



SANDGATE PRIMARY SCHOOL

Asthma Policy 2018

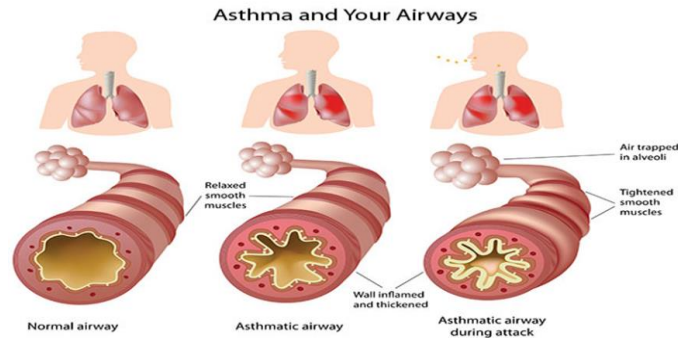
This policy has been written with advice from the Department for Education and Skills, National Asthma Campaign, the LA, the school health service, parents, the Governing Body and pupils.

Introduction

Sandgate Primary School recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma. When asthma is well managed children are able to participate in the full range of curricular and extra curricular activities including PE and sport. We encourage children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, pupils and parents, the Governing Body and the LA. All staff (teaching and non-teaching) including new members of staff and supply teachers are made aware of this policy. All staff will have basic knowledge of asthma and the management of acute episodes. First Aiders will have a more comprehensive training about asthma, including spacer use.

What is asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).



As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life.

Medication

Immediate access to reliever inhalers is vital. Children are encouraged to carry their reliever inhaler as soon as the parent, doctor or nurse and class teacher agree that they are mature enough. When this is not necessary all inhalers are kept in the class teachers cupboard. These are kept in clear plastic containers with the child's name and expiry date on it. Parents are asked to ensure that the school is provided with a spare reliever inhaler, clearly labelled with the child's name, this is kept with the inhaler. Parents are responsible for replacing the inhaler before the expiry date, however staff do endeavour to remind parents when an expiry date is near.

Parents are asked to complete the medical sheet attached to the Data Collection Information Sheet, sent out on arrival at the school to all new pupils, providing the necessary medical information about their child's asthma. This will include details of symptoms, medication and contact numbers. This is updated annually. Additionally, parents sign an asthma form that accompanies the medication. This includes a tracker sheet for staff to record when the pump is used. (Annex A)

School staff are generally happy to supervise the administration of medication if adequate information is provided, but there is no legal obligation for them to do this. All staff in maintained schools who agree to do this are insured when acting in accordance with the policy. The responsibilities of school staff to administer emergency drugs which may be life saving is set out in the guidance from the LA. **All school staff will allow children to take their own medication when they need to.**

Record keeping

Parents notify the school if their child has asthma and explain medication. This information may be used by the school nurse to develop a management plan, a

copy of which will be kept by the school. Whenever an inhaler is administered the responsible adult ensures that this is recorded on the tracking sheet and that parents are informed when a pump has been used a number of times in the day.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- *Colds and infection*
- *Dust and house dust mite*
- *Pollen, spores and moulds*
- *Feathers*
- *Furry animals*
- *Exercise, laughing*
- *Stress*
- *Cold air, change in the weather*
- *Chemicals, glue, paint, aerosols*
- *Food allergies*
- *Fumes and cigarette smoke (Source: Asthma UK)*

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff.

PE and school trips

Taking part in sport is an essential part of school life. PE teachers should be aware of which children have asthma, they will be encouraged to participate in PE and teachers should remind children to take their reliever inhaler before the lesson. Inhalers should be kept in an appropriate location near the PE lesson, thereby allowing the children access to their inhaler during the lesson. Inhalers should be taken on school trips and to the swimming pool.

When a child is falling behind in lessons

If a child is frequently absent from school because of asthma, or is tired in class because of disturbed sleep, has increased frequency of symptoms or more frequent use of reliever medication, the Family Liaison Officer will talk to the

parents. If it is appropriate the school will discuss the situation with the school nurse.

Asthma attacks

All staff at Sandgate Primary School who are First Aiders are trained to recognise the symptoms of asthma and to recognise when symptoms are worsening, they are all trained to know what to do in the event of an asthma attack. Parents will always be notified when a pupil has an asthma attack by telephone call. Parents will also be notified if a pump is being used more frequently.

The department of health Guidance (March 2015) states 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)

If the child is showing these symptoms we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- *Appears exhausted
- *is going blue
- *Has a blue/white tinge around lips
- *has collapsed

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 Sandgate Primary we will be holding Emergency Salbutamol Inhalers in school and we will ensure that it will 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. 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 schools policy on supporting pupils with medical conditions. Also in place will be the following:-

- There will be a list in the front, of all children who have parental permission for the use of the Emergency Inhaler. This allows for the staff to have a quick check for initiating the emergency response.
- Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use. (The draft letter for consent at Annex B will be used for this)
- Keeping a record of parental consent on the asthma register will also enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent will be updated regularly – ideally annually - to take account of changes to a child's condition.
- Appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions.

Our emergency asthma inhaler kit includes:


- a salbutamol metered dose inhaler;
- ten 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 per parental consent form.
- a record of administration (i.e. when the inhaler has been used).

We will be keeping two emergency kits these will be kept in the STAFF ROOM which is known to all staff, and to which all staff have access at all times. It is also directly next to the playground. The second kit will be kept in the designated First Aid Area. 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:

- 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;
- That 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

ANNEX A



SANDGATE PRIMARY SCHOOL



PARENT/CARER AGREEMENT FOR SCHOOL STAFF TO ADMINISTER MEDICINE

Child's Name Class

Name & strength of medicine Expiry Date

Time(s)/ frequency to be given

Method of Administration

Any known side effects

Medicine should be kept in refrigerator: Yes [] No []

Note: Medicines must be in the original container as dispensed by the pharmacy

Name and contact number of parent/carer

Name and phone no. of GP

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is no longer required.

It is the responsibility of the parent/carer to collect the medicine from either the School Office or directly from the Class Teacher/Teaching Assistant. Medicine will not be given to the child to take home.

Signed: _____ Date _____
Parent/Carer

Date, time & signature of member of staff administering medicine:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Updated November 2017

ANNEX B

Dear Parents/Carers,

Consent for Administration of Emergency Salbutamol Inhalers

At Sandgate Primary School, we regularly update our policies and procedures to ensure that we give the best possible care to our children. From 2015, schools in England have been given the option of keeping emergency inhalers. These are available for purchase without prescription. It is at the complete discretion of the school whether they wish to hold emergency Salbutamol inhalers and we have decided to purchase two Emergency Asthma Inhaler Packs to be stored in the Staff Room (with direct access to the playground and field) and at the First Aid area.

The inhalers will be used in accordance with the manufacturer's instructions and only in emergency situations where a child's own inhaler is not working, is not easily accessible or if they fail to bring one to school and require treatment. Emergency Salbutamol inhalers will only be used with a single use spacer unit with a one-way valve to prevent cross-infection after use. The spacer units are disposable and will be adequately disposed of after a single administration. Parental consent must be obtained before emergency inhalers are used and children must have been diagnosed with asthma and prescribed an inhaler, or have been prescribed an inhaler as reliever medication. Parents will be informed of all emergency situations where an emergency Salbutamol inhaler has been used and this will be done via the class teacher.

If you give consent for your children to be administered the emergency inhaler then please return the consent form to me by Friday 23rd March. I have attached some FAQs, which will address some of the questions you may have. If you need further information, please do not hesitate to call me.

Best wishes,

Lianne Jones
Deputy Headteacher

September 2018

FAQs

How does the school know which children have asthma?

When your child starts school, you are asked to indicate if your child has asthma. This information is shared with class teachers and medication is monitored by them and the teaching assistant. If your child is diagnosed with asthma after they start school but whilst they are still a pupil here, you will be asked to complete a medication permission form in the school office and this is then given to the class teacher along with the medication.

Where are the asthma pumps stored and how does my child access their pump?

All medication is stored safely in the classrooms, which is easily accessible for the teachers and other supporting adults. Medication is marked in personalised boxes and expiry dates regularly checked. Staff will notify you when medication is due to expire, however this is the responsibility of the parent/carer. A child can access their pump whenever it is needed. An adult tracks the times your child has their pump on specific tracking sheets and will contact you should they feel concerned about the frequency of usage.

What happens on school trips and when the children are off site?

All medication accompanies children on school trips.

What happens at lunchtimes and playtimes?

At lunchtimes and playtimes, children can always access their pumps with a midday meal supervisor. If your child needs a pump immediately, it will be sent for via an adult. With our new procedure in place, the emergency pump is accessible on the playground and can be sent for too.

How will my child notify an adult that they need their pump?

We have a high ratio of adults supervising playtimes and lunchtimes. Children can ask adults to take them to their pump. At lunchtimes, all adults wear Hi-Viz vests so that they are easily identifiable.

When will the emergency inhaler be used?

The emergency inhaler will be used when a child is having an asthma attack and is unable to walk to their classroom to get their pump. It will also be used if the supporting adult feels that a pump is required immediately before your child's condition worsens.

What dosage will be administered in an emergency?

Two puffs are always administered in the first instance (30 seconds apart). We will administer up to ten puffs and work alongside the School Nursing Team. A decision will be made as to whether an ambulance is required. You will be notified at the earliest opportunity.

What training have staff had on asthma?

All First Aiders have had training on asthma. The School Nursing team provides asthma training for all other members of staff who are not First Aiders.



SANDGATE PRIMARY SCHOOL
CONSENT FORM: USE OF EMERGENCY SALBUTOMAL
INHALER

Child's Name _____

1. I confirm my child has been diagnosed with asthma/has been prescribed an inhaler (please delete as appropriate)

2. My child will have a working, in-date inhaler, clearly labelled with their name in school.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is unavailable or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed _____

Date _____

Emergency Name and Phone Number (priority order)

1. _____

2. _____

3. _____