

Asthma Policy

Introduction

Since 1 October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools in the UK to keep a salbutamol inhaler for use in emergencies.

Keeping an inhaler for emergency use has many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

This policy sets out how and when an emergency inhaler should be used in the event of a child having an asthma attack and details arrangements of the supply, storage, care and disposal of the inhaler and spacers in line with our Administration of Medicines Policy, which should be read alongside this policy.

Asthma Medicines

Immediate access to reliever medicines is essential.

Children must have their **own** reliever inhaler in school to treat symptoms and for use in the event of an asthma attack.

Parents/Carers must ensure that their child's inhaler is working, in-date and clearly labelled with their name.

Senior pupils who are mature enough to manage their asthma themselves, in agreement with Parents/Carers, should bring their inhaler with them to school every day and keep it easily accessible at all times during the school day.

Parents/Carers of Infant/Junior pupils should provide an inhaler to be kept at school. Class Teachers will store inhalers (in line with manufacturer's guidelines, protected from direct sunlight and extreme temperatures) in the class first aid bag and ensure they are easily accessible to pupils at all times during the school day.

Should Parents/Carers wish to provide a 'spare' inhaler for their child they may do so. These will be stored in the School Office. It is the responsibility of Parents/Carers to ensure that 'spare' inhalers are working, in-date and clearly labelled with their child's name.

Children who can use an emergency inhaler

The emergency salbutamol 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 for whom written parental consent for use of the emergency inhaler has been given.

This information will be recorded in a child's Individual Medical Information Form. 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.

The school will keep a central Asthma Register of children who have a diagnosis of Asthma and/or have been prescribed an inhaler. The Asthma Register will be easily accessible to all staff in the

relevant shared folder in Google Drive and will record parental consent for an emergency inhaler to be administered. A copy of the Asthma Register will be kept with the emergency inhaler kits.

Parental consent for use of an emergency inhaler will be requested annually to take account of changes to a child's condition.

Recording use of the inhaler

Use of an emergency inhaler will be recorded. This will include where and when the attack took place, the severity of the attack, how much medication was given and by whom and the reason for use e.g. the child's own inhaler was not working correctly.

In the event of a child needing to use an emergency inhaler, parents will be informed in writing so that this information can also be passed on to the child's GP.

Supply

It has been agreed in the legislation that schools can buy inhalers and spacers from a pharmaceutical supplier without a prescription. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit.

The Emergency Kit

The Emergency Asthma Kit will include:

- a salbutamol metered dose inhaler;
- two spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- manufacturer's information;
- a record of monthly checks, including arrangements for replacing the inhaler and spacers;
- a copy of the Asthma Register, which lists children permitted to use the emergency inhaler;
- a record of administration (i.e. when the inhaler has been used).

Storage and care of the inhaler

The Emergency Asthma Kits are stored in the following locations:

- School Office;
- Panton Hall;
- PE First Aid Bag.

To ensure staff have access at all times, they will not be locked away, but will be kept out of the reach and sight of children.

The School Office will be responsible for ensuring that:

- on a monthly basis inhalers and spacers are present and in working order, and inhalers have sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach and
- replacement inhalers and spacers are available following use.

Inhalers will be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.

To avoid possible risk of cross-infection, spacers will not be reused. Inhalers can be reused, provided they are cleaned after use. The following cleaning protocol will be followed:

- remove the metal canister from the plastic casing of the inhaler and remove the mouthpiece cap;
- rinse the plastic casing thoroughly under warm running water;
- let the plastic casing air-dry overnight, making sure you have a spare, clean inhaler if needed;

- put the metal canister into the plastic casing, test it by releasing a single puff into the air, and replace the mouthpiece.

Taking an Emergency Asthma Kit on Trips

Class Teachers store inhalers provided by Parents/Carers of Infant and Junior pupils in the class first aid bag. Prior to leaving on a trip, Infant/Junior Class Teachers will regularly check pupil inhalers are in working order by completing the following steps:

- give the inhaler a good shake;
- point the mouthpiece away from you;
- press the canister to release a puff into the air.

Where a child's own inhaler is found not to be working correctly, staff should take an Emergency Asthma Kit from the School Office on the trip. The School Office will contact Parents/Carers and ask them to supply a new inhaler to keep at school.

Trip Leaders for senior school trips should ensure that if a pupil on the Asthma Register is going on a trip that they take an Emergency Asthma Kit, from the School Office, with them.

On a monthly basis the School Office will check Emergency Asthma Kits to ensure that inhalers and spacers are present, in-date, in working order and have sufficient number of doses available.

Disposal

Spent inhalers will be returned to a pharmacy to be recycled. Heritage is registered as a lower-tier waste carrier.

Staff Training

The school will ensure all staff receive appropriate training annually, relevant to their level of responsibility.

Prior to administering the emergency inhaler, staff will check the Asthma Register to ensure parental consent has been given for its use.

ALL Staff will be trained to:

- recognise the symptoms of an asthma attack, and 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 Asthma Register;
- aware of how to access the emergency inhaler;
- aware of which members of staff are qualified First Aiders;;
- make appropriate records of asthma attacks.

Qualified First Aiders will:

- respond appropriately to a request for help from another member of staff;
- recognise when emergency action is necessary;
- be able to administer salbutamol inhalers through a spacer.

The list of staff who are Qualified First Aiders at Heritage is located on the First Aid Policy.

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).

What to do in the event 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 the child while the inhaler and spacer are brought to them;
- immediately help the child to take two separate 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.

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

- appears exhausted;
- has blue/white tinge around lips;
- is going blue;
- has collapsed

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