Marsh Green Primary School

Asthma Policy
2022-2024

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1. RATIONALE

This Asthma Policy forms part of Marsh Green Primary School's overall policy on First Aid and Medicines.

The school recognises that asthma is a widespread condition and that its severity varies considerably.

As with any other medical condition we are committed to ensuring that any pupils with asthma are fully supported at school.

Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (including supply staff) are aware of First Aid arrangements and that sufficient trained staff are available to implement this policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

BACKGROUND

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The school has decided to have such inhalers available for emergency use.
The emergency salbutamol inhaler will only be used by children, for whom written parental consent (see Appendix 1) 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.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is empty or broken).

This policy follows guidance developed by the Department of Health -

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

2. ARRANGEMENTS

Under our First Aid & Supporting children with medical conditions Policies, parents are required to notify the school of any medical condition so that their child can receive appropriate support. The parents are required to give their consent to the administering or supervising administration of the child's own inhaler. At the same time, they will be asked to give their consent to the use of the emergency inhaler if for any reason the child's own inhaler is not available. (See Appendix 1)

Note: The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

2.1 STORAGE OF PUPIL'S OWN INHALERS

Asthma medicines clearly need to be quickly accessible in the event of an attack. Pupil's inhalers will be clearly labelled and stored away from direct sunlight, and extremes of temperature, in class green medical boxes. These are always stored by the external doors.

In extreme circumstances, such as severe need, children will be allowed to carry their own when they are considered mature enough to do so, otherwise when need dictates the asthma pump will be managed by the class teacher/adult.

2.2 SUPPLY, STORAGE CARE AND DISPOSAL OF EMERGENCY INHALERS

The school will purchase inhalers from a reputable pharmaceutical supplier.

The school will hold one salbutamol metered dose inhaler and one single-use plastic spacers compatible with the inhaler.

The school will also hold:
• instructions on using the inhaler and spacer/plastic chamber;
• instructions on cleaning and storing the inhaler;
• manufacturer's information;
• a list of children permitted to use the emergency inhaler (parental consent);
• a record of administration (i.e. when the inhaler has been used).

The following staff are responsible for storage and care of the inhaler:
Mrs Kelly – Principal First Aider

They will ensure that:
• on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
• 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 inhaler and spacers will be stored in: the medical bay

They will be kept separate from any pupil's inhaler which is stored nearby and will be clearly labelled to avoid confusion with a pupil's inhaler.

To avoid possible risk of cross-infection, the plastic spacer will not be reused.

The inhaler itself will normally be cleaned after use so that it can be re-used. To do this the inhaler canister should be removed, the plastic inhaler housing and cap 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, 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.

DISPOSAL
Spent inhalers are returned to the pharmacy to be recycled.

2.3 USE OF EMERGENCY INHALER

The emergency salbutamol inhaler will only be used by pupils:

• who have been diagnosed with asthma, and prescribed a reliever inhaler;
• OR who have been prescribed a reliever inhaler;
• AND for whom written parental consent (see Appendix 1) for use of the emergency inhaler has been given. This consent form will be stored in the medical bay and consent recorded on a list with the emergency inhaler.

3. ASTHMA SYMPTOMS AND SIGNS OF AN ATTACK

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)
• 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 talk or complete sentences

If the child:
• Appears exhausted

• Has a blue/white tinge around the lips
• Is going blue
• Has collapsed

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY

4. WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

If a child is displaying the above 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, use the emergency inhaler

• Remain with child while inhaler and spacer are brought to them

• Immediately help the child to take two separate puffs of the salbutamol via the spacer

• 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.

5. RECORDING USE OF THE INHALER & 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.

Our policy Supporting pupils with Medical Conditions requires written records to be kept of medicines administered to children. All children with an inhaler in school, have a book with their inhaler where it is recorded when a dose has been given.

The child's parents must be informed via phone call or parent mail so that this information can also be passed onto the child's GP.

6. TRAINING

All staff are expected to be:
• aware of the asthma policy;
• aware of how to check if a child requires an inhaler;
• aware of how to access the inhaler;
• aware of who the designated members of staff are

The school will ensure that designated staff are trained in:
• recognising an asthma attack, 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.

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.
http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers

10. LIABILITY AND INDEMNITY

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The school's insurance arrangements are accessible via the School Office.

The school's insurance policy covers liability relating to the administration of medication

11. COMPLAINTS

Parents with a complaint about their child's medical condition should discuss these directly with the SENDCo in the first instance. If the SENDCo cannot resolve the matter, they will direct parents to the school's complaints procedure.

12. MONITORING ARRANGEMENTS

This policy will be reviewed and approved by the governing board every 2 years.

13. LINKS TO OTHER POLICIES

This policy links to the following policies:
- Accessibility plan
- Complaints
- Single Equalities
- First aid

Health and safety
Safeguarding
Supporting children with Medical conditions
Special educational needs information report and policy

APPENDIX 1: EMERGENCY INHALER CONSENT

Name of Pupil:

Class:

I confirm that my child has been diagnosed with asthma/ has been prescribed an inhaler. When my child is showing symptoms of asthma/ having an asthma attack I give permission for a school adult to administer his/ her inhaler as required or for my child to self-administer whilst on the premises. Furthermore, in the event of my child's own inhaler being unavailable or unusable, I consent for my child to receive salbutamol from a generic inhaler held by the school for such emergencies.

I understand that it is my responsibility to ensure that my child has a working, in-date inhaler, clearly labelled with their name in school and that I must check this regularly/ inform the school if there is any change to my child's condition.

Signed:

Date:

Name:

Relationship to Pupil:

If your child no longer requires an inhaler please sign below, so we can update our records.

Signed: Name:

Date: