

# Ravenshall School

## Asthma Policy

**Date adopted:** March 2017

**Reviewed/amended:** October 2019

This policy has been written using guidance from the Department of Health (September 2014). Key staff who come into contact with children with asthma are provided with training from the school nurse.

### **The Principles**

The School recognises that:

- Asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Children with asthma can participate fully in all aspects of school life including PE
- Immediate access to reliever inhalers is vital
- Records of children with asthma and the medication they take must be kept
- The school environment must be favourable to children with asthma
- All staff who come into contact with children with asthma must know what to do in the event of an asthma attack
- We need to work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully

### **Medication**

When children make a request to use their inhaler, all staff will let children take their own medication when they need to. All staff understand that immediate access to their inhaler is vital. All inhalers and spacers must be labelled with the child's name and stored in the medical room. All children are encouraged to administer their own medicine, when their parents and health specialists determine they are able to start taking responsibility for their condition. Should the medicine change or be discontinued, or the dose or administration method change, parents will notify the school immediately. If a pupil refuses their medicine, staff should record this. Parents or carers should be informed as soon as possible.

All staff attending off site visits must be aware of any children on the visit with asthma and they must be names in the Evolve risk assessment. They should receive information about what to do in an emergency and any other additional support necessary, including any additional medicines or equipment needed.

### **Storage of inhalers at school**

All inhalers are supplied and stored, wherever possible, in their original containers. All inhalers are labelled with the pupil's name.

Inhalers are stored in accordance with instructions paying particular note to temperature.

All inhalers are sent home with children at the end of the school year. Inhalers are not stored in school over the summer holidays.

It is the parent's responsibility to ensure new and in date inhalers come into school on the first day of the new academic year.

Parents are asked to collect out of date inhalers from school.

If parents do not pick up out of date inhalers at the end of the school year they are taken to a local pharmacy for safe disposal.

Named members of staff (Ms Stanley and Mr Whitaker) are responsible for checking the dates of inhalers, informing parents when they require renewing and arranging for the disposal of those that have expired.

### **Health Care Plans**

A school health care plan is sent to all parents of children with asthma for completion at enrolment or when a diagnosis is first communicated to the school.

Completed Health Care Plans are kept on file and stored in the administration office. The school Asthma Health Care Plans are used to create a centralised register of children with asthma.

The health care plan also details what medicines and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition.

**Parents are reminded to update their child's Asthma Health Care Plan** if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse) or their medicines and treatments change.

All members of staff who work with groups of children, have access to the health care plans of children in their care. When a member of staff is new to a pupil group, the school makes sure that they are made aware of (and have access to) the health care plans of children in their care.

### **Record Keeping**

An accurate record of each occasion an individual pupil is given or supervised taking their inhaler is kept in the medical room. Details of the supervising staff member, pupil, dose, date and time are recorded.

### **Consent to administer medicines**

All parents of children with asthma are asked to provide consent on the health care plan giving staff permission to administer medicines.

If a child requires regular/daily help in administering their medicines then we will outline our agreement to administer those medicine/s on the health care plan.

Parents of children with asthma are asked at the start of the school year on the healthcare plan if they **and/or the child's healthcare professional believe the child is able to self manage and administer their own emergency medicines.**

All parents of children with asthma attending an overnight visit are asked to give consent for staff to administer medicines at night or in the morning if required.

Written consent must be given for use of the emergency inhaler.

. Pupils' own inhalers are stored in their tutor room locked cupboard.

### **Emergency Inhaler**

Government regulations allow schools to obtain, without prescription, salbutamol inhalers for use in emergencies. These are stored in a locked cupboard in the medical room.

The emergency salbutamol inhaler is only for use by children, for whom written parental consent for the 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 a reliever medication. Permission to **use the emergency inhaler will be kept with the child's healthcare plan.**

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

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.

The emergency inhaler will be kept in the medical room, at the appropriate storage temperature, as part of an emergency asthma inhaler kit which includes:

- a salbutamol metered dose inhaler;
- 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
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

The designated adults will be responsible for maintaining the emergency inhaler kit. 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;
- 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.

To avoid the 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.

The canister should be 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 a 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.

### **Asthma Attacks**

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the procedures from the Department of Health guidelines, which are displayed in the medical room. The medical team have undertaken on-line asthma support training.

#### **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

#### **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, 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 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.
- A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate.

#### **After the attack**

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.

The child's parents must be told about the attack.

Appendix 1 – Letter of consent.

Appendix 2 – Letter to inform of the use of the emergency inhaler.

## Ravenshall School - Consent Form: Use of Emergency Salbutamol Inhaler

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler or has been prescribed an inhaler as a reliever medication.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they have in school with them every day.
3. I understand that it remains my responsibility to ensure that my child's inhaler is in working order and in-date.
4. 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)

Child's name

Class

Parent's address and contact details:

Telephone:

Email:

Appendix 2

**Ravenshall School – 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.....  
They did not have their own asthma inhaler with them / their own inhaler was not working. A member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given.....puffs.

Yours sincerely

Stephen Caines  
Head of School