

*THE PAINSLLEY CATHOLIC  
ACADEMY*



**The Painsley Catholic Academy**  
Better Together

*Asthma Policy*

*September 2023*

1. Introduction

We welcome pupils with asthma. The School recognises asthma as an important condition and encourages and helps children with asthma to participate fully in school life. Throughout this policy, we reflect on the important Catholic Social Teaching of human dignity, which teaches that every person's life and dignity must be respected and supported.

## **2. The context of the policy and its relationship to other policies**

The purpose of this policy is to:

- Meet the school's commitment to the health and wellbeing of students.
- Recognise the need for immediate access to inhalers
- Provide a school environment as favourable as possible to asthmatic children
- Ensure all staff are aware of asthma and know what to do in the event of an attack and if necessary will give emergency treatment.

This policy details the school's approach to dealing with asthma. Other school policies should be considered in conjunction with its guidance. These include:

- **Supporting Children with Medical needs policy**
- Health and Safety
- Trips and Visits

### **Medication**

Immediate access to a reliever inhaler is vital. Children are encouraged to carry their inhaler as soon as their parents, carer, doctor, nurse or Emmaus tutor agree they are mature enough to manage their own medication. Children should always tell their class teacher, Emmaus tutor or first aider when they have had occasion to use their inhaler. The reliever inhaler of younger children are kept in Student Enquiries with Mrs Sedgwick.

All inhalers must be **in date** and labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency. However, many of our staff are happy to do this. School staff who agree to do this are insured by our insurance company when acting in accordance with this policy. All school staff will let children take their own medication when needed.

### **PE**

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Each child should have their inhaler with them. If a child needs to use their inhaler during the lesson, they will be encouraged to do so. Emergency inhalers are kept with PE staff.

### **School Trips and Outside Activities**

When a child is away from the school classroom on a school trip, club, outside sport or PE, their inhaler should accompany them and be made available to them at all times.

### **3. Record Keeping**

On school entry, children with asthma or those possibly asthmatic should be identified through the medical conditions proforma completed by the parent / carer with parental responsibility. A positive response will result in the consent form being sent to parents for completion and a copy of the asthma action plan. These children will be added to the School asthma register. This is held by Mrs Sedgwick who is responsible for maintaining this register.

When a child needs to use their inhaler **outside of their routine use**, a record will be entered into the use of inhaler log held by Mrs Sedgwick. This will generate a letter home to inform parents and carers with parental responsibility that the child has required use of the inhaler. A copy of this letter will be kept on the child's record. If the same child has to use the inhaler more than once a term they should seek medical advice from their GP. This may indicate a child inadequately treated and therefore a risk.

The asthma register also notes all students with asthma care plans, which will be reviewed annually at the end of the academic year by Mrs Sedgwick.

### **4. Emergency Procedure Notice**

This is to be displayed in the medical room/area. Mrs Sedgwick is responsible for ensuring this notice is present. All first aiders are to be provided with the asthma policy.

#### **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 following procedure:

Encourage the child to sit up and slightly forward

Help the child to take 2 separate puffs of his/her inhaler or the emergency salbutamol inhaler via the spacer. Shake the inhaler between puffs

If there's no immediate improvement, continue to give 2 puffs every 2 minutes up to a maximum of 10 puffs, or until symptoms improve

Stay calm and reassure the child

Call an ambulance if the child doesn't feel better or if you're worried at any time before reaching 10 puffs

If the ambulance doesn't arrive in 10 minutes give another 10 puffs, following the same pattern as step 3

We will call an ambulance immediately if a child:

- Appears exhausted
- Has a blue/white tinge around their lips
- Is going blue
- Has collapsed

## **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 informed about the attack.

If the pupil does not feel better or you are worried at any time before reaching 10 puffs from the inhaler, call 999 for an ambulance.

If the ambulance has not arrived after 10 minutes, give an additional 10 puffs as detailed above.

In the event of an ambulance being called, the pupil's parents or carers should always be contacted.

In the event of a pupil being taken to hospital by ambulance, they should always be accompanied by a member of staff until a parent or carer is present.

## **Emergency salbutamol inhalers (ALL SCHOOLS SHOULD HAVE ONE)**

A salbutamol inhaler is kept on school premises to use in emergencies.

This is outlined in the Department of Health and Social Care's (DHSC's) non-statutory [guidance on using emergency salbutamol inhalers in schools](#).

The emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler - these are reusable as long as they are properly cleaned after use
- At least 2 plastic spacers compatible with the inhaler - these shouldn't be reused due to the risk of cross-infection
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhale
- 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 when the inhaler has been used

## **Who can use an emergency inhaler?**

An emergency inhaler can be supplied to a pupil at school who's known to suffer from asthma, where it's needed in an emergency, according to the [Human Medicines \(Amendment\) \(No.2\) Regulations 2014](#).

The [DHSC's guidance](#) recommends that emergency inhalers should only be used by children who have been:

- Diagnosed with asthma and prescribed a reliever inhaler, **or**
- Prescribed a reliever inhaler, with or without a diagnosis of asthma

**And** who have written parental consent for the use of the emergency inhaler.

## **Staff responsibilities for maintaining the emergency inhaler kit**

The two named volunteers amongst school staff for maintaining the emergency inhaler kit are Mrs Sedgwick and Mrs Talbot. They have responsibility for ensuring that:

- on a monthly basis 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.

The inhaler and spacers are kept in a safe and suitably central location in the school, such as the school office, or staffroom, 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 should be 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 should 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 should not be reused. It can be given to the child to take home for future personal use.

## **Parental consent**

A child under 16 should not be given any medicines without written parental consent. We keep a record of parental consent on an asthma register, so staff can quickly check whether a child is able to use the inhaler during an emergency.

Consent should be updated annually to take account of any changes to a child's condition.

The use of an emergency inhaler should also be specified in a pupil's individual healthcare plan.

Cover the use of emergency inhalers in your school policies

An emergency inhaler will only be used if the child's usual inhaler is not functioning and if parental consent is given (see the appendix).

## **6. When a Child is falling behind in lessons**

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the school nursing team and special educational needs coordinator about the situation. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

## **7. Staff Training**

All first aiders have training in dealing with asthma through the Paediatric First Aid Qualification. All staff receive asthma awareness training annually, delivered by a first aid training provider, at the start of each academic year.

Review Date: September 2025

**ASTHMA INFORMATION RECORD 2023/24**

**Name of Child :** \_\_\_\_\_

Academic Year: \_\_\_\_\_

Please tick each appropriate box:

My child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)

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

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 by Parent /Carer: \_\_\_\_\_

Print Name of signatory above: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete a separate form for each child with asthma. Thank you.**

## ASTHMA PROFORMA CONSENT 2023/24

If your child has been diagnosed as asthmatic and has been prescribed reliever therapy (blue inhaler) please complete the first part of this form which gives your consent for school staff to administer this if required.

I hereby give my consent for school staff to give my child reliever therapy for the treatment of an asthma attack/prior to PE if required. I understand that I will be informed when the treatment has been given other than for routine self-administration.

Please note:

**Your child should carry their own inhaler in school. Please ensure a spare reliever inhaler and spacer are kept in school (labelled with your child's name on) and that your child's inhalers are within their expiry date. Please return the consent form to NAME.**

If your child experiences breathing problems, especially at night or after exercise, or when laughing or crying, or she/he suffers from repeated chest infections, please contact your G.P.

Name of Child (print): \_\_\_\_\_

Signed by parent/carer:

\_\_\_\_\_

Date: \_\_\_\_\_

Print Name of person signing above: \_\_\_\_\_

Relationship to child: \_\_\_\_\_



## Asthma Care Plan 2023/24

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Identified Need	Action Plan	Step 1	Date:
To promote optimum health by maintaining good control of asthma symptoms	School staff are able to identify when reliever inhaler is needed.	Staff training completed, including First Aid at Work for all First Aiders	9/22 first aiders - all trained
	Consent for medication in school	Step 2 To ensure appropriate consent forms are signed.	date
	Easy access to inhalers whilst in school	Step 3 Parents/person with parental responsibility to supply inhaler and spacer.	ongoing
		Step 4 Parents to check expiry dates and change accordingly	ongoing
	To monitor and record inhaler use	Step 5 School staff should complete the audit form and inform parents/person with parental responsibility when reliever inhaler used during school day	ongoing

Signed by Parent / person with parental responsibility: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

Child's name: .....  
.....

Class: .....  
.....

Date: .....

Dear.....,

Your child has had problems with his/her breathing today which has required the use of their own inhaler.

Schools are advised to let you know this has occurred as this may indicate your child's asthma is not well controlled at this time. You are therefore strongly advised to see your own doctor or practice nurse as soon as possible. Ensuring you of our best intention at all times.

Yours sincerely,

NAME  
First Aider

**LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE**

Child's name: .....  
.....

Class: .....  
.....

Date: .....

Dear.....,

[Delete as appropriate]

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

