



**ASTHMA POLICY  
INCLUDING THE USE OF  
EMERGENCY SALBUTAMOL  
IN SCHOOL**

**This policy has been approved  
by the Governing Body**

December 2017



### **Pearl Hyde Community Primary School;**

- Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all children and adults with asthma.
- Ensures that children and adults 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 children and adults with asthma need immediate access to reliever inhalers at all times.
- Keeps a record of all children and adults with asthma.
- Has emergency salbutamol inhaler and spacer available for emergency use only in the first aid boxes in each phase. There will be a list in the first aid boxes, 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. The first aid boxes are to be taken outside for break and lunchtime. **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 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. Children 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).

### **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. When this has been established an agreement will be sent to the parent/carers regarding the guidelines for asthma pumps in school. **Annex A** will be used to notify parents.
- This information is then added to the class information sheet which includes all the children in each class with any medical conditions or Individual Healthcare Plans. Copies of these are kept in each classroom and the medicine cupboard in the staff room. The sports coaches also have a copy with them when they are in school.

### **Exercise and activity – PE and games**

- Taking part in sports, games and activities is an essential part of school life for all children. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which children have asthma from the school's asthma register.
- Children with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind children 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 with PE staff that each child's inhaler will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers 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 children 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 children with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.
- If children are taken off site an emergency inhaler must be taken by the sports coach.

Staff are also 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 children with asthma. The school does not keep furry or feathery animals permanently on site 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 children with asthma.

### **When a child is falling behind in lessons**

- If a child 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 refer to the school nurse and liaise with the Inclusion Leader about the child's needs.
- The school recognises that it is possible for children with asthma to have special education needs due to their asthma.

## Asthma attacks

- All trained first aid staff who come into contact with children with asthma know what to do in the event of an asthma attack.

Also there is a copy in each classroom of: - '**How to recognise an asthma attack**' appendix 2 and '**What to do in the event of an asthma attack**' appendix 3

- 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. If necessary 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 Pearl Hyde 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:-**

- Medical needs record in each classroom of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler. 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 A** 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.

- 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 draft letter at **Annex B** will be used to notify parents.
- having at least two volunteers responsible for ensuring the protocol is followed.
- The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

## The emergency kit

Our emergency asthma inhaler kit includes:

- 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 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 first aid boxes EYFS/KS1 and KS2 which are 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;
- spacers are washed thoroughly in the dishwasher after 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.

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.

## **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 given **consent** 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
- 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 which is located in the school office**
- 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 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.

### 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 parents 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 in our school who helps to administer an emergency inhaler.

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;
- 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 headteacher delivers this training each year to all members of school staff.

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 Pearl Hyde:

- 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.

Annex A

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

**Pearl Hyde Community Primary School, Dorchester Way, Coventry. CV2 3AY**

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they have in school that is kept in the designated area in the classroom.
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: .....

Annex B  
LETTER TO INFORM PARENTS OF  
EMERGENCY SALBUTAMOL INHALER USE

Child's name: .....

Class: .....

Date: .....

Dear.....,  
[Delete as appropriate]

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 you have your seen by your  
own doctor as soon as possible.

Yours sincerely,

**Appendix 1**  
**Inhalers in Primary Schools**

Dear

Your child \_\_\_\_\_ has an inhaler in school.  
I am writing to inform you of the School's guidelines with regard to inhalers in school.

1. All inhalers will be kept in an asthma box, of which there is one in every classroom.
2. All inhalers will be named.
3. With the inhaler there will be written evidence of the frequency of usage necessary for each individual child. This is to ensure that if a child appears to need their inhaler rather too frequently, then the parent can be informed.
4. We strongly encourage independence so your child will not be restricted from using their inhaler during the course of the school day, but it is considered courteous to make the normal requests of the teacher first.

*We understand that 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.*

5. If the child needs their inhaler during break times, a request to a member of staff must be made first before entering the building, where an adult will accompany them. If the child always needs their inhaler during lunchtime, then the child can give it to a Midday Supervisor for safekeeping in the First Aid box.

If you wish to see the School Administration of Medicines Policy, please make a request to the school office.

Would you please sign and return the slip below.

Yours sincerely

Mrs T O'Hara  
Headteacher

-----  
**Asthma inhalers**

Please tick as appropriate

{ } I agree and accept the above guidelines regarding inhalers in school

Signed \_\_\_\_\_ Print \_\_\_\_\_ Parent/Guardian

Child's name \_\_\_\_\_ Date \_\_\_\_\_

## **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 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 which is located in the 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**

# Pearl Hyde Community Primary School

POLICY APPROVAL FORM

## **Asthma Policy**

Signed:

(Headteacher)

Printed name: Theresa O'Hara

Date approved:

GOVERNING BODY SIGNATURE NOT REQUIRED ON THIS POLICY