

ASTHMA AND ADMINISTRATION OF EMERGENCY VENTOLIN POLICY FOR PUPILS

WHY DO WE HAVE THIS POLICY?

Asthma is the most common chronic childhood disease in the UK and it is increasing. It is a treatable condition but unless the correct action is taken an asthma attack can prove fatal. The sufferer must be in a position to administer medication and adults must be aware of the action to take when a severe attack occurs.

PURPOSES

- ❖ To allow asthmatic pupils to be involved in normal school activities to minimise absence;
- ❖ to secure a safe and caring environment for pupils with respiratory problems;
- ❖ to give clear guidelines to teachers and others on the procedures to be adopted when treating the pupil;
- ❖ to work in partnership with parents to enable their children to cope with, and overcome, their difficulties and embarrassment in dealing with this condition.

HOW DOES THE SCHOOL RESPOND?

- ❖ Parents must inform the school if their child is asthmatic and give details of medication and respiratory conditions.
- ❖ Parents will be encouraged to supply a labelled, spare reliever inhaler, to be kept in school for their child's use.
- ❖ The school will distribute a list of diagnosed asthmatics to staff. This will be updated at the start of each school year and as needed.
- ❖ The school will inform parents if a pupil suffers an asthma attack in school.
- ❖ INSET will be provided to keep staff updated on managing asthma in school.
- ❖ All staff will be informed of procedures for managing pupil asthma attacks involving:
 - I. the pupil using own reliever inhaler;
 - II. the pupil using an emergency Ventolin inhaler;
 - III. when to call an ambulance for the pupil (see attached statement of guidelines to follow in an asthma attack).

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- ❖ Staff will record pupil asthma attacks in the accident book held in the school main office.
- ❖ Staff will consult the asthma list before educational visits to ensure that pupils have their inhalers.
- ❖ Staff will check parent medical forms to ensure that pupils suffering from asthma have this highlighted on their form.

MONITORING AND EVALUATION

Notre Dame Catholic College has a duty to care for all its pupils. In the case of those who suffer specifically and can be at great risk suddenly, there is an acknowledged duty to set down clear guidelines for their health and safety.

Use of emergency salbutamol inhalers in school

Why do we have this policy?

Notre Dame Catholic College aims to ensure that all pupils have full access to the curriculum regardless of their individual needs. This policy outlines the procedures for the emergency administration of salbutamol inhalers in school to enable the needs of pupils who have asthma to be met. Asthma is the most common chronic condition, affecting one in eleven children. On average there are two children with asthma in every classroom in the UK. However, a recent survey by Asthma UK found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler has run out.

Supply of salbutamol inhalers:

It is the responsibility of the Headteacher to request emergency inhalers and spacers. This should be on headed paper and it should state:

- The name of the school
- The purpose for which it is required
- The total quantity required

Supply will be obtained from an appropriate pharmacy.

Storage and care

Each emergency salbutamol inhaler and accompanying spacers will be stored in an emergency asthma kit. Emergency kits will be stored in the following locations:

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- PE staff room
- Science prep room
- Administration office

The kits should be readily accessible to staff and the inhaler and spacer should not be locked away. They need to be stored out the reach and sight of children. They should be stored at the correct temperature, protected from direct sunlight and extremes of temperature. They need to be separate from other children's inhalers. The emergency inhaler needs to be clearly labelled to avoid confusion. A spare kit will be available in the First Aid room.

Each kit will 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 inhalers or spacers
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans
- A record of administration

Management of asthma in the classroom

If a child has an attack during lessons then teaching staff should help the child to administer their own prescribed inhaler. In most cases, this will be sufficient to relieve the attack and the child can carry on with normal activities.

However, in some cases further treatment may be needed. In this case, a qualified first aider should be sent for. This can either be by phone, or by sending a responsible pupil to get help. It may also be necessary for the teacher to send for a member of staff to support the class while the child is being cared for.

It is important to support the child until the first aider arrives and this will include administering further ventolin as per guidelines given.

If a child does not have their inhaler staff should ascertain whether the child has a spare inhaler in school. These will be kept in the office. A register of asthmatics

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will be kept on the 'I' drive in the SEN folder and this register will indicate whether the child has a spare inhaler in school.

Use of the emergency inhaler when a child does not have their own inhaler

A register of all children who have been diagnosed with asthma or prescribed a reliever inhaler will be kept by the school, and a copy will be included in the emergency asthma kit.

Only those children for whom we have written parental consent to use the emergency inhaler can be given it and this should be included as part of a child's individual health care plan. A list of these pupils will be found in the emergency kit and this should be checked **before giving any salbutamol. Consent will be updated annually to take account of changes to a child's condition. Children with valid consent will be highlighted in yellow.**

If a child is prescribed a different alternative reliever medication to salbutamol (e.g. terbutaline) then the salbutamol inhaler should still be used by these children if their own inhaler is not accessible. However, written consent must still have been obtained from the parent/carer before doing this.

Before use, the inhaler needs to be primed by spraying two puffs. This needs to be done regularly as over time it can become blocked again when not used regularly.

After use, the plastic spacer should not be reused so as to avoid cross-infection. However, it can be given to the child to take home for future personal use. The inhaler itself can be reused if it is cleaned after use. To do this, remove the inhaler canister then wash the plastic inhaler housing and cap in warm running water. After this, leave to dry in a clean, safe place. Once dry, return the canister to the housing and replace the cap and then return to the designated storage space.

If there is a risk of contamination by blood e.g. if the inhaler is used without a spacer, then it should not be reused but disposed of.

Once a pupil has received this medication, a record of use should be kept as per the administration of medicines policy. A letter should be given to the child to inform the parent or carer that their child has used the emergency inhaler in school.

Salbutamol is relatively safe when inhaled but common side effects include feeling shaky, trembling or pupils may say they feel their heart is beating faster.

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Side effects tend to be mild and temporary. They are not likely to cause serious harm.

The inhaler should only be administered **to children who have asthma or who have been prescribed a reliever inhaler and for whom written parental consent has been given**. Before giving the inhaler, it is important to check that the child is on the register and has written consent.

Disposal

All spent inhalers should be returned to the pharmacy to be recycled as per the policy on the administration of medicines.

Training

All staff responsible for using the emergency inhaler must have training from the school nurse or an appropriate person prior to undertaking this task. They should be trained in recognising asthma attacks and distinguishing them from other similar symptoms, responding appropriately to a request for help from another member of staff, recognising when emergency action is necessary, administering salbutamol through a spacer and making appropriate records of asthma attacks.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a whistle heard on breathing out) on exercise
- Shortness of breath on exercise
- Intermittent cough

These symptoms will usually respond if the child uses their own inhaler and rests.

Signs of an asthmatic attack 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

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If a child has any of these symptoms then the guidance on responding to an asthmatic attack should be followed. An ambulance must be called immediately and the asthma attack procedure started without delay if:

- The child appears exhausted
- They have a blue/white tinge around the lips
- They are going blue
- They have collapsed

Responding to an asthmatic attack

The following steps should be taken if a child has an asthmatic attack:

- Keep calm and reassure the child
- The child should be encouraged to sit up and slightly forward
- The child's own inhaler should be used or, if not available, the emergency inhaler (the staff member should stay with the child while the inhaler and spacer are brought to them)
- The staff member should then help the child to take two puffs of salbutamol via the spacer
- If the child does not immediately improve then continue to give two puffs every two minutes up to a maximum of 10 or until the symptoms improve. The inhaler should be shaken between puffs
- It is important to stay calm and reassure the child and the member of staff should stay with the child until they feel better. The child can return to activities when they have recovered
- If the child does not feel better or you are worried at any time before reaching the 10 puffs then call 999 for an ambulance
- If an ambulance does not arrive in 10 minutes give a further 10 puffs in the same way
- The child'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

Recording the use of emergency Salbutamol

Any use of the emergency inhaler should be recorded. This should include details of:

- Name of child and form
- When the attack occurred

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- Where the attack occurred
- How much inhaler was given
- Who gave the inhaler

The child's parents must be informed in writing so the information can be passed to the child's GP.

Staff responsible

The person responsible for overseeing this protocol and monitoring its implementation, as well as maintaining the asthma register, will be the person responsible for the administration of medicines. This is currently Ms Alison Chappell. The individuals responsible for the supply, storage and disposal of the inhaler and spacer will be Ms Alison Chappell and other nominated staff. This will include:

- Checking each month that the inhalers and spacers are working correctly and there are sufficient doses left in the inhaler
- Replacing inhalers when the expiry dates approach
- Replacing spacers after use
- Cleaning, drying and returning the plastic inhaler housing holding the canister following use

All first aiders who have volunteered to undertake this role will be trained by the school nurse or other appropriately trained professionals in the use of the pack.

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