



## St Peter and St Paul CE Primary School

### Asthma Policy

This policy has been written using guidance from the Department of Health (March 2015).

All staff who come into contact with children with asthma are provided with training from the school nurse.

#### The Principles

The School recognises that:

- Asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Children with asthma can participate fully in all aspects of school life including PE
- Immediate access to reliever inhalers is vital
- Records of children with asthma and the medication they take must be kept
- The school environment must be favourable to children with asthma
- All staff who come into contact with children with asthma must know what to do in the event of an asthma attack
- We need to work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully

#### Medication

When children make a request to use their inhaler, all staff will let children take their own medication when they need to. All staff understand that immediate access to their inhaler is vital. All inhalers and spacers must be labelled with the child's name and stored in the correct place (children's inhalers are in the class room, out of reach from children and secure). All children are encouraged to administer their own medicine, when their parents and health specialists determine they are able to start taking responsibility for their condition. Should the medicine change or be discontinued, or the dose or administration method change, parents will notify the school immediately. If a pupil refuses their medicine, staff should record this. Parents or carers should be informed as soon as possible.

All staff attending off site visits should be aware of any children on the visit with asthma. They will receive information about what to do in an emergency and any other additional support necessary, including any additional medicines or equipment needed.

#### Storage of inhalers at school

- All inhalers are labelled with the pupil's name and stored, wherever possible, in their original containers.
- Inhalers are stored in accordance with instructions paying particular note to temperature.
- All inhalers are sent home at the end of the school year and not stored in school over the summer holidays.
- It is the parent's responsibility to ensure inhalers come into school on the first day of the new academic year.
- The Pastoral Lead is responsible for a termly check of the dates on inhalers, informing parents when they require renewing and arranging for the disposal of those that have expired.
- Parents are asked to collect out of date inhalers from school (any not collected will be taken to a local pharmacy for safe disposal).

#### School Asthma Cards

- A School Asthma Card (SAC) is sent to all parents of children with asthma at enrolment (or when a diagnosis is first communicated to the school). It details what medicines and dosage the child is taking.
- Completed SACs are kept on file and stored in the Pastoral Lead's room. They are used to create a centralised register of children with asthma which provides up-to-date information to relevant staff.
- The Pastoral Lead has responsibility for the register.
- Parents are reminded to update their child's School Asthma Card annually or if their child has a medical emergency or if there have been changes to their symptoms, medicines or treatments.
- All members of staff will have access to the SACs of children in their care, a copy is with the child's inhaler and a copy is in the Pastoral Office. The Pastoral Lead will ensure new members of staff are aware of the SACs during the induction meeting.

#### Record Keeping

An accurate record (Medical Tracker) of each occasion an individual pupil is given or supervised taking their inhaler is kept. Details of the supervising staff member, pupil, dose, date and time are recorded.

#### Consent to administer medicines

- All parents of children with asthma are asked to provide consent on the SAC giving staff permission to administer medicines.
- Parents of children with asthma are asked at the start of the school year on the SAC if they and/or the child's healthcare professional believe the child is able to self-manage and administer their own emergency

medicines. If a child requires regular/daily help in administering their medicines, we will outline our agreement to administer those medicine/s on the SAC.

- All parents of children with asthma attending an overnight visit are asked to give consent for staff to administer medicines at night or in the morning if required. Written consent must be given for use of the emergency inhaler. This is included on the SAC.

### **Emergency Inhaler**

Government regulations allow schools to obtain, without prescription, salbutamol inhalers for use in emergencies.

- The emergency inhaler is only for use by children who have written parental consent for its use. They will have been diagnosed with asthma and prescribed an inhaler, or have an inhaler prescribed as a reliever medication. Permission to use the emergency inhaler will be on the SACs.
- The inhaler can be used if the pupil's prescribed inhaler is not available (for example because it is broken, empty or out of date)
- 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.
- The emergency inhaler will be kept in the administration office, at the appropriate storage temperature, as part of an emergency asthma inhaler kit which includes:
  - ✓ 2 salbutamol metered dose inhalers
  - ✓ disposable 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 detailed in their individual HCP and is stored in all classrooms and offices.
  - ✓ a record of administration (i.e. when the inhaler has been used)

The designated adults will be responsible for maintaining the kit with a termly check to ensure:

- 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
- 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

### **After Emergency Inhaler Use**

- To avoid the possible risk of cross infection, the disposable spacer should not be disposed of in the clinical waste bin.
- The inhaler itself however can usually be reused, provided it is cleaned after use. However, if there is a 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.
- 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.
- Spent inhalers will be returned to the pharmacy to be recycled. To do this legally, the school has registered as a low level waste carrier.

### **Asthma Attacks**

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the procedures from the Department of Health guidelines.

### **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

**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, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate 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
- A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate

**After the attack**

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.

The child's parents must be told about the attack.

Appendix 1 – School Asthma Card

**Approved: January 2026**

**Review date: January 2028**