adhered to.

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). Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.

Our School we will be hold an Emergency Salbutamol Inhaler in school and we will ensure that it will 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.

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.

School will keep two emergency kits these will be kept in the SCHOOL OFFICE above the medical tower 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. One emergency kit will be kept on school premises and the other will be for school trips.

The Learning Mentor, Mrs Charlotte Westby, and Mrs Sarah Mooney, School Business Manager are responsible for the supply, storage care and disposal of the inhaler and spacer.

Parents will be informed if their child has used the emergency inhaler at the first available opportunity.

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If a staff member notices, or following an analysis of CPOMS, a child has required the emergency inhaler frequently then a parent/carer will be informed and given the option to speak to the Learning Mentor or advised to speak to a medical professional.

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.

Staff who take on the responsibility to administer an emergency inhaler to help a child use the emergency inhaler, and been trained to do this, and are identified in key areas around school i.e. in every classroom and the medical room as someone to whom all members of staff may have recourse in an emergency.

School ensures there are a reasonable number of designated members of staff to provide sufficient coverage and staff have had appropriate training and support.

Supporting Pupils requires governing bodies to ensure that staff supporting children

ALL staff are:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- 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.

Staff should have a quick check of the register as part of initiating the emergency response and summon the assistance of a designated member of staff to collect, help administer the emergency inhaler and spacer.

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;

Guidance on the use of emergency salbutamol inhalers in schools

- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

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The Learning Mentor is responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register.

Liability and indemnity

School is insured through the Risk Protection Arrangement. Administering medicine is deemed a 'usual activity of a school' and is therefore covered under Public Liability Insurance.

If medicine is required, a form is completed by the parent/carer and this is signed when medicine has been given by the member of staff.

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SYMPTOMS OF AN ASTHMA ATTACK

Not all symptoms listed have to be present for this to be an asthma attack. Symptoms can get worse very quickly. If in doubt, give emergency treatment. Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky, or stating that the heart is beating faster.

- **Cough**

A dry persistent cough may be a sign of an asthma attack.

- **Chest tightness or pain**

This may be described by a child in many ways including a 'tight chest', 'chest pain' (younger children may express this as tummy ache).

- **Shortness of breath**

A child may say that it feels like it's difficult to breathe, or that their breath has 'gone away'.

- **Wheeze**

A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may, or may not be wheezing.

- **Difficulty breathing/Increased effort of breathing**

This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger children, the stomach may be obviously moving in and out.

- **Nasal flaring**

- **Difficulty in speaking**

The child may not be able to speak in full sentences.

- **Struggling to breathe**

The child may be gasping for air or exhausted from the effort of breathing.

CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD

- Appears exhausted
- Has blue/white tinge around the lips
- Is going blue
- Has collapsed

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WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the back of the spacer
5. Place mouthpiece in mouth with a good seal, (or if using the mask place securely over the mouth and nose)
6. Encourage the child to breathe in and out slowly and gently
7. Depress the cannister encouraging the child to continue to breathe in and out for 5 breaths
8. Remove the spacer
9. Wait a few seconds and repeat steps 2-6
10. Assess for improvement in symptoms

Dependent on response steps 2-7 can be repeated by 2 puffs (administer 1 at a time as above) every 2 minutes according to response up to 10 puffs.

If there is no improvement CALL 999. If help does not arrive in 10 minutes give another 10 puffs in the same way

If the child does not feel better or you are worried ANYTIME before you have reached 10 puffs, call 999 for an ambulance and continue to treat as above.

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ADMINISTERING RELIEVER INHALED THERAPY THROUGH A SPACER

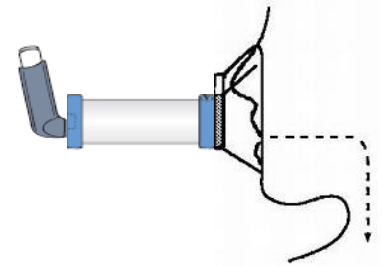
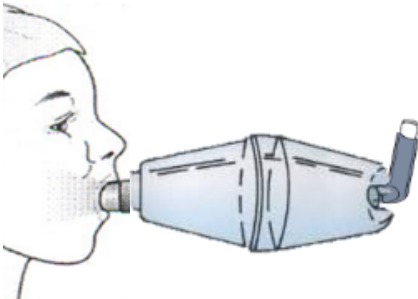
A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks then press the inhaler twice into the air to clear it.**

A Spacer might be

- Orange
- Yellow
- Blue
- Clear

A spacer may have

- A mask
- A mouthpiece



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CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

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, that will be left at school.
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).....

Relationship to child.....

Child's Name.....

Class.....

Parent's address and contact details:

.....
.....
.....

Telephone.....

Email.....

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