

# Newdale Primary School and Nursery

## Asthma Policy



(Statutory framework for early years foundation stage Section 3.44 – 3.46)

(Please read alongside the Covid-19 risk assessment)

Reviewed: June 2021

Next Review: June 2022

GDPR Checked and compliant

# Newdale Primary School and Nursery

## Asthma Policy

### Information Page

**These policies are referred to in the document**  
*Telford & Wrekin guidance kept in the staff room*

- Health and Safety Manual
- NHS Asthma Guidance

#### **School policies and documents**

Educational Visits Policy

Risk Assessment Folder

School Emergency Plan

Asthma Health Care Plans

Permission to carry medication

#### **Other policies related to Asthma**

First Aid Guidance

Pupils' Medical Needs Document

Medical Issues Lists

Health and Safety Policy

## **Rational**

Asthma is a physical condition, not an emotional illness. It affects at least one in every 10 children. An attack is caused by a sudden narrowing of the air passages making it difficult to breathe. Asthma can be controlled firstly by avoiding known irritants or triggers and secondly by inhaling specific prescribed drugs.

## **Aim**

The aim of this policy is to set out clearly the roles and responsibilities of parents and staff in relation to children with asthma in school.

## **Objectives**

- For all staff to be aware of children in school who have asthma.
- To ensure that procedures relating to the use of inhalers are consistent throughout the school.
- To detail procedures to be followed if a child has an asthma attack.
- To ensure records are kept up to date and are available to all relevant staff.
- To make parents aware of this policy.

## **Responsibility of the School**

- All staff should be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency. Training has been undertaken by a number of staff through Telford Public Health School Nurses Services. Last training undertaken October 2019 and is renewed every two years.
- All staff should understand the school's asthma policy and procedures.
- To allow pupils to have immediate access to their emergency medicines, including inhalers and spacers.
- To ensure that all pupils with asthma are encouraged to participate fully in the life of the school.
- To notify parents if their child has required their inhaler more often throughout the day or when they don't usually. Depending on how serious make a note in the reading diary, let parents aware at home time or contact them by phone.
- To provide an accessible, safe place for the storage of inhalers kept in school.
- To ensure that an up to date medical register is kept and staff are fully aware which pupils have asthma.
- To keep a record of inhaler use (where the child records this themselves, this should be countersigned by an adult).
- To ensure that staff have an understanding of what to do in the event of a child having an attack.
- On school trips, both within the school grounds or visits to ensure accompanying staff are aware of the children with asthma and to ensure these children have their inhaler. A designated first aider will carry the

inhaler for Key Stage 1 children. In Key Stage 2, when undertaking physical activity where the inhaler may be damaged, the first aider accompanying the trip will carry the inhaler.

- To ensure that children have access to their inhalers during any activity away from the classroom, such as PE and Forest schools.
- To remind parents on ParentPay about trips/ sporting events that children with asthma need to bring an inhaler, all inhalers are kept in school at all times.

### **Responsibility of Parents**

- To notify school if their child has asthma.
- To supply their child with two named inhalers which are in date.
- To notify school if their child's medication is to be administered by a member of staff and to complete the appropriate permission form.
- To complete a School Asthma Record (Appendix 1 with an accompanying letter to parents and carers at Appendix 1A).
- To notify the school of any change in their child's condition or medication.
- To update the asthma record if treatment has changed.
- To check that an inhaler has an adequate dosage remaining, that the inhaler is in date and is labelled by the pharmacist with a child's name and dosage details.
- To ensure that inhalers with adequate levels of medication are sent on school trips especially those which are overnight such as Arthog or London.
- To complete annually 'Use of Emergency Inhaler Consent Form' (Appendix 2 accompanying letter at Appendix 2A).

Children who have been identified should have two inhalers in school. If parents do not consider it appropriate to supply their child with two inhalers, then this must be their responsibility.

### **Guidelines for Pupils with Asthma**

At Newdale Primary School, pupils with asthma are encouraged to:

- take control of their condition and take part in all school activities
- have the appropriate inhalers with them during physical activity and take them when needed

Children should not be forced to take part in activity if they feel unwell.

### **Where do we keep inhalers?**

Key Stage 1 and 2 pupils should keep both their inhalers in a clearly labelled bag in the classroom.

All expiry dates are recorded in the Asthma Folder, which is located under Miss Thorneycroft's desk in the school office; this is checked and updated on a regular basis.

### **School Emergency Inhaler**

- We have two emergency inhalers in school located in the trolley in the staff room and in the DEN. The 'Policy Protocol for the Emergency Salbutamol Inhalers in School' is followed and the necessary checks undertaken.
- Parents of each child who has a prescribed inhaler in school are encouraged to complete a 'Use of Emergency Inhaler Consent Form' (Appendix 2). This allows the use of the emergency inhaler should the child's own inhaler either be empty or unsuitable.
- A list of the children who are allowed to use this is available in the box.
- The emergency inhaler from the trolley in the staff room is used at break time and lunch time and taken outside by a designated person on duty.
- Should the emergency inhaler be used, parents will be notified and a letter sent home. (Appendix 3)

### **Drawing up School Asthma Records**

- This school uses an adapted School Health Care Plan to record important details about individual pupil's medical needs, their triggers, signs, symptoms and medicines.
- A School Asthma Record accompanied by an explanation is sent to all parents of pupils with asthma for completion:
  - at the start of the school year
  - at enrolment
  - when a diagnosis is first communicated to the school

The parents are asked to fill out the pupil's School Asthma Record (see Appendix 1).

- Parents return these completed forms to the school. Parents may need to liaise with their child's health care professionals to complete the form.
- This school will ensure that a relevant member of school staff is available, if required, to help complete the health care plan for pupils with particularly complex healthcare needs.

### **ASTHMA ATTACK - WHAT TO DO.....**

It is recognised "best practice" amongst health professionals that any inhaler medication administered to a child either for a MILD/MODERATE or SEVERE attack should be administered through a spacer device (see Appendix 5 for use of a Spacer).

### **Mild to Moderate Attack**

(Cough, wheeze, tight chest, but child able to talk in sentences.)

1. Ensure their usual reliever dose is taken immediately - usually blue inhaler. This should relieve breathing difficulty in 5 to 10 minutes: **IF NOT - Follow 'Severe Attack' guide.**
2. Stay calm and reassuring. Help child breathe. Attacks are frightening. Listen to the child. Assist to sit comfortably. Encourage slow, deep breaths.
3. After a mild attack, children can resume normal activities as soon as they feel better.  
**Inform their parents.**

### **Severe Attack - Emergency Situation**

The following indicates a severe attack, which must be dealt with at once:

- Reliever has no effect within 5 to 10 minutes.
- Child is distressed or unable to talk normally.
- Child is getting exhausted.
- Blue tinge around the lips.
- You have any doubts about the child's condition: only **ONE** sign needed to indicate severity.

N.B. the child may not wheeze.

1. Ensure child takes a second dose of reliever.
2. Second adult dials 999 for ambulance.  
State the child is having severe asthma attack requiring immediate attention. Always transport to hospital by ambulance, not staff cars as the child may deteriorate rapidly.
3. Continue giving reliever until help arrives. Use the child's own reliever.
4. Inform the child's parent or guardian of the situation and actions taken.
5. After the event - the link person should document the incident and inform the school nurse.

SCHOOL ASTHMA RECORD

SURNAME		FIRST NAME	
DOB		Mobile	
Parent(s) Name(s)			
Telephone Home		Work	
GP Name		GP Telephone	
Asthma Nurse		Telephone	
Known triggers/allergies			
Any other medical problems			
My child's medication		Reliever medication (usually blue)	
Medication name		Device	
Dose		When Taken	
Other medication		Medication Name	
How taken/device		Dose	
When Taken			
Emergency Treatment	Repeat the inhaler every five minutes until the ambulance arrives. If a child is in severe distress or loses consciousness, call an ambulance IMMEDIATELY.		
Signed: (Parent)			
Date			

**ADVICE FOR PARENTS****Remember:**

1. It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medications.
2. It is your responsibility to ensure that your child has their 'relieving' medication with them in school and that it is clearly labelled with their name. You should confirm this with your child's class teacher.
3. It is your responsibility to ensure that your child's asthma medication has not expired.
4. Your child should not be exposed to cigarette smoke.



Dear Parent / Guardian

### Use of School Emergency Salbutamol Inhaler

Thank you for informing us in the past that your child has Asthma. Your child continues to be included on our school asthma register. If for any reason your child no longer needs an asthma inhaler in school, then please notify us and we can remove them from the School Asthma Register.

We are now fortunate in school to have two emergency salbutamol asthma inhalers. These **do not** replace your child's prescribed inhaler; this still needs to be provided and kept in date. However, should the need arise, the emergency salbutamol inhaler could be used if there was a problem with a prescribed inhaler.

For your child to be able to receive this emergency salbutamol inhaler if they were showing signs of an asthma attack and their inhaler were not available or was unusable, we must have signed consent from yourself as their parent / guardian.

If we do not get signed consent from yourselves then we would not be able to use this emergency option.

Should you have any queries or questions regarding the use of this emergency asthma inhaler then please do not hesitate to contact me.

Yours sincerely,

Miss Thorneycroft  
Whole School Asthma Monitor



**USE OF EMERGENCY SALBUTAMOL INHALER**

**APPENDIX 2**

Newdale Primary School and Nursery  
Marlborough Way  
Newdale  
Telford  
TF3 5HA

Child showing symptoms of asthma / having asthma attack

I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler Yes  No

My Child has a working, in-date inhaler, clearly labelled with their name in school every day. Yes  No

In the event of my child displaying symptoms of asthma, and their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by school for such emergencies. Yes  No

Signed: .....Date:.....

Name: (print).....

Child's Name: .....

Class: .....

Parent's Address and contact details:

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

Telephone Number:

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APPENDIX 3

Date:

Emergency Salbutamol Inhaler Use

Child's Name: .....

Class: .....

Date: .....

Dear .....

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 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.

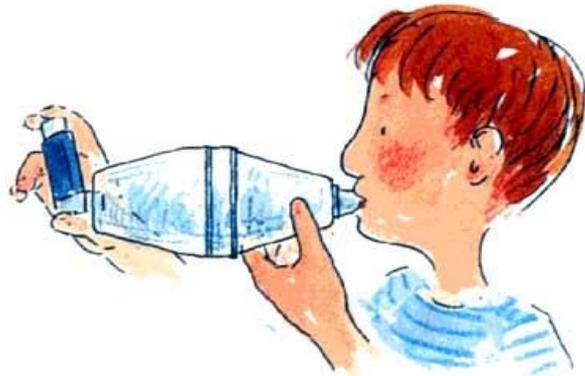
**(Delete as appropriate)**

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

Miss Thorneycroft (Whole School Asthma Lead)

Advice for children from Royal children's Hospital website  
Large Volume Spacers



**How to use your Large Volume Spacer**

1. Put together the spacer following the instructions that come with your spacer
2. Remove the protective cap from the puffer
3. Shake the puffer well and insert (place) it firmly into the end of the spacer
4. Place the mouthpiece of the spacer in your mouth and put it between your teeth. Now, close your lips around the spacer mouthpiece. Make sure your lips cover the entire mouthpiece so there are no gaps. Hold the spacer level so that it does not tilt up or hang down.
5. Breathe out gently.
6. Press the puffer **ONCE** to release a dose of the medicine into the spacer. Do not remove the puffer.
7. Breathe in very slowly until you have taken a deep breath. You will hear a whistle sound if you are breathing in too fast. Hold your breath for a few seconds, then breathe out slowly and deeply through your mouth. Breathe in and out 4 or 5 times (do not remove your mouth from the mouthpiece in between each breath - there is a 2 way valve system which will prevent any of the medication from escaping from the chamber).

If a second dose is needed, **shake the puffer again** and repeat steps 4-7. You can shake the puffer while it is still attached/connected to the spacer.

- Make sure this has been shown to you and that you understand it.

### **How to care for your spacer**

- The spacer should be cleaned once a week
- Take the spacer apart and wash it in warm water containing a little dishwashing detergent or mild soap.
- **DO NOT RINSE**
- Allow the spacer to drip dry. Do not wipe the spacer dry with a tea towel. Allow it to air dry. This can be done overnight.
- Put the spacer back together
- Do not allow anyone else to use your spacer