**Brady Primary Asthma Policy**

Brady Primary School recognises that asthma is a widespread, serious

but controllable condition and the school welcomes all children with asthma. We

have many children at Brady Primary with asthma.

We ensure that children with asthma can and do fully participate in all aspects of

school life, including art lessons, PE, science, visits, outings or field trips and other

out-of-hours school activities.

This is achieved through:

- ensuring that children have access to their inhalers as and when required.

- keeping a record of all children with asthma and the medicines they take.

- creating a whole school environment, including the physical, social, sporting and

educational environment, that is favorable to children with asthma.

- helping all children to understand asthma as a medical condition.

- making sure that all staff (including supply teachers and support staff) who come

into contact with children with asthma know what to do in the event of an asthma

attack.

- working in partnership with all interested parties including the school’s governing

body, all school staff, school nurses, parents/carers, the local authority, doctors,

nurses and children to ensure the policy is planned, implemented and maintained

successfully.

**Asthma medicines**

Immediate access to reliever medicines is essential. The reliever inhalers of children

are kept in the medical cupboard of the school office – this is carried out to the playground in the event of a fire. School staff will assist in the administration of asthma medicines to children, but children will be encouraged to administer their own inhaler when they require it.

All pumps are labelled in the original packaging with the doctors prescribed dosage

and kept in the school office.

The asthma register clearly states which children are asthmatic, their

class, expiry date of their inhaler and any additional notes from their parent/carer.

In the event of an attack, the inhaler must be taken to the child.

Children on the asthma register who have parental consent for the use of the

emergency inhaler are also clearly indicated. The emergency inhaler can be

used if the child’s prescribed inhaler is not available (for example, because it is

broken, or empty). The emergency inhalers are labelled and stored in the school

office.

**Record keeping**

When a child joins the school, parents/carers are asked if their child has any

medical conditions including asthma on their admission form. All

parents/carers of children with asthma will be sent an Asthma UK *School Asthma*

plan sheet to give to their child’s doctor or asthma nurse to complete. Parents/carers

will be asked to return the asthma sheet to the school. From this information the

school keeps its asthma register, which is available to all school staff and can be

located in the medical cupboard in the school office. A record of when the child

takes their asthma relief is kept in the office, Parents/carers will also receive a note to inform them that their child has used their inhaler. Asthma plan sheets will then then be sent to parents/carers of children with asthma on an annual basis to update. Parents/carers will also be asked to update or complete a new sheet if their child’s medicines changes during the year.

**Exercise and activity – PE and games**

Taking part in sports, games and activities is an essential part of school life for all

children. All teachers know which children in their class have asthma; they receive

regular up-to-date class medical information. We encourage children as they get

older to try to remember this themselves and to take more control in remembering

their medication. Children with asthma are encouraged to participate fully in PE.

Children whose asthma is triggered by exercise are encouraged to take their

reliever inhaler before the lesson, and to thoroughly warm up and down before

and after the lesson. If a child needs to use their inhaler during a lesson they will be

encouraged to do so.

**Offsite sport, swimming and educational visits**

All inhalers must accompany children when they are off the school grounds e.g.

on a trip, swimming, visiting another school, etc. A copy of the school asthma

sheet will be kept in the bag with the asthma pump. This is returned to the school

office once back on school grounds.

**If a child is falling behind in lessons**

If a child is missing a lot of time at school or is always tired because their asthma is

disturbing their sleep at night, the class teacher will initially talk to the

parents/carers to work out how to prevent their child from falling behind. If

appropriate, the teacher will then talk to the Special Education Needs Coordinator

about the child’s needs. We recognise that it is possible for children with asthma

to have special education needs due to their medical condition.

**Asthma attacks**

In the event of an asthma attack, school staff follow the T.I.M.E advice from

Whittington Health. (A copy of this document can be found at the end of this

Policy)

**ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK**

**Guidance on the**

**use of emergency**

**salbutamol inhalers**

**in schools**

Taken and edited from the Department of Health's published document

'Guidance on the use of emergency salbutamol inhalers in schools’ September

2014.

We have many children at Brady Primary with asthma. These children should

have their own reliever inhaler at school to treat symptoms and for use in the event

of an asthma attack. All pumps are labelled and kept in the school office except

for nursery children who store theirs in the nursery office. The emergency inhalers

and spacers are labelled and kept in the school office. The asthma register is located with the inhaler cupboard in the school office.

**Common 'day to day' symptoms of asthma are:**

• Cough and wheeze (a 'whistle' heard on breathing out) when exercising

• Shortness of breath when exercising

• Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g.

stopping exercise). They would not usually require the child to be sent home from

school or to need urgent medical attention.

**HOW TO RECOGNISE AN ASTHMA ATTACK**

**The signs of an asthma attack are:**

Persistent cough (when at rest)

A wheezing sound coming from the chest (when at rest)

Difficulty breathing (the child could be breathing fast and with effort,

using all accessory muscles in the upper body)

Nasal flaring

Unable to talk or complete sentences. Some children will go very

quiet.

May try to tell you that their chest ‘feels tight’ (younger children may

express this as tummy ache)

**CALL AN AMULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK**

**PROCEDURE WITHOUT DELAY IF THE CHILD**

Appears exhausted

Has a blue/white tinge around lips

Is going blue

Has collapsed

**WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

In the event of an asthma attack follow the T.I.M.E advice from Whittington Health

(the details of this can be found at the end of this policy).

The child's parents or carers should be contacted after the ambulance has been

Called in the event of an asthma emergency. A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

In September 2014, the Department of Health published guidance on the use of

emergency salbutamol inhalers in schools. From the 1st October 2014 the Human

Medicines (Amendment) (No.2) Regulations 2014 will allow schools to keep a

salbutamol inhaler for use in emergencies.

It 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. Consent should be updated regularly to take account of changes to

a child's condition. 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.

Keeping an inhaler for emergency use will have many benefits:

Prevent an unnecessary and traumatic trip to hospital, and potentially

save their life

Parents are likely to have greater peace of mind about sending their

child to school

Having a protocol that sets out how and when the inhaler should be used will also

protect staff by ensuring they know what to do in the event of a child having an

asthma attack.

**The emergency kit**

An emergency asthma inhaler kit should include:

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, 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)

**Salbutamol**

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines

can have some adverse effects. Those of inhaled salbutamol are well known, tend

to be mild and temporary and are not likely to cause serious harm. 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 inhaler**

a message will be sent to Parents informing them that their child’s inhaler is soon to expire and that a replacement is needed.

replacement spacers are available following use;

The emergency inhalers and spacers are labelled and kept in the school office

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked when not used over a period of time. To avoid possible risk of cross-infection, Brady primary will use disposable spacers. 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. If the inhaler has been used without a spacer, it should also not be re-used but disposed of.

**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, how much medication was given, and by whom.

The record book is kept in the medicines cupboard in the office. The child's

parents must be informed in writing so that this information can also be passed

onto the child's GP. These notes are kept in the asthma folder, also located in the

medicines cupboard.

**Designated members of staff should 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