

<b>Policy review date</b>	Spring 2025
<b>Date of next review</b>	Spring 2028 - Every 3 years and/or when new legislation comes into force
<b>Approved by and date</b>	Local Governing Body Spring 2025
<b>Release Date</b>	12 <sup>th</sup> March 2025
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**This policy has been reviewed and to the best of our knowledge, we do not feel it impacts negatively on any specific group or individual within our school community.**

Version	Date	Author	Changes
v1.0	Spring 2025	Sallyanne Dunstan	.

### **Rationale**

At Crabbs Cross Academy we recognise that asthma is the most common chronic condition, affecting one in eleven children. We encourage children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, parents, health professionals and pupils. All staff who come into contact with children with asthma are provided with training on asthma regularly, from the school nurse who has had asthma training.

As a school we welcome any pupil with asthma and;

- Ensure that children with asthma participate fully in all aspects of school life including PE
- Recognise that immediate access to reliever inhalers is vital
- Keep records of children with asthma and the medication they take
- Ensure the school environment is favourable to children with asthma
- Ensure that other children understand asthma
- Ensure all staff who come into contact with children with asthma know what to do in the event of an asthma attack
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully

### **Medication and storage**

Immediate access to reliever inhalers is vital. Reliever inhalers are kept in the classroom's medical box. During PE, or out of school activities, inhalers will be taken and carried by an appropriate member of staff.

Parents are asked to ensure that the school is provided with a labelled, prescribed reliever inhaler. All inhalers must be 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 under our liability and indemnity insurance. **All school staff will let children take their own medication when they need to.**

### **Record Keeping**

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma. All parents of children with reported asthma from data collection or during the induction process, are given an Asthma School Card to complete and return to the school (see Appendix 1). From this information we keep our **asthma register** which is available for all school staff. Cards are then sent to parents on an annual basis to update. If medication changes in between times, parents are asked to inform the school.

Crabbs Cross Academy holds an emergency inhaler as per 'Guidance on the use of Emergency Salbutamol inhalers in schools' September 2014 (see Appendix 1 for protocol). Permission is sought for the administration of this from parents as part of the Asthma School Card.

### **PE and sports events**

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 as necessary, to take their reliever inhaler before the lesson. Each child's inhalers will be labelled and kept with the teacher at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so.

### **The school environment**

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry pets and 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.

### **Asthma and Learning**

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 their learning, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the school nurse and SENCo about the situation. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

### **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:

1. Keep calm and reassure the child
2. Encourage the child to sit up and slightly forward
3. Use the child's own inhaler – if not available, use the emergency inhaler
4. Remain with the child while the inhaler and spacer are brought to them
5. Immediately help the child to take two separate puffs of salbutamol via the spacer
6. If there is no improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
7. Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
8. If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 for an ambulance.

**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 told about the attack and a letter informing parents of the amount of inhaler puffs needed is sent home. A copy of the letter should be kept in school for our records (see Appendix 2).

**Emergency procedure**

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

**A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate.**

## APPENDIX 1

### EMERGENCY SALBUTAMOL INHALER PROTOCOL

Children prescribed with asthma should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. However, there may be an emergency at some time when they are without it. For this reason, we hold an emergency salbutamol inhaler in school.

The salbutamol inhaler should only be used by children;

- Who have been diagnosed with asthma, and prescribed a reliever inhaler
- OR who have been prescribed a reliever inhaler

**AND for where written parental consent for use of the emergency inhaler has been given** (see consent form Appendix 3)

#### The emergency kit

This includes:

- A salbutamol metered dose inhaler
- 2 plastic spacers
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- A list of children permitted to use the emergency inhaler
- A record of administration

#### Storage and care of the inhaler

The emergency inhaler kit is stored in the school office, on the cupboard to the right hand side of the office, directly inside the office door for speed of access and away from other pupils' inhalers. It is clearly labelled.

The inhaler and spacers are checked on a monthly basis to ensure they are present and in working order, in date, and the inhaler has sufficient number of doses available. The plastic housing (which holds the canister) is cleaned, dried and returned to storage.

After use, the spacer should not be re-used. It can be given to the child to take home for personal future use. The inhaler can be reused. It must be cleaned by removing the canister and washing the plastic housing and cap in warm running water, then left to dry in air in a clean, safe place. However, if there is any risk of contamination with blood (e.g. if the inhaler has been used without the spacer) it should be disposed of.

#### Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler must be recorded. This should include where and when the attack took place, how much medication was given and by whom. The child's parents must be informed in writing so that this information can be passed onto the child's GP (see draft letter Appendix 4).

#### Staff

Designated members of staff are responsible for administering the inhaler in an emergency.



### To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent / carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

### Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature

Date

### Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature

Date

## ASTHMA QUESTIONS?

Ask our respiratory nurse specialists  
Call **0300 222 5800**  
WhatsApp **07378 606 728**  
(Monday-Friday, 9am-5pm)  
[AsthmaAndLung.org.uk](http://AsthmaAndLung.org.uk)

### What signs can indicate that your child is having an asthma attack?

### Does your child tell you when they need medicine?

Yes  No

### Does your child need help taking their asthma medicines?

Yes  No

### What are your child's triggers (things that make their asthma worse)?

Pollen  Stress   
 Exercise  Weather   
 Cold/flu  Air pollution

### If other please list

### Does your child need to take any other asthma medicines while in the school's care?

Yes  No

### If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

### Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP

### Actions to take if a child is having an asthma attack

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**







## Protocol for Administration of Emergency Inhaler

1. To be administered by a designated first aider
2. Refer to the child's asthma card to check that consent has been given for use
3. Telephone the child's parents to notify them that the administration has taken place
4. Notify headteacher that the administration has taken place
5. Complete the notification form for parents. Email a copy to parents and place a copy in the child's asthma records
6. The spacer **cannot** be reused so to be sent home with the child
7. The inhaler **can** be reused. It must be cleaned by removing the canister and washing the plastic housing and cap in warm running water, then left to dry in air in a clean, safe place.
8. Record of emergency inhaler and spacer administration should then be completed (located in the emergency inhaler box)
9. Ordered placed at pharmacy for new spacer within 24 hours



