



# MacIntyre Academies

## Venture Academy

### Supporting Children with Asthma Policy

Version	Purpose/Change	Responsibility	Date
1	Statutory requirement	Principal	Jan 21
2	<ul style="list-style-type: none"><li>Annual review</li><li>Principal changed to Executive Principal</li><li>Links to DfE guidance updated</li></ul>	Executive Principal	Feb 2023

Person responsible:	Executive Principal
Type of policy:	Statutory
Date of first draft:	Sep 2020
Date of staff consultation:	
Date approved by LAB:	Jan 21
Date of implementation:	Jan 21
Date reviewed:	Feb 2024
Date of next review:	Feb 2024

## Supporting Children with Asthma Policy

### Principles

Venture Academy recognises that asthma is a widespread, serious but controllable condition and the school welcomes all children 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 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 favourable 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.

This policy has been written with advice from the Department for Education and the Employment National Asthma Campaign.

### Asthma Medicines

Immediate access to a reliever inhaler is vital.

Children/young people are encouraged to carry their inhaler as soon as their parents, carer, doctor, nurse or class teacher agree they are mature enough to manage their own medication. Children should always tell their class teacher or first aider when they have had occasion to use their inhaler. Records are kept each time an inhaler is used. The reliever inhalers of younger children are kept in their individual classroom in a designated first aid area marked with a green and white first aid sign.

All inhalers must be labelled with the child's name by the parent/carers. School staff are not required to administer medication children/young people except in an emergency however many of our staff are happy to do this. School staff who agree to do this are insured by the local education authority when acting in accordance with this policy. **All school staff will let children take their own medication when needed.**

Children/young people are encouraged to take their own inhaler when they require it. This is usually supervised either by a member of the office staff or a qualified first aider.

The asthma register clearly states which children are asthmatic, their class, date of birth, doctor's prescribed dosage and additional notes from their parent/carers. In the event of an attack, the inhaler must be taken to the child/young person.

Children and young people on the asthma register who have parental consent for the use of the school's emergency inhaler are also clearly indicated. The emergency inhaler can be used if the child/young person'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**

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child is asthmatic. All parents of children with asthma are required to complete a School Asthma Card (Asthma UK) and return it to the school. From this information the school keeps its asthma register which is displayed in the staff room, school office and first aid room. If any changes are made to a child or young person's medication it is the responsibility of the parents or carer to inform the school.

Venture Academy does now hold an emergency inhaler and spacer as per 'Guidance on the use of Emergency Salbutamol inhalers in schools' March 2015. This medication can only be administered to children on the Asthma Register. Specific staff have been trained to administer the emergency inhaler and there are pictorial and written instructions around the school.

Parents/carers of children and young people with Asthma are sent a letter asking permission for the emergency inhaler to be used in the event that their own inhaler is not available. See Appendix 1 attached. Parents/carers will be informed by letter if their child has used the emergency inhaler (Appendix 2).

Asthma inhalers for each child/young person are regularly checked for expiry dates by a first aider. Each child/young person's inhaler is kept in their own classroom in a named wallet containing their individual medication and asthma card, in their class designated first aid area.

All staff members are responsible for acquainting themselves with the triggers of a possible attack (allergies, colds, cough, cold weather) for each individual child/young person in their care. All this information is found in their medication wallet along with their medication.

## **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 and young people 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/young person's inhalers will be labelled and kept in a box at the site of the lesson. If a child/young person needs to use their inhaler during the lesson, they will be encouraged to do so. Records are kept every time a child/young person uses their inhaler. Two members of staff countersign the medical administration form.

## **School Trips and Outside Activities**

When a child/young person 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.

## **The School Environment**

The school does all that it can to ensure the school environment is favourable to children with asthma. The school has a non-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma.

## **The School Dog**

Venture Academy has a school dog. Pupils with known allergies or whose asthma is aggravated by pet fur will not be expected to be in proximity to animals and pets in the school. Teachers will be aware of any child who has a fur or feather allergy and will act appropriately.

## **Making the School Asthma Friendly**

The school ensures that students understand asthma. Asthma can be included in science, design and technology, geography, history and PE of the national curriculum. Children and

young people with asthma and their peers are encouraged to learn about asthma; information for children and teens can be accessed from the following website [www.asthma.org.uk](http://www.asthma.org.uk).

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

If a child/young person 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/carers. If appropriate the teacher will then talk to the school nursing team (Compass) about the situation.

### **Guidance on the use of emergency Salbutamol inhalers in school**

Taken and edited from the Department of Health's published document '[Guidance on the use of emergency salbutamol inhalers in schools](#)' September 2014.

Children/young people with Asthma 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 classroom. The emergency inhalers and spacers are labelled and kept in the school office and one is stored in the medical room. The asthma register is located in the school office and a copy in the medical room.

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/young person 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 young person 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/young people 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 YOUNG PERSON:**

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

### **What to do in the event of an Asthma attack:**

The child/young person'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.

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 and young people under the age of 16 years, 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/young person's condition.

The inhaler can be used if the young person'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 young person's individual healthcare plan where appropriate.

### **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, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of children/young people 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 person 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 first aider will make sure 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 emergency inhalers and spacers are labelled and kept in the school office and one is stored in the medical room. 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/young person 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. 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 office.

The child/young person's parents/carers must be informed in writing so that this information can also be passed onto the child's GP. These letters are kept in the asthma folder, also located in the school office and in the young person's student file.

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