

JOHN LOCKE ACADEMY



Asthma Policy

Including the use of emergency
Salbutamol in school

Status	Guidance
Date approved	
Date of next review	

Asthma Lead: Rebecca Roebuck

Asthma Champion: Charlotte Marsh

John Locke Academy:

- 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 school or during school trips. **Ensuring that the emergency inhaler is only used by children with asthma and whose parent/carer hasn't opted out.** (The draft letter for opt out at **Annex A** will be used for this), 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. **Please read use of emergency salbutamol inhalers in school at the end of this policy.** ?

Asthma medicines ?

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse agrees they are mature enough.
?
- 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. School staff who agree to administer medicines are insured under **the Department for Education risk protection arrangement (membership number: 140387)** when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to. ☒

NO BROWN INHALERS WILL BE ADMINISTERED IN SCHOOL

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 data capture form.
- This information is then added to Scholarpack. Medical information is also kept in the inclusion folder in each classroom, staffroom and the welfare 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 class inclusion file. ☒
- 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 that during PE each pupil's inhaler will be labeled 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 will also follow the same principles as described above for games and activities involving physical activity. ☒

Out-of-hours sport

- 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 (with the exception of Timmy the Dog. Risk assessment available on the school website) 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. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

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 school nurse and special education needs coordinator about the pupil's needs.
- The school recognises that it is possible for pupils with asthma

to have special educational needs due to their 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.
- Each classroom has a red card for a child (**if there is not another adult in the classroom**) to take into the next classroom or 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 John Locke Academy we will be holding Emergency Salbutamol Inhalers in school and we will ensure that they will only be used by children, whose parent/carer hasn't chosen to 'opt out' for use of the emergency inhaler, 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 school's policy on supporting pupils with medical conditions.

Also in place will be the following:

- Medical List in each classroom inclusion folder which includes children in the school that have been diagnosed with asthma or prescribed a reliever inhaler.

?

- appropriate **annual** 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.
- 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 emergency kit ?

- Our emergency asthma inhaler kit includes: ?- a salbutamol metered dose inhaler;?- plastic spacers compatible with the inhaler;?- instructions on using the inhaler and spacer/plastic chamber;?- 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 omitted to use the emergency inhaler as per parental opt out letter.- a record of administration (i.e. when the inhaler has been used).
?We will be keeping three emergency kits these will be kept in the **SCHOOL OFFICE, WELFARE ROOM AND ONE KEPT FOR SCHOOL TRIPS 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 then 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 chosen not to opt out 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 ☒
- Is 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 (one located in the school office and one located in the welfare room).**
- 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
- 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 parent 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. ?

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;☒ The school nurse delivers 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 John Locke: ☒

- 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. ☒

Storage and care of classroom inhalers

- Class teachers and TA's are responsible for regular half-termly

checks to the inhalers in their classroom and keeping an accurate log that these checks have been done.

Annex A

The John Locke Academy

Opening Minds to Success, Opening Hearts to Succeed



Dear Parent/Carer,

Re: Opt out of emergency inhaler

Due to a change in the law, Sept 2014, we are pleased to inform you that schools are now permitted to hold emergency Salbutamol inhalers.

At John Locke Academy we have reviewed our asthma procedures and will have an emergency inhaler on site. This is a precautionary measure. You still need to provide your child with their own inhaler and spacer as prescribed.

We would like to notify you that if you have previously informed us that your child has asthma or has been prescribed a blue inhaler we will use the School's Emergency inhaler in the unlikely event their regular inhaler fails to work.

If you **do not** wish for us to use the schools inhaler in an emergency, please fill in the details below and return it to the school as soon as possible. If you **do not** agree, you **must** provide 2 inhalers for your child.

If you agree, you do not need to return the slip below.

Please ensure that your child has a working, in date inhaler and appropriate spacer for use in school at all times.

Many thanks

Mrs Marsh

.....
.....

Child's name:.....Class _____

Date:.....

I **DO NOT** consent to my child using the school's emergency inhaler.

Parent/carer signature

.....

Annex B



LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class: Date:

Dear.....,

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 they are seen by your own doctor as soon as possible.

Yours sincerely,



JOHN LOCKE ACADEMY POLICY APPROVAL FORM

Asthma Policy

Signed: (Principal)

Printed name:

GOVERNING BODY SIGNATURE NOT REQUIRED ON THIS POLICY