



# CHURCH COWLEY ST. JAMES C of E PRIMARY SCHOOL

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Head Teacher: Steve Dew

## Asthma Policy

Church Cowley St James C of E Primary School adopted the attached model policy at the Full Governing Body Meeting of 31<sup>st</sup> October 2017.

The Asthma Policy was produced by the school in accordance to government guidelines & best practice. The Governing Body will review this policy every two years.

Reviewed: October 2017

Approved: 31<sup>st</sup> October 2017

Signed:  Chair of Governors

Next Review: October 2019



## Church Cowley St James Primary School

- recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- ensures that pupils with asthma can participate fully in all aspects of school life, including art lessons, PE, science, visits, trips and any other out-of-hours school activities
- recognises that pupils with asthma need immediate access to their reliever inhalers at all times
- keeps a register of, and Action Plan for, all pupils with asthma (Appendix 1)
- ensures that all staff have access to this Asthma Policy
- ensures that all staff are aware of individual pupils with asthma and have access to the online resources and training module recommended by Asthma UK
- keeps an emergency salbutamol inhaler kit for emergency use only and ensures that the emergency inhaler is only used by children who have been diagnosed with asthma and for whom the school has written parental consent for its use (Appendix 2)

### Asthma medicines

- Immediate access to reliever medicines is essential. All pupils with asthma must keep a reliever inhaler and spacer at school. All inhalers will be kept in a pouch in the medical box in their classroom and taken with them when spending time in any other location, either within the school or off-site.
- All inhalers must be clearly labelled with the child's name.
- School staff are not required to administer asthma medicines to pupils (except in an emergency) however many of our staff are trained to do so. Pupils will always be allowed immediate access to their inhaler when required.

### Record keeping

- On joining the school and subsequently annually, parents/carers will be asked for details of their child's medical condition via their enrolment form. Parents/carers of new pupils with asthma will be asked to meet the school's Medical Lead to complete an Asthma Action Plan and sign medication administration consent. They will also be given the option to consent to the use of the school's emergency asthma.
- As asthma symptoms vary from child to child, the Asthma Action Plan will record each individual pupil's asthma symptoms and any specific words/language used by the child to describe their symptoms or to request their inhaler.
- Parents/carers will be asked to inform us of any relevant changes or updates to their child's condition and/or medication throughout the year.

- A school asthma register will be maintained by the Medical Lead and kept in the Inclusion Office, staff room and in each classroom.
- A copy of the Individual Asthma action plan will be kept in the pupil's classroom along with the class list on which all medical information is recorded. Class teachers will inform any visiting teachers or sports coaches of participating children with asthma.
- A full school medical list will be kept in the staff room. Breakfast, lunchtime and after-school club staff members will have access this list.
- Medical information is also recorded and stored on SIMS

### **Exercise and activity**

- Participation in sports, games and activities is an essential part of school life for all pupils. Pupils with asthma are encouraged to participate fully in all activities.
- The asthma inhaler medical box will be taken with the pupils to their activity location.
- Teachers will encourage pupils whose asthma is triggered by exercise to take their reliever inhaler and to warm up thoroughly before the lesson, and to cool down properly afterwards.
- If a child with asthma starts to experience any asthma symptoms during exercise, they will be encouraged to stop, take their reliever inhaler and wait for at least five minutes after symptoms have eased before starting again.
- Any visiting sports coaches and teachers will be made aware of children within the group who have asthma and will be provided with the inhaler box.
- Staff will be aware also of the difficulties very young children may have in explaining how they feel and will refer to the Asthma Action Plans for individual information.

### **School environment**

- The school does all in its power to ensure the school environment is favourable to pupils with asthma. The school has no furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

### **In the event of an asthma attack**

- Most members of staff at CCSJ hold a first aid qualification.
- Written protocols, as recommended by Asthma UK and NHS UK, will be kept with each asthma box along with guidance which the teacher would follow if needed
- In the event that a teacher is alone with their class when an asthma attack occurs within the classroom, the teacher will send a child with their Green Card to reception to summon assistance.

## **DoH 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 buy salbutamol inhalers, without a prescription, 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).

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on this guidance.”

At Church Cowley St James Primary School we now have arrangements for the supply, storage, care, and disposal of emergency inhalers and spacers in line with the DoH guidance and the school's policy on supporting pupils with medical conditions.

We will ensure that:

- a copy of the Asthma Register is kept in each classroom and with the emergency inhaler kit. Consent/non-consent will be clearly documented.
- the emergency inhaler is only used by children with asthma and written parental consent for its use.
- a record of use of the emergency inhaler will be kept and notification of its use will be sent to parents/carers (Appendix 3)
- the emergency inhalers will be stored in a safe, central location - Staff Room - in an unlocked cupboard for ease of access at all times and out of reach of children.
- the emergency inhalers and spacers will be checked as present and working on a monthly basis and replacement inhalers obtained if insufficient doses left or when expiry dates approach. The inhalers will be primed at each check (spray two puffs into the air).
- the plastic inhaler housing is cleaned and dried thoroughly after use and returned to storage.
- Single use spacers are used, the spacer will be given to the child after use
- spent inhalers will be disposed of following DoH guidance

## **The emergency kits**

We will have four emergency asthma inhaler kits which will contain:

- a salbutamol metered dose inhaler
- a plastic spacer 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 per parental consent
- a record of administration (i.e. when the inhaler has been used)

In line with DoH guidance on emergency asthma inhalers in schools, we must have at least two named volunteers amongst school staff with responsibility for the checks, care and storage of the emergency kits. In our school these two volunteers will be Helen Priscott (HSLW and Medical Lead) and Kerry Lenton (School Manager).

Prior to use, the emergency inhaler will be primed by spraying two puffs into the air to avoid blockages if not used over a period of time.

## **Responding to asthma symptoms and an asthma attack - DoH guidance**

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.

### **Signs of an asthma attack can include:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

**Asthma UK 's most recent guidance (May 2016) states that the following are signs that a child is having an asthma attack:**

- Their reliever inhaler (usually blue) isn't helping, and/or
- They can't talk or walk easily and/or
- They're breathing hard and fast and/or
- They're coughing or wheezing a lot and/or
- They complain of a tummy ache and/or chest ache

**They advise the following action:**

- Keep calm and reassure the child
- Help the child to sit up and slightly forward
- Help the child to take a puff of their reliever (usually blue) every 30-60 seconds, up to a maximum of 10 puffs
- **Call (9) 999 for an ambulance if:**
  - **Their symptoms persist**
  - **They do not feel better after 10 puffs**
  - **You are worried at any time, even if they have not yet taken 10 puffs**
- While you wait for the ambulance, reassure the child. Repeat the protocol if the ambulance takes longer than 15 minutes.

In school, we will:

- use the child's own inhaler. If it is not available or there is a problem with it (i.e. broken, empty, out of date or not in school) staff will check for consent to use the emergency inhaler which is located in the staff room
- remain with the child while inhaler and spacer are brought to them and immediately follow the above steps
- contact the child's parents/carers **after** the ambulance has been called.
- accompany the child to hospital in the ambulance and stay with them until a parent or carer arrives
- record the date, time, location and activity occurring at the time of the asthma attack, along with action taken and doses given

## **Staff**

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. Staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

Our staff have appropriate training and support, relevant to their level of responsibility.

All staff will be:

- made aware of symptoms of an asthma attack and how to distinguish them from other conditions with similar symptoms
- provided with a copy of the asthma policy
- provided with a link to the online asthma module for further information/training
- made aware of how to check if a child has consent to use the emergency asthma kit
- made aware of how to access the inhaler
- made aware of who to contact for help or further information
- provided with information on administering salbutamol inhalers through a spacer

We have two named individuals, Helen Priscott and Kerry Lenton, who are responsible for maintaining the asthma register and for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation.

These two individuals are responsible for the supply, storage, care and disposal of emergency inhalers and spacers.

Jennie Richardson and Kerry Lenton are responsible for ensuring that the monthly checks are carried out to schedule.

# HOW TO RECOGNISE AN ASTHMA ATTACK

## The signs of an asthma attack are

- Their reliever inhaler (usually blue) isn't helping, and/or
- They can't talk or walk easily and/or
- They're breathing hard and fast and/or
- They're coughing or wheezing a lot and/or
- They complain of a tummy ache and/or chest ache
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet

## **CALL AN AMBULANCE 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

- Keep calm and reassure the child
- Help the child to sit up and slightly forward
- Help the child to take one puff of their reliever (usually blue) every 30-60 seconds, up to a maximum of 10 puffs
- Shake the inhaler between puffs
- **Call (9) 999 for an ambulance if:**
  - **Their symptoms persist**
  - **They do not feel better after 10 puffs**
  - **You are worried at any time, even if they have not yet taken 10 puffs**
- While you wait for the ambulance, reassure the child. Repeat the protocol if the ambulance takes longer than 15 minutes.



### School Action Plan

Name:..... Date of birth:..... Allergies:..... Emergency contact:..... Emergency contact number ..... Doctor's phone number:..... Class.....	Affix photo here
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What are the signs that you/your child may be having an asthma attack?

Are there any key words that you/your child may use to express their asthma symptoms?

What is the name of your/your child's reliever medicine and the device?

Does your child have a spacer device? (please circle)      Yes      No

Does your child need help using their inhaler? (please circle) Yes      No

What are your/your child's known asthma triggers?

Do you/your child need to take their reliever medicine before exercise? (please circle) Yes      No

If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:

I give my consent for school staff to administer/assist my child with their own reliever inhaler as required. Their inhaler is clearly labelled and in date.

Signed.....      Date.....

Print Name.....      Relationship to child.....



CONSENT FORM  
USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
  
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day/that will be left at school (delete as appropriate)
  
3. 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..... Date.....

Name (print).....

Relationship to child.....

Child's Name.....

Class.....

Parent's address and contact details:

.....  
.....

Telephone.....

Email.....



Letter to inform parent/carer of the emergency salbutamol inhaler use whilst at school

Child's Name:..... Class:.....

Date: .....

Dear Parent/Carer

This letter is to formally notify you that your child has had problems with his/her breathing today.

This happened when.....  
.....  
.....  
.....

A member of staff helped them to use their own 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.

Yours sincerely

**Steve Dew**  
Headteacher