



LENT RISE SCHOOL

SUPPORTING CHILDREN WITH ASTHMA

Responsibility: Headteacher
Governing Body

Approved by:

Mrs Maggie Young
Chair of Governors

Mrs Jill Watson, Headteacher

Reviewed by Governors February 2017
Approved at FGB Meeting March 2017

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. This policy sets out the arrangements the Lent Rise School has made to support children with asthma to enable them to engage fully with their education and control their condition. It has been written using guidance from the Department of Education and Asthma UK. This policy should be read alongside the Supporting Children with Medical Conditions and the Medication in School Policies.

Asthma Register

The school will maintain a register of children who have been diagnosed with asthma. This information will usually be provided by a child's parent or the school nurse. Some children are not diagnosed with asthma but are prescribed an inhaler to support other respiratory conditions such as wheezing or a chest infection. These children should be included on the asthma register if their condition is chronic and they have access to the emergency inhaler as part of their healthcare plan.

When a child with asthma joins Lent Rise School or an existing pupil is diagnosed with asthma:

- The school, parents and where possible the school nurse or other medical professional should work together to produce a healthcare plan that takes into account the child's individual needs and the severity of their asthma.
- The child's SIMS record should be marked to ensure their inclusion in the asthma register report
- The child's teacher and teaching assistant should be made aware of the child's healthcare plan
- The child should be shown where they can access their inhaler and self-managing should be discussed if relevant

A child's healthcare plan including consent to administer their own inhaler, the emergency inhaler and any self-medication should be updated at least annually or as the child's condition changes.

Louise Barnard and Hannah Slade will have responsibility for maintaining the asthma register.

Medication

Most children with asthma will be prescribed a brown preventer inhaler which they will regularly take at home, and a blue salbutamol preventer inhaler to be taken if they begin to feel wheezy or have an asthma attack. Other medication such as terbutaline in different coloured inhalers is sometimes prescribed to children. If a

child has been prescribed a reliever inhaler, they should have an inhaler in school at all times.

Inhalers are stored in labelled child accessible drawers in the child's classroom. Children are encouraged to retrieve and use their own inhaler when needed however support from staff will always be available if needed. If a child uses their inhaler in school it will be recorded in the inhaler record book and a copy of the page will be sent home so that parents can monitor use. If a child's symptoms are severe - even if they are relieved completely by the use of their inhaler, parents will immediately be informed by telephone where this is possible.

Children in years 5 and 6 who have shown an appropriate level of understanding and responsibility will be permitted to carry their own inhaler. Parents must give written permission for this and must also have agreed that their child can access the school's emergency inhaler if required, in case the child loses their inhaler. The school will have the final decision on if a child should manage their own inhaler in school and any misuse will result in the right being withdrawn. In the case of children who carry their own inhaler it is the responsibility of the child to let their parents know that they have used their inhaler in school however they may ask the school to record this on a slip if they wish.

Inhalers will only be accepted in school if they are in their original packaging with the dispensing label attached. Individual inhalers and spacer devices should also be clearly labelled with a child's name and class. This is particularly important if a child is responsible for carrying their own inhaler. Medication cannot be stored in school during holidays and these should be used as a time to clean spacers and inhalers and ensure that inhalers are within their expiry date.

Emergency Inhaler

The emergency inhaler is designed to be used if a child's usual inhaler is empty, broken or otherwise unavailable. It is not designed to replace a child's own reliever inhaler and parents are still responsible for ensuring that their child has a working inhaler in school. The school may take action where parents consistently fail to ensure their child has appropriate medication in school.

The school will hold three emergency inhaler kits as follows:

1 large kit containing 2 metered dose salbutamol inhalers and 5 spacers, instructions on how to use the inhaler and spacer, instructions on cleaning and storing the inhaler, manufacturer's information, a copy of the asthma register.

2 small kit each containing 1 metered dose salbutamol inhaler and 2 spacers, instructions on how to use the inhaler and spacer, instructions on cleaning and storing the inhaler, manufacturer's information, and a copy of the asthma register.

The larger kit will remain in school at all time whilst the purpose of the smaller kits are to be used for school trips. In the event of a fire evacuation it may also be

appropriate to take an emergency inhaler kit out with the schools emergency first aid kit.

Side effects

Salbutamol is a relatively safe medicine but all medicine can have some side-effects. Those of inhaled salbutamol tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say they feel their heart is beating faster.

Supply

Asthma kits including inhalers and spacers are available from pharmacy suppliers and do not require a prescription. Alternatively inhalers and spacers can be bought from a pharmacy however the school must supply a request on headed paper signed by the Headteacher. Pharmacies and pharmacy suppliers will charge for inhalers and spacers.

The kits will be stored in the main office alongside the asthma register. The asthma kits should be stored in line with manufacturer's instructions away from children's own inhalers to avoid confusion.

It is the responsibility of Louise Barnard and Hannah Slade to check the kits monthly to ensure that the medication is in date and that the inhalers are in working order. A monthly check sheet is included in the appendices and this should be kept with each inhaler kit. The inhaler should be primed (shaken and then sprayed once or twice into the air away from the face and body) to ensure that they have not become clogged. Any defective, empty or expired inhalers should be disposed of by returning them to the dispensing pharmacy.

Salbutamol inhalers are intended to use where a child has asthma. The symptoms of other serious conditions / illnesses, including allergic reaction, hyperventilation and choking can be mistaken for those of asthma and the use of an emergency inhaler in these circumstances can lead to a delay in a child receiving appropriate treatment. For this reason the emergency inhalers are only for the use of children who have been diagnosed with asthma and / or prescribed a reliever inhaler and whose parents have given explicit written permission that they may access the inhaler in an emergency. Even children who have been prescribed a different type of reliever inhaler will benefit from the salbutamol inhaler in the event of an asthma attack if their own inhaler is not accessible. The inhaler should be used with a spacer device to prevent cross contamination. The spacer may then either be sterilised using a dishwasher or sterilising fluid or given to the child to take home. The inhaler housing should also be cleaned and dried. If an inhaler is used without a spacer it must then be disposed of as it presents a risk of cross contamination.

The emergency inhaler may be administered by any two members of staff, one of whom should have been trained in its use. Where a child is comfortable using the

inhaler themselves they should be supported and monitored by two members of staff one of whom has been trained in the use of the emergency inhaler.

When an emergency inhaler has been used parents should be notified immediately where possible. This must then be followed up in writing so that the information can be passed to the child's GP. The use must also be logged in the asthma register. If replacement equipment is required the school secretary should be made aware.

The emergency inhaler is not intended to be used by adult staff, parents or adult visitors. If an adult has a severe asthma attack in school and does not have access to their own inhaler then the emergency services may give permission for the inhaler to be used.

Emergency procedure

A child presents with the symptoms of an asthma attack - see appendix I.

The asthma register, stored in the emergency asthma kit be checked for the child's name.

If the child is present on the register and has their own inhaler available they should be assisted in using it see appendix ii.

If the child's inhaler is not available and they have permission from a parent the emergency inhaler kit should be taken to the child and the inhaler administered see appendix ii.

If the child is not on the register call 999 immediately and follow first aid procedures to check for other causes such as choking or allergic reaction.

IF THE CHILD BECOMES EXHAUSED, IF THE CHILD'S LIPS BECOME TINGED WITH BLUE OR WHITE; IF THEIR FACE IS GOING BLUE; IF THEY COLLAPSE OR EVEN IF YOUR INSTINCT JUST TELLS YOU SOMETHING IS SERIOUSLY WRONG, GET SOMEONE TO CALL 999. AN AMBULANCE CAN ALWAYS BE CANCELLED IF IT IS NO LONGER NEEDED BUT A DELAY COULD COST A CHILD THEIR LIFE.

Staff training

All staff are trained in recognising the signs of an asthma attack, appropriate first aid treatment and emergency procedures. This training should be repeated every three years and refreshed annually where possible.

In addition all Teaching staff, front office staff and teaching assistants are trained in the procedure for administering the emergency inhaler kit. Where possible the following staff will administer the emergency inhaler kit:

Jill Watson
Louise Barnard
Trisha Moriarty
Hannah Slade
Kelly Ide

Kirsy Akehurst
Kirsty Hudson
Rob Jenkins
Kirsty Foley

Out of school activities

This policy applies to school run out of school clubs.

Appendices

How to recognise an asthma attack
What to do in the event of asthma attack
Self-medication form
Emergency medication form
Template asthma register
Record of emergency inhaler use
Draft letter informing parents of emergency inhaler use
Monthly check sheet

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, 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



PARENTAL REQUEST FOR CHILD TO CARRY THEIR ASTHMA INHALER

Surname First Name

Class Date of Birth

Before completing this form please consider if your child is:

- Able to recognise when they need their inhaler
- Responsible enough to store their inhaler without losing it or giving it to another child
- Able to administer their inhaler and inform you that they have done so

The child's inhaler must be labelled with their name and class.

The school may withdraw consent for the child to manage their own inhaler at any time if they have concerns relating to misuse or if the child is unable to manage their condition.

The school stores an emergency salbutamol inhaler which can be used if a child is showing symptoms of asthma / having asthma attack and the child's own prescribed inhaler is unavailable. A parent must have given written consent for the child to access this before a request for the child to carry their own inhaler will be considered.

Name / Type of inhaler

This form must only be signed by someone with parental responsibility for the child.

I would like my son/daughter to keep his/her inhaler on him/her for use as necessary.

Signed: Date:

Name
(print).....

Parent's address and contact details:

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

Emergency telephone:



PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER EMERGENCY SALBUTAMOL INHALER

Surname First Name

Class Date of Birth

The school stores an emergency salbutamol inhaler which can be used if a child is showing symptoms of asthma / having asthma attack and the child's own prescribed inhaler is unavailable.

1. I can confirm that my child has been diagnosed with asthma or wheeze and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will have in school every day.
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.

This form must only be signed by someone with parental responsibility for the child.

Signed: Date:

Name
(print).....

Parent's address and contact details:

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

Emergency telephone:

Template asthma register

[illegible]

Emergency Inhaler record sheet

Date	Time	Name of child	Where / how did attack take place? Why was the child's inhaler unavailable?	How much medication given?	Who administered medication?

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Burnham
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01628 662913
office@lentrise.bucks.sch.uk
www.lentriseschool.co.uk



Date:

Child's name: Class:

Dear parents

This letter is to formally notify you that your child has had problems with his / her breathing today. This happened when.....
.....
.....

[Delete as appropriate]

They did not have their own asthma inhaler in school, 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.

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,

Mrs Barnard
School Secretary



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Monthly inhaler check sheet

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