Farnborough Road Infant School.

Asthma Management Policy and Inhalers in School

“Learning, Caring and Achieving Together”

Principles and Rationale
Farnborough Road Infant School will encourage and help children with Asthma to participate fully in all aspects of school life. The school recognises that Asthma is a significant condition affecting many school children. Approximately 1 in 10 children suffer from Asthma. The school has a register for children who might need immediate medical assistance and children with Asthma are entered on this register. In addition the class medical bag has a record of children with asthma. This is updated when needed.

In light of the Government legislation as outlined in the ‘Executive Summary’ below Farnborough Road Infant School will ensure that pupils who are asthmatic have access to an inhaler at all times. It is our school policy that children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. In the event of a child requiring an inhaler and not having access to their own we have implemented the following policy and procedures.

(Extracted from the Department of Health: September 2014:Guidance on the use of emergency salbutamol inhalers in schools)
From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to 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 broken, or empty). The use of an emergency asthma inhaler should also be specified in a pupil’s individual healthcare plan where appropriate.

Aims
1. To promote a greater awareness amongst teaching and non-teaching staff of the condition of asthma.
2. To support teaching and non-teaching staff in helping asthmatic children lead normal lives.
3. To clarify preventive management and emergency action procedures in respect of asthmatic children.

Nature of Asthma
Asthma is a chronic disease affecting the breathing, which is characterised by intermittent narrowing of the small airways. The symptoms are:

- **Coughing** - especially if recurrent after exertion when breathing cold air after warm, at night, after colds, and if sudden and violent.
- **Wheezing** - noisy breathing.
- **Chest Tightness** - presenting irritability or reluctance to exercise.
- **Breathlessness** – variable after exertion and at night.

Trigger factors associated with airway obstruction
- Upper respiratory tract infection
- Pollens, spores, molds
- House dust mite
- Drugs, alcohol, cigarette, smoke
- Chemicals (glues, felt tips, aerosol sprays)
- Chalk Dust
- Caged animals, domestic pets
- Street, anxiety, fright (tests/exam stress)
- Exercise (especially in cold, damp air)
- Changes in air temperature
A non-asthmatic child would need a ‘Large Dose’ of any of the above trigger factors to produce an asthma attack. Whilst an asthmatic child would only need a small dose to set off an attack, care needs to be taken to ensure wherever possible, at school, that asthmatics are not exposed to any of the above triggers or conditions.

**Treatment of the Condition**

**Preventers** (Predominantly brown inhalers, and sometimes white)
Inhaled steroid medication, perfectly safe, used to make the airways less sensitive to triggers.
- Taken regularly to prevent inflammation and long term lung damage, each morning and evening and therefore not usually needed at school.
- In acute cases Intal may be required up to four times daily and can also be used 30 minutes before exercise to prevent inflammation (white inhaler – Intal).

**Relievers** (Always blue inhalers)
Crucial for the successful management of asthma. Delay in taking reliever treatment, even for a few minutes can lead to a severe attach and in very rare cases has proved fatal.
- Quickly open up narrowed airways and help breathing difficulties.
- Not harmful to non asthmatics and serves simple to dilate the airways.
- Used to relieve symptoms but only lasts a short time.
- May also be used 10 minutes before exercise or exposure to known triggers.
- Asthmatics cannot overdose on reliever inhalers but parents must be contacted if a child needs an inhaler for a third time in a short period.

**Management of Asthma**

The following procedures constitute the school's response and policy in supporting asthmatic children in the management of their condition:

- Inhalers (relievers) are readily available to children.
- Appropriate preventative measures are taken as routine.
- Attacks are treated by children and staff alike, quickly, effectively and calmly.
- Action to be taken in an emergency is known and understood by all.

**Availability of Inhalers**

Parents are asked to provide the school with a spare named inhaler for use in school. These are kept in the classroom in the medical bag. Children are given support initially with the use of inhalers but independent routine is quickly established as the child gains confidence.

As agreed in the legislation Farnborough Road Infant School has purchased an emergency inhaler and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier.

**The emergency kit**

Upon the advice outlined in the Guidance the emergency asthma inhaler kit includes:
- 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;
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).
ALL staff at Farnborough Road Infant School 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 emergency inhaler;
- aware of who the designated members of staff are

Any member of the Senior Leadership Team or a qualified First Aider can help administer an emergency inhaler.

Storage and care of the inhaler

At Farnborough Road Infant School we have purchased 2 emergency kits. One kit is kept in the Nursery building and the other is kept in the medical room in the Infant School building.

2 members of staff are responsible for maintaining the emergency inhaler kit;

Mrs Jennie Taylor  Mrs Paula Takes

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- 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.
- As a school we will ensure that the inhaler and spacers are kept in a safe and suitably central location in the school, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.
- The inhaler is stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.
- The inhaler and spacers will be kept separate from any child’s inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child’s inhaler.
- An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.
- To avoid possible risk of cross-infection, the plastic spacer will not be reused. It can be given to the child to take home for future personal use.
- The inhaler itself however can usually be reused, provided it is cleaned after use. 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. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it is recognised that it should also not be re-used but disposed of.

Disposal

As stated in the DFE Health Guidance manufactures guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. Farnborough Road Infant School is registered as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. (Registration needs to be renewed in future years at www.gov.uk/waste-carrier-or-broker-registration)

Preventive Measures

Children who have exercise induced asthma should become accustomed to taking a puff from inhalers prior to indoor/outdoor P.E. or any other activity involving exertion.

When a class goes into the hall or Space for Sport for P.E. or on a school trip the inhaler must be taken. Teachers need to be aware that materials brought into the classroom may act a trigger to an asthmatic child and that additional treatment may be necessary e.g. pets.
Managing Asthma Attacks

Since asthma varies from child to child it is not possible to prescribe procedures that will be appropriate for all children. The following general guidelines are recommended:

- Ensure the reliever medication is taken.
- Stay calm, try to reassure the child and listen carefully to what he/she is saying.
- Do not put an arm round the child’s shoulder as this can be very restrictive.
- Allow the child space to breathe (no sudden change in temperate) and encourage slow and deep breathing.
- Most children find it easy to sit upright or lean slightly forward during an asthma attack. Lying flat on their back is not recommended.
- Loosen tight clothing around the neck and offer the child a drink of water.
- Minor attacks should not interrupt children’s involvement in school activities to which they should return as soon as they feel better.

Emergency Procedures

If the reliever has no effect after 5 minutes, the child is either distressed or unable to talk or becomes exhausted or if there are any doubts at all about the child’s condition the following procedure should be followed:

- Remain calm and report inhaler giving a high dose.
- Dial 999 and contact parents.

Communication

Recording use of the inhaler and informing parents/carers
Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. Supporting pupils requires written records to be kept of medicines administered to children. In addition to the above the child’s parents must be informed in writing so that this information can also be passed onto the child’s GP.

Parents of all children will be informed that the school has an Asthma Policy, which is available on request. Details of the school’s policy and procedure with regard to asthma management will be provided to new parents as part of the pre-school induction process and made available as necessary to parents who children are admitted during the school year.

Liability and indemnity
Supporting pupils requires that the Board of Governors ensures that the school has levels of insurance in place to cover staff, including liability cover relating to the administration of medication. This is in place.

Policy Monitoring and Evaluation

Policy will be reviewed regularly.

Updated October 2016

Signed Date Headteacher.

Signed Date Chair of Governors.
I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.

My child has a working, in-date inhaler, clearly labelled with their name, which they will keep in school.

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.

Signed: ______________________________  Name (printed) ______________________________

Date ______________________________

Child’s name: __________________________  Class: __________________________

Parent’s address and contact details:

Telephone:

Email:
LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child’s name: ___________________________ Class: _______________________

Dear Parent,

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 asthma 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 seen by your own doctor as soon as possible.

Yours sincerely,

Mrs Wendy Cheetham
Headteacher