



BALLYORAN PRIMARY SCHOOL

Asthma Policy

February 2016

Rationale

This policy has been drawn up using guidance from the Department of Education and Asthma UK.

Vision & Aims

Our School Vision states:

'As a welcoming inclusive school, we aim to provide a safe, happy, caring and stimulating learning environment...'

This policy aims to fulfil the School Vision by ensuring that pupils are safe in school.

Responsibilities

Parents/Guardians:

Responsibility for informing the school if a pupil has asthma lies solely with the parent/guardian. If the school is not aware of a child having asthma and received written consent from the parent/guardian regarding medication, the school cannot be expected to meet their medical needs.

Parents/Guardians have a responsibility to:

- Tell the school if their child has asthma - for new pupils this information should be shared on the enrolment paperwork that parents complete when their child starts. For pupils already enrolled this can be done through the Medical Register Update Sheet which is sent home every September. If a diagnosis of asthma occurs after this, the parent needs to contact the school immediately and inform them of this
- Inform the school about the medicines their child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
- Tell the school about any changes to their child's medicines, what they take and how much
- Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name
- Provide the school with a spare reliever inhaler labelled with their child's name if their child is in Years 5 - 7
- Ensure that their child's reliever inhaler and the spare is within its expiry date
- Keep their child at home if they are not well enough to attend school
- Ensure their child has regular asthma reviews with their doctor or asthma nurse
- Ensure their child has a written personal asthma action plan to help them manage their child's condition

The School in general:

- Recognises that asthma is a widespread, serious but controllable condition and welcomes all pupils with asthma
- Ensures that pupils with asthma 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 pupils with asthma need immediate access to reliever inhalers at all times
- Keeps a record of all pupils with asthma and the medicines they take when this information is communicated to them by parents
- Ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack
- Understands that pupils with asthma may experience bullying and has procedures in place to prevent this
- Will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully

Board of Governors/Principals

Boards of Governors/Principals have a responsibility to:

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips
- Ensure that an appropriate Asthma Policy is in place
- Liaise between interested parties – school staff, school nurses, parents/guardians, governors, the school health service and pupils
- Ensure the policy is put into action, with good communication of the policy to everyone
- Assess the training and development needs of staff and arrange for them to be met
- Monitor the policy and how well it is working
- Delegate a member of staff to check the expiry date of spare reliever inhalers
- Ensure a school Asthma Register is maintained

School Staff

All school staff have a responsibility to:

- Understand the school Asthma Policy
- Know which pupils they come into contact with have asthma
- Know what to do in an asthma attack
- Tell parents/carers if their child has had an asthma attack
- Tell parents/carers if their child is using more reliever inhaler than they usually would
- Ensure pupils have their asthma medicines with them when they go on a school trip

Pupils

Pupils have a responsibility to:

- Treat other pupils with and without asthma equally
- Let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called
- Tell their parents/guardians or teacher when they are not feeling well
- Treat asthma medicines with respect
- Know how to gain access to their medicine in an emergency
- Know how to take their own asthma medicines if age appropriate

PE/Sport

- There has been a large emphasis in recent years on increasing the number of children 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 with asthma.
- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all coaches or after school club leaders at the school are aware of which pupils have asthma.
- Pupils with asthma are encouraged to participate fully in all PE lessons, games and activities involving physical activity. Each pupil's inhaler will be labelled and kept at the site of the lesson/activity/club. If a pupil needs to use their inhaler during a lesson/activity/club they will be encouraged to do so.

Asthma Medicines

Immediate access to reliever medicines is essential.

At Ballyoran Primary School pupils in Years 4 – 7, pupils with asthma are responsible for carrying their own reliever inhaler during the school day. Parents are also asked to send in a spare inhaler which will be kept by the teacher. For pupils in Nursery to Year 4 with asthma the teacher will keep the inhaler in a secure (but not locked), agreed place in the class.

While parents/carers of pupils with asthma are asked to ensure that the school is provided with a reliever inhaler and spacer (if required), school is unable to enforce this.

Pupils on the Asthma Register who have no inhaler in school will not be permitted to leave the school for example to go on a trip.

School staff are not required to administer medicines to pupils however many of the staff at Ballyoran PS are happy to do this.

Emergency Inhalers

New guidance allows schools to keep Salbutamol Inhalers for use in emergencies.

The change in legislation allows an emergency salbutamol inhaler to be used if the pupil's prescribed inhaler and spare inhaler are not available for example if they are broken or empty.

It is not a legal requirement for any school to keep emergency inhalers but the Board of Governors of Ballyoran Primary School has decided that this will be school policy.

The emergency inhaler can only be used by those children with asthma whose parents/ carers have provided written consent.

Supply of Emergency Inhalers

Schools are authorised to buy inhalers and spacers from a pharmaceutical supplier without prescription. A supplier will require a signed request from the Principal.

Children who can use an Emergency Inhaler

The emergency salbutamol inhaler will 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
- for whom written parental consent for use of the emergency inhaler has been given

Before an emergency inhaler is administered a check of the Asthma Register should be made to ensure that parental consent has been given for its use.

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 Kit

An Emergency Inhaler Kit will include:

- a salbutamol metered dose inhaler
- at least two single use plastic spacers compatible with the inhaler
- instructions on using the inhaler and spacer
- 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
- a list of the children permitted to use the emergency inhaler
- a record of administration (ie when the inhaler has been used)

Salbutamol

In a case where salbutamol is administered inadvertently to a child who has not been prescribed an inhaler no serious harm should occur. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

Storage and Care of the Inhalers

- An Emergency Inhaler Kit will be located with each of the First Aid kits. Additional Kits will be available for use with the Travel First Aid Kits when a child on the Asthma Register is going on a trip.
- The First Aid Co-ordinator will be responsible for maintaining the Emergency Inhaler Kits. These will be checked on a regular basis to check they are present and in working order.
- Replacement inhalers will be obtained when expiry dates approach and both inhalers and spacers will be replaced after use.
- Emergency inhalers and spacers will be clearly labelled to avoid confusion with a child's own inhaler.
- Inhalers should be stored in line with the manufacturers guidelines, protected from direct sunlight and extremes of temperature.
- To avoid possible risk of cross infection, the plastic spacer and inhaler will not be reused but disposed of appropriately.

Disposal

- Spent emergency inhalers and used spacers will be given to Mrs Fusco for the purpose of replacing, reordering and disposal.
- The school is registered as a Lower-Tier Waste carrier and spent inhalers will be disposed of according to the legal requirement.

Staff and Training

Within the *Supporting Pupils with Medication Needs Policy* there is no contractual responsibility for staff to administer medicines to pupils. Any member of staff may volunteer to take on these responsibilities, but they cannot be instructed to do so.

Staff who do volunteer to administer an emergency inhaler will fall under the term 'designated member of staff' and this implies that they have volunteered to help a child use an emergency inhaler, have been trained to do this and are identified as someone to whom all members of staff may have recourse in an emergency.

The school will ensure that staff have the appropriate training and support, relevant to their level of responsibility, through the joint Education and Health Centralised Health Awareness Training Programme.

All staff will be

- 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 Asthma 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

Designated members of staff will be 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
- administering salbutamol inhalers through a spacer
- making appropriate records of asthma attacks

Record Keeping

- The school keeps a Medical Register and an Asthma Register of all pupils who have asthma. This is available to all staff and a copy will be stored with all the Emergency Inhalers. In order to keep this document up to date we rely on parents communicating with us. Parents must inform the school of any changes in diagnosis or in medication requirements immediately.
- Written records will be kept of all medication administered to children by the school.
- Use of the emergency inhaler will be recorded. This will include where and when the attack took place (eg PE lesson, playground), how much medication was given and by whom.
- The child's parents/carers will be informed in writing so that this information can also be passed on to the child's GP.

Policy Review

This policy will be reviewed when appropriate.

Appendix 1

Triggers, Signs & Symptoms

A trigger is anything which starts your asthma symptoms or makes your asthma symptoms worse. You may find, for example, that being around cats or dust sets your symptoms off. Or it might be pollen, cold weather, or being near someone who's smoking. What triggers your asthma symptoms may be different to what triggers someone else's. It's possible to have several triggers and sometimes it's difficult to work out what your triggers are. If your asthma symptoms are caused by more than one trigger at the same time, it could cause a stronger reaction - for example, if you have a cold and you come into contact with a cat. This could explain why sometimes triggers do cause symptoms and why sometimes they don't.

Reliever inhaler needs to be used if pupils are:

- coughing
- wheezing
- gasping for air
- feeling tightness in their chest
- having trouble speaking in short sentences
- saying their chest or tummy hurts

Appendix 2

Asthma Attacks

You're having an asthma attack if any of the following happens:

- Your reliever isn't helping or lasting over four hours
- Your symptoms are getting worse (cough, breathlessness, wheeze or tight chest)
- You're too breathless or it's difficult to speak, eat or sleep
- Your breathing is getting faster and it feels like you can't get your breath in properly
- Children may complain of a tummy ache.

What to do in an asthma attack

The following guidelines are suitable for both children and adults and are the recommended steps to follow in an asthma attack:

1. Sit up straight - don't lie down. Try to keep calm.
2. Take one puff of your reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. If you feel worse at any point while you're using your inhaler or you don't feel better after 10 puffs or you're worried at any time, call 999 for an ambulance.
4. If the ambulance is taking longer than 15 minutes you can repeat step 2.

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 **Call 999 for an ambulance if:**
 - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.

IMPORTANT! This asthma attack information is not designed for children using a SMART or MART regime. If they do not have a reliever inhaler, call an ambulance. Then speak to their GP or asthma nurse to get the correct asthma attack information for the future.

asthma Any asthma questions?
Call our friendly helpline nurses
0300 222 5800