

ASTHMA POLICY

Yohden Primary School.

These named staff members have volunteered to be responsible for maintaining the emergency inhaler kit

Name 1	Ruby McGhin	Name 2	Deborah Holmes
Name 3	Angela Davis	Name 4	Linda O'Donnell
Name 5	Clare Henry	Name 6	Karen Hewitt
Name 7	Susan Baynham	Name 8	Rebecca Davies

Throughout the document 'Parent' is deemed to mean those with parental responsibility.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow primary and secondary schools to voluntarily keep a salbutamol inhaler 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 at home, broken, lost or empty).

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents and carers are likely to have greater peace of mind about sending their child to school. This policy that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

- 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.
- 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

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.

If any member of staff has reason to suspect a child has undiagnosed asthma or a respiratory condition, they should notify the parents/carers, so they can take the child to a doctor.

This protocol is intended to be read in conjunction with 'Guidance on use of emergency inhalers in schools', September 2014, DFE.

'Schools' includes: maintained schools, independent schools, independent educational institutions, pupil referral units and alternative provision academies.

Maintained nursery schools are also eligible to hold an emergency salbutamol inhaler.

The policy covers:

1	Naming volunteers – ‘designated staff’
2	Supply, Storage & Disposal
3	Parental consent
4	Asthma register
5	Maintaining kits
6	Staff training
7	Recording use of emergency inhaler

1	Naming volunteers - ‘designated staff’
---	--

A minimum of two volunteer staff members to be responsible for the supply, storage, care and disposal of inhalers and spacer kits

Name 1	Ruby McGhin	Name 2	Deborah Holmes
Name 3	Angela Davis	Name 4	Linda O’Donnell
Name 5	Clare Henry	Name 6	Karen Hewitt
Name 7	Susan Baynham	Name 8	Rebecca Davies

One volunteer staff member to ensure the policy is followed, monitor its implementation and maintain the asthma register.

Name 1	Ruby McGhin
--------	-------------

To enable the asthma register to be checked in an emergency situation the designated teachers must familiarise themselves, possibly with photographs, with any pupils who would be unable to give their name during an attack or be difficult to be identified by other pupils, for example - newly-arrived pupils/ non-English speaking EAL pupil /non-verbal pupil with SEN.

Schools should check they are covered by the local authority’s indemnity cover for this activity or if outside local authority remit, should acquire their own cover.

2 Supply - Storage - Disposal

SUPPLY of one or more kits

- The Headteacher will provide a letter on school headed notepaper for the pharmacy, authorising the purchase of inhalers and spacers for the school. (5 spacers minimum is suggested)
- Inhalers and spacers will be bought from a pharmaceutical supplier / pharmacy (quantity depending on school or split site size – 1/ 2 /3+ emergency kits needed)
- A bag will be purchased for the emergency kit with a dry pouch/space for the paperwork and instructions
- The bag(s) will be sited appropriately for easy access - NOT Locked away

An emergency 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 'the asthma register' who are permitted to use the emergency inhaler as detailed in their individual healthcare plans (IHP);
- a record of administration i.e. when the inhaler has been used.

School staff can take the emergency kits on school visits and trips.

N.B. The change to the regulations only applies to schools and does not extend to allowing transport companies to have emergency inhaler kits.

STORAGE

The two or more volunteer staff members responsible for emergency inhaler kits are:

Name 1	Ruby McGhin	Name 2	Deborah Holmes
Name 3	Angela Davis	Name 4	Linda O'Donnell
Name 5	Clare Henry	Name 6	Karen Hewitt
Name 7	Susan Baynham	Name 8	Rebecca Davies

They will:

- Conduct a monthly check of the kits and record date (Appendix 1)
- Store kits below 30 degrees away from sunlight
- Order replacement inhalers before expiry date
- Order new replacement spacer after emergency use
- Clean inhaler's plastic case after emergency use and return to kit

DISPOSAL

- School will register as a lower tier waste carrier
<https://www.gov.uk/waste-carrier-or-broker-registration>
- School will dispose of spent or expired inhalers at a pharmacy

3	Parental consent
---	------------------

On average, there are two children with asthma in every classroom in the UK.

- School has a procedure for identifying and regularly updating the list of those children or young people who have an inhaler prescribed. (optional Appendix 2)
- School keeps a record of parental consent on the 'asthma register' which enables staff to quickly check whether a child is able to use the inhaler in an emergency.
- Consent is updated regularly – at least annually - to take account of changes to a condition. (Appendix 3)
-

4	Asthma Register
---	-----------------

The emergency salbutamol inhaler should only be used by children who have:

been diagnosed with asthma, and prescribed a reliever inhaler	OR	been prescribed a reliever inhaler
AND have written parental consent for use of the emergency inhaler.		

This information should be recorded in a child's individual healthcare plan and on the school's quick check asthma register (Appendix 4).

Schools ensure that the asthma register is easy to access, and is designed to allow a quick check of whether or not a child is recorded as having asthma, and consent is given for an emergency inhaler to be administered.

School may include, with parental consent, a photograph of each child, to allow a visual check to be made.

If the pupil is unknown to the staff member when breathless in an attack (new to school or a non-English speaking EAL pupil, or non-verbal pupil with SEN) then the 'designated staff member' should be able to confirm these children have consent.

5	Maintaining kits
----------	-------------------------

The designated staff will conduct a monthly check of the kits and record dates and re-order when necessary. (Appendix 1)

month	date	inhaler present with cap Y/N	Inhaler has doses Y/N	Inhaler date expired Y/N	Unused spacers present Y/N
JAN					
FEB					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUG					
SEPT					
OCT					
NOV					
DEC					

6	STAFF TRAINING
----------	-----------------------

All staff are:

- trained to recognise the 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.

At least two designated members of staff have responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, and been trained to do this, and are identified in this school’s asthma policy as someone to whom all members of staff may have recourse in an emergency.

School has ensured there are a reasonable number of designated members of staff to provide sufficient coverage for our school population.

We may decide to have all members of staff as designated members of staff.

We will ensure staff have appropriate training and support, relevant to their level of responsibility.

Designated staff are trained to:

- A. recognise asthma attacks (and distinguishing them from other conditions with similar symptoms)
- B. respond appropriately to a request for help from another member of staff;
- C. recognise when emergency action is necessary;
- D. administer salbutamol inhalers through a spacer;
- E. make appropriate records of asthma attacks.

We have agreed the emergency procedure to respond to an asthma attack

On recognising an asthma attack the staff member will:-

- summon assistance by a pupil or adult seeking a member of the designated asthma care team.
- send for the emergency kit by asking a pupil or adult to bring the kit.
- the register will be checked by a member of the asthma care team.
- the inhaler will be administered with support from a member of the asthma care team.

Salbutamol inhalers are intended for use where a child has asthma.

The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation or 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:

A. diagnosed with asthma, and prescribed a reliever inhaler

AND parental consent has been given for an emergency inhaler to be used.

OR

B. who have been prescribed a reliever inhaler

AND parental consent has been given for an emergency inhaler to be used

Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Education for Health is a charity providing asthma training with the most up to date guidelines and best practice

<http://www.educationforhealth.org>

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

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.

However an asthma attack requires an immediate response.

SIGNS OF AN ASTHMA ATTACK - SEE APPENDIX 5

ACTIONS TO TAKE - SEE APPENDIX 6

'Supporting pupils with medical conditions' statutory guidance requires written records to be kept of medicines administered to children.

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground/yard, classroom), how much medication was given, and by whom.

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 may be used to notify parents.

Use Appendix 7 to record emergency inhaler use in school

and

Use Appendix 8 to send letter home informing parents of situation

EMERGENCY INHALER KIT - MONTHLY CHECK

Month	Date	Inhaler present with cap Y/N Re-order if No	Inhaler has doses Y/N Re-order if No	Inhaler date expired Y/N Re-order if No	Unused spacers present Y/N Re-order if No
JAN					
FEB					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUG					
SEPT					
OCT					
NOV					
DEC					

Pupil Information Sheet

Section 1 Student's Details

Personal Details			
Surname			
Forename(s)			
Preferred Name			
Gender (Please tick one)	Female	<input type="checkbox"/>	
	Male	<input type="checkbox"/>	
Date of Birth (DD/MM/YYYY)			
Home Address & Postcode			

Previous Schools/Nurseries			
Names & Addresses of previous nursery/school(s)			
From DD/MM/YYYY			
To DD/MM/YYYY			

Is your child a 'looked after' child?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If yes, which local authority looks after your child?		

Is your child a carer for an adult or child?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Does your child have a parent/carer in the Forces?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Name and Date of Birth of sibling(s) including step-siblings if appropriate:				
Does your child have Special Educational Needs?	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		

Do you have consider your child to have a disability under the Equality Act 2010 definition: *A person is disabled under the [Equality Act 2010](#) if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. 'Substantial' is more than minor or trivial and 'long-term' means 12 months or more. Although this condition may be managed with medication, please consider your child's life without the availability of medication.*

Yes	
No	

Does the medical condition require medical treatment or considerations in school?

Yes	
No	

In order to consider the need for an Individual Healthcare Plan please provide details below of any existing medical conditions:

--

Name of Doctor	
Address	
Telephone Number	

Intended Meal Arrangements (Please tick one)

School Meal (paid)	School Meal (free)	Home-Prepared Packed Lunch	Lunch at Home

Does your child require any special food? (Please tick one)	Yes	
	No	
Does your child need to avoid any foods? (Please tick one)	Yes	
	No	

If Yes to either question, please provide details below:

--

Main Method of Travel to and from School (Please tick one only)

car/van	car share	bicycle	public bus	school bus	train	taxi	walk	other

Ethnic Background

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please study the list below and tick one box only to indicate the ethnic background of the pupil or child. Please also tick whether the form was filled in by a parent/carer or the pupil.

White

- British
- Irish
- Gypsy
- Roma (*European Roma*)
- Traveller (*including English Traveller, Irish Traveller, Scottish or Welsh Travellers*)
- Any other White background, please write in :
(*including Polish, Turkish and Turkish Cypriot, Eastern/Western European, Armenian, Russian, White North American, White South Africans etc*)

Mixed

- White and Black Caribbean
- White and Black African
- White and South Asian
- Any other mixed background (*including White background & Black North American, White background & Chinese, Asian & Black background, Chinese & Black background etc*)

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other South Asian background (*including Sri Lankan, Nepalese, African Asians etc*)

Black or Black British

- Caribbean
- African (*including sub-Saharan Africa*)
- Any other Black background (*Black North American, Black European etc*)

Chinese or Chinese British

- (*including Malaysian Chinese, Singaporean Chinese etc*)

Any other ethnic background

- *Latin/South/Central American*
- *Iranian, Iraqi, Saudi, Kuwaiti, Palestinian, Jordanian etc*
- *Afghani, Kurdish from Turkey/ Iraq/ Iran*
- *North African – Moroccan, Algerian, Tunisian, Libyan, Egyptian*
- *Japanese, Thai, Vietnamese, Filipino, Malaysian other than Malaysian Chinese etc*
- *and Any Other Ethnic background*

I do not wish an ethnic background category to be recorded

-

Completed by: Parent / Pupil

Languages used within the family?		What, if any, is the pupil's religion or belief?
Language 1		
Language 2/ 3		

If you have not completed this section within four weeks, then the school may use its best judgement to assess the ethnic background and language(s) of your child, noting that the information has been arrived at in this way, rather than by you. The school will let you know this decision and you can ask to have this decision altered or removed, if you wish.

Section 2 Details of Parents/Carers

Name of Parent/Carer 1										
Relationship to child (Please Tick one)	Parent		Step Parent		Legal Guardian		Foster Carer		Social Worker	
Home Address										
Workplace Name, Address and Telephone Number										
Primary Contact Number										
Second Contact Number										
Email Address										

Name of Parent/Carer 2										
Relationship to child	Parent		Step Parent		Legal Guardian		Foster Carer		Social Worker	
Home Address										
Workplace Name, Address and Telephone Number										
Primary Contact Number										
Second Contact Number										
Email Address										
Please detail any court orders affecting access to your child?										

Section 3 Emergency Contact Details (in priority order)

Full Name 1			
Relationship to child			
Primary Contact Number			
Secondary Contact Number			
Full Name 2			
Relationship to child			
Primary Contact Number			
Secondary Contact Number			
Form Completed By (Print name)			
Signed		Date	

Yohden Primary School

Child showing symptoms of asthma / having asthma attack

1. I can confirm that _____ has been
_____ diagnosed with asthma / has been prescribed an inhaler _____ (circle as appropriate)

2. _____ has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of _____ displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for them to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name (print).....

Child's name:

Class:

Parent/Carer's address and contact details:

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

Telephone:

E-mail:

ASTHMA REGISTER - QUICK CHECK by surname**ONLY THESE NAMED PUPILS HAVE PARENTAL CONSENT****ONLY THESE PUPILS MAY HAVE A SALBUTAMOL INHALER
ADMINISTERED IN AN EMERGENCY****A B C**

FIRST NAME	SURNAME	YEAR

D E F

FIRST NAME	SURNAME	YEAR

G H I J

FIRST NAME	SURNAME	YEAR

K L M

FIRST NAME	SURNAME	YEAR

N O P

FIRST NAME	SURNAME	YEAR

Q R S

FIRST NAME	SURNAME	YEAR

T U V

FIRST NAME	SURNAME	YEAR

W X Y Z

FIRST NAME	SURNAME	YEAR

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 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

**SPECIMEN LETTER TO INFORM PARENTS/CARERS OF
EMERGENCY SALBUTAMOL INHALER USE**

Child /Young person's name:

Year/ Class:

Date:

Dear.....

This letter is to formally notify you that.....has had problems with breathing today.

This happened (time)in (location).....

A. A member of staff helped them to use their asthma inhaler.

OR

B. 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.

OR

C. 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 seen by your own doctor as soon as possible.

Yours sincerely