

Jesse Gray Primary Asthma Policy



September 2022

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| Head Teacher Signature: | |
| Date Adopted: | |
| Review Date: | September 2023 |

Jesse Gray Primary School Asthma Policy

Introduction

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

However, an Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. However, before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available.

DoH Guidance on the use of emergency salbutamol inhalers in schools March 2015:

“From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler, if they wish, for use in emergencies.¹ This will be for any pupil with asthma, or who has 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 broken, or empty).”

Children who can use an inhaler

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should 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. The inhaler can be used if the pupil’s prescribed inhaler is not available (for example, because it is broken, or empty).

This information should be recorded in a child’s individual healthcare plan (if they have one) and on the asthma register (see appendix 5).

NB: 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.

DoH guidance 2015

We at Jesse Gray Primary:

- Recognise 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 and the medicines they take.
- Ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack.

- Will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents and carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

From Dec 2014 we as a school will hold two Asthma ~Emergency Kits in line with new DoH 'Guidance on the use of emergency salbutamol inhalers in schools' March 2015.

The emergency kit

An emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler;
- At least 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 (see below);
- A list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans;
- A record of administration (i.e. when the inhaler has been used and how many puffs used) MDI inhalers don't have a measure of how many puffs are left in them, so a record of puffs administered [they can have 100-200 puffs per inhaler] will ensure they will be replaced before empty.

Storage of inhalers and spacers

Two Emergency Asthma Kits will be stored in two central places:-

1. Main office
2. Clearly labelled in Science Cupboard on top corridor

*'The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the **emergency inhaler should be clearly labelled to avoid confusion** with a child's inhaler. 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.' **DoH Guidance March 2015**

Roles and Responsibilities

The head teacher has the responsibility to:

- Update the school's Asthma Policy in line with national guidance.
- Ensure this policy is put into action, with good communication to everyone.
- Ensure all supply teachers and new staff know about the school asthma policy.
- Ensure the school asthma register is maintained.
- Liaise between interested parties.
- Set up a suitably trained /briefed staff members to be designated Asthma lead practitioners for the school.

Asthma Lead (Liz Crawford) , supported by Asthma Admin Lead (Sarah Hobbs) are volunteer designated members of staff & will have responsibility to 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.
- Asthma register is checked on a half termly basis & new asthma cards are copied and given to relevant class teachers.
- Appropriate cleaning /disposal procedures are carried out.

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All Staff have a responsibility to:

- Know which of their pupils in their care have asthma.
- Know what to do in an asthma attack and know procedure for use of emergency inhaler/spacer
- Tell Parents/Carers if their child has had an asthma attack using appropriate documentation
- Ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom.
- Have been briefed by school nurse (annually) on :
 - Helping to administer emergency inhalers, they can seek support/guidance from Liz Crawford and Jane Harris (FA at work /paediatric trained first aider) should they need it.
 - to recognise the symptoms of an asthma attack,
 - how to distinguish them from other conditions with similar symptoms

All Staff need to be:

- 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.

Parents/Carers have the responsibility to:

- Tell the school if their child has asthma.
- Ensure the school has a complete and up to date asthma card for their child.
- Inform the school about any changes to their child's medication.
- Ensure their child's reliever inhaler is labelled with their name.

Pupils have a responsibility to:

- Know how to gain access to their medicine in an emergency.
- Know how to take their own asthma medicines (if mature enough)
- Tell their teacher/parent/carer if they are not feeling well.

Asthma Medicines

- Immediate access to reliever medicines is essential. Pupils with asthma keep a reliever inhaler in their classroom under the age appropriate direction of teacher. From Nov14 asthma cards are being introduced to parents/carers and a copy of their asthma card will be kept in each classroom in specific asthma box; and master copies held in school office.
- All inhalers must be labelled with the child's name by the parent/carer.

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.
- All parents/carers of children with asthma are consequently sent an asthma card to complete from November 2014] See letter in Appendix 1. Parents/carers are asked to return them to the school.
- School asthma cards are then sent to Parents/Carers of children with asthma on an annual basis to update. Parents/Carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.
- From this information the school keeps an asthma register [available in school office], which is available to all school staff.
- Asthma cards are kept in the child's classroom asthma box and a copy kept in the school office with the asthma register.
- The use of emergency inhalers will be recorded in our Asthma Emergency Log book. Parents/carers will be informed by phone and in writing using letter proforma in Appendix 4

Arrangements for the supply, storage, care and disposal of the inhaler

Supply

Our school will buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, following the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit.

A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

- The name of the school for which the product is required;
- The purpose for which that product is required, and
- The total quantity required.

(See appendix 6 requisition form)

We will discuss /seek advice from a community pharmacist about the different plastic spacers available and what is most appropriate for the age-group in the school.

Cleaning and/or disposal

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

It will 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 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.

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled.

We are aware that to do this legally, we have registered as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal.

Asthma Triggers

- A trigger is something that irritates the airways of people with asthma and causes the symptoms of asthma. Everyone's asthma is different and people with asthma may have several triggers. These may include: colds and flu, exercise, cigarette smoke, pollen, house-dust mites, fur and feathers, pollution, emotions and some chemical fumes.
- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers will be aware of which children in their class have asthma
- Pupils with asthma are encouraged to take part in all PE lessons. Teachers will encourage them to take two puffs of inhaler pre participating in PE. Pupils with asthma are reminded to take their reliever inhaler with them to the lesson and are encouraged to use it as needed.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

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

WHAT TO DO IN THE EVENT OF 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** once you have checked that the child is registered asthmatic and we have parental permission to use the emergency inhaler/spacer . LIST held on wall by classroom door. (If this is not visible send another adult to check with school office)
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 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.

Liability and indemnity

School's insurance arrangements [through Nottinghamshire County Council] cover staff providing support to pupils with all medical conditions. Insurance policies are accessible to staff providing such support. Through the school office

Policy reviewed: September 2020 by C Belton

Appendix 1 Initial letter to all parents/carers of children that have asthma

Dear Parents and Carers,

Following new Department of Health guidance for schools which came into law on October 1st 2014, we have updated our policy and system for the support and care of our pupils with asthma, or use a reliever inhaler.

Department of Health Guidance on the use of emergency salbutamol inhalers in schools October 2014:

“From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has 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 broken, or empty).”

So that we send the right information to the right people and gain consent from relevant parents and carers, we wish to ensure we have up to date information about which of our pupils use an inhaler.

Therefore, please read and return the completed slip below within 7 days if your child qualifies under the following criteria:

The emergency salbutamol inhaler should only be used by children:

- ✓ **Who have been diagnosed with asthma, and prescribed a reliever inhaler and for whom written parental consent for use of the emergency inhaler has been given.**
- OR**
- ✓ **Who have been prescribed a reliever inhaler and for whom written parental consent for use of the emergency inhaler has been given.**

Yours sincerely,
Chris Belton

Treatment and care for those pupils who have Asthma or use a reliever inhaler

My child _____ in class _____ uses a reliever inhaler.

Please send me information about your asthma policy/procedures and associated use of emergency inhaler.

Signed _____ Parent or Carer

Appendix 2 - School Asthma Card Letter

Dear Parents/Carers

RE: School Asthma Card

Thank you for informing us of your child's asthma/breathing difficulties which can require the use of an inhaler. As part of accepted good practice, with advice from Asthma UK and in line with new Department of Health guidance March 2015; we have updated our School Asthma Policy for use by all staff.

As part of this policy we are asking all parents and carers of children with asthma/breathing difficulties to help us by completing a school asthma card for their child/children. Please fill this in and return to your child's school as soon as possible.

The completed card will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand your child's individual condition.

Please make sure the card is regularly checked and updated and that the school is kept informed about changes to your child's medicines, including how much they take and when.

I look forward to receiving your child's completed School Asthma Card.

Thank you for your help.

Yours sincerely



Chris Belton

Appendix 3 – Consent form emergency use of inhaler

Jesse Gray Primary School
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 a reliever/blue inhaler.
[Delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name ; which they will bring with them to school every day / we will provide an inhaler to be kept at school. [Delete as appropriate].

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).....

Child's name:

Class:

Parent's address and contact details:

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

Telephone:

E-mail:

Appendix 4 – Parent/carer information letter of emergency use of inhaler use of inhaler

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.....

Action Taken [please tick as appropriate] :

1. _____ A member of staff helped them to use their asthma inhaler.
2. _____ 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.
3. _____ 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. .

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,



Chris Belton - Headteacher

To the pharmacist

Salbutamol inhaler requisition form

Please supply (insert quantity) salbutamol pMDI inhalers for the emergency treatment of acute asthma attacks at Jesse Gray Primary School.

Please also supply (insert quantity) compatible spacer devices for use with the inhalers supplied.

Requested by the Headteacher

Mr Chris Belton

Signature:

Date of signing

Pharmacy stamp