

## Hob Green Asthma Procedures

To reflect the context of the School, certain Trust Policies have associated contextualised procedures. Please refer to Trust's *Pupils Medical Conditions Policy* for more information.

### Asthma Medicines

- Immediate access to reliever medicines is essential.
- Children should have easy access to their own normal relieving medication at all times in the setting and whenever they are in the care of staff. Relieving inhalers should never be locked away.
- Pupils with asthma are encouraged to carry their reliever inhaler with them as soon as the parent/ carer, doctor or asthma nurse agree they are old enough.
- For children who are not yet old enough to carry their own inhaler, inhalers should be stored in the class medical box. The class medical box should be clearly labelled and visible from all points in the classroom.
- All inhalers must be labelled with the child's name by the parent/ carer.
- School staff are not required to administer asthma medicines to pupils (except in an emergency). However, most members of staff at this school are able to do this.
- All staff will let pupils use their reliever inhaler when they need to.
- Preventer inhalers should not normally be kept at school. They are expected to be administered by parents/ carers at home, outside of normal school hours. Preventer inhalers are usually brown, orange, green or purple.
- If staff have any questions or concerns about a child's asthma medication and/or inhaler device, they should discuss this with the child's parent/ carer or with the school SENDCo, who will liaise with the School Health Advisor.

### Record Keeping

#### The Administration Pathway:

- At the beginning of each school year or when a child joins the school, parents/ carers are asked if their child has any medical conditions, including asthma.
- All parents/ carers of children with asthma are consequently sent an asthma care plan via Microsoft Forms - <https://forms.office.com/e/GLfLwZYkd3>. The Asthma Care Plan should record important details about an individual child's asthma, their triggers, signs and symptoms and any current medication.
- If a parent/ carer identifies their child as having asthma, consent to administer emergency medication is obtained. This is also done via Microsoft Forms.
- Completed forms are returned to the asthma lead, who updates the asthma register.
- Completed care plans are available to all members of staff via the Medical folder in SharePoint.
- Care plans are sent to parents/ carers of children with asthma on an annual basis to update. Parents/ carers are also asked to update or exchange the form for a new one if their child's medicines or how much they take changes during the year.

#### The Asthma Register:

- The school maintains an asthma register, which includes details of pupils diagnosed with asthma.
- The asthma register helps inform staff about the individual needs of children with asthma and allows the contact details for children with asthma to be kept in one central location.

- For children who are no longer asthmatic, written consent to remove the parent/ carer's child from the asthma register is obtained (appendix 3).

#### **Consent to administer medicines in school:**

- The parents/ carers of children with any medical condition, including asthma are sent a consent form to complete and return, giving staff permission to administer medication both on a regular/ daily basis and in an emergency.
- The parent/ carer consent form is updated on an annual basis.

#### **Recording administration of medication in school:**

- Staff keep an accurate record of each occasion a child has to use their reliever inhaler. The information includes the child's details and the date and time the inhaler was used. This information is recorded (appendix 4) and a slip is sent home informing parents/ carers (appendix 5).

#### **Access to, storage and disposal of inhalers**

- It is essential that children with asthma have access to their own relieving medications.
- Children who are able to use their inhalers themselves should be allowed to carry them with them.
- Children in Year Three and above should be encouraged to carry their own inhalers. If a child is too young or immature to take responsibility for their own inhaler, staff should make sure the inhaler is provided then stored in a safe but readily accessible place.
- Inhalers should never be locked away.
- Inhalers should be easily accessible during physical education, sports activities, educational visits and play/lunchtime.
- All asthma medicine should be clearly labelled with the child's name.
- Staff should ensure that children only receive their own medication. Children's inhalers should not be used for other children.
- Class teachers are responsible for ensuring medication is in date. This is overseen by the Asthma Lead.
- Out of date medication should be returned to parents, who should be asked to return to a pharmacy for safe disposal.
- When children leave Hob Green, medication should be returned to parents.
- Inhalers should be sent home at the end of the academic year and should not be stored in school over the summer holidays.

#### **Exercise and Activity**

Taking part in sports, games and activities are an essential part of school life for all pupils. All teachers and teaching assistants know which children in their class have asthma and all Lunchtime Supervisors and external sports coaches are aware of which pupils have asthma from the school's medical needs register.

- Pupils with asthma are encouraged to participate fully in all PE lessons. Inhaler boxes will be taken with the class to all PE lessons, this includes outdoor and indoor PE.
- Teachers will remind pupils, whose asthma is triggered by exercise to take their reliever inhaler before the lesson. This information is detailed on a pupil's Asthma Care Plan.
- Children should always be encouraged to warm up and cool down thoroughly.
- If a pupil needs to use their inhaler during a PE lesson, they will be encouraged to do so.

- Exercise should be stopped if a child starts experiencing asthma symptoms. The child should take their reliever inhaler and wait until they feel better (at least five minutes) before starting again.
- Lunchtime Supervisors, external PE coaches and supervising members of staff during break time follow the same principles as described above for activities involving physical activity, playtime and after school sports clubs.

### Extra-Curricular Activities and Trips

Most members of staff including external sports coaches are aware of the potential triggers for pupils.

- Reliever inhalers should accompany the child for any extra-curricular activities and school trips. These should be readily available to the children who require them at all times.
- All members of staff, including external sports coaches are aware of who is on the school's asthma register. The PE Lead is responsible for ensuring that external sports providers are aware of the children in their clubs, who have asthma.
- Sometimes additional safety measures may need to be taken for educational visits such as an individual risk assessment. This should be discussed with the Asthma Lead, who will liaise with the School Health Advisor.
- Children may need supervision when taking their asthma medication.
- Records (as detailed above) should be taken if asthma medication is administered.

### Asthma Training

- The school ensures that all pupils and members of staff understand asthma through information displayed on posters around school (appendix 6).
- The Asthma Lead and relevant staff will receive asthma awareness training every year, delivered by the School Health Advisor.
- A record of all staff who receive asthma training is kept by the Asthma Lead.

### Asthma Attacks

- Most members of staff have been trained on what to do should they come into contact with a child who is having an asthma attack.
- In the event of an asthma attack, the school follows the procedure outlined by Asthma UK. This procedure is visibly displayed in the staffroom, every classroom and throughout school (appendix 6).
- Spacers are the most effective way to deliver a reliever inhaler. All children should have their own spacer in school. This should be labelled by the parent/ carer and be kept with the reliever inhaler.

### Spare Emergency Inhalers

- Spare inhalers are kept in the school office in case a child or member of staff requires an inhaler but does not have theirs with them.
- The emergency inhaler is clearly labelled to avoid confusion with a child's inhaler and is pinned to the medical board in the school office.
- A spare inhaler is to be taken on activities that take place off site as part of the First Aid Kit.
- Class teachers are responsible for checking on a termly basis that inhalers are obtained when the expiry dates approach. Mrs Crichton (SENDCo) and Miss Cooper (TA) carry out termly checks to ensure those who require an inhaler have one in school and that it is in date.

### Role of the Asthma Lead

Every setting should identify at least one or two members of staff to take on the lead role for asthma.

The Asthma Lead at Hob Green is Mrs Rebecca Crichton (SENDCo & Assistant Headteacher).

The Asthma Lead should:

- Attend an asthma awareness training session yearly.
- Compile and maintain the asthma register.
- Ensure that parents/ carers are asked every year if their child has asthma.
- Ensure the link to the online care plan is sent to all parents/ carers of children who have asthma.
- Review the Asthma Care Plan.
- Ensure that all parents are asked to complete the consent for the setting to administer medicine (appendix 7).
- Raise awareness within the setting about the asthma procedures and guidelines.
- Liaise with the School Health Advisor about individual children, especially when there are any concerns that their asthma may be getting worse.
- Support all staff to understand and manage asthma within the setting.

#### **Role of class teachers**

- To be aware of any children who have asthma in their class and of the child's asthma Health Care Plan
- To ensure the child's asthma Health Care Plan is implemented.
- Ensure these children have easy access to their relieving inhalers.
- To always inform parents if their child has had asthma symptoms or an asthma attack and used their reliever inhaler while in the care of school staff (appendix 4 &5)
- To liaise with the school's Asthma Lead and School Health Advisor if there are concerns that a child's asthma is unstable or getting worse.
- To encourage a positive attitude to asthma and to children with asthma amongst other class members.
- To ensure inhalers are taken with those who need them at all times, including PE, playtimes, Computing sessions and interventions.

**Reviewed September 2024.**

**Person Responsible for Reviewing Procedures: Mrs Rebecca Crichton (SENDCo & Assistant Headteacher)**



## Appendix 5 – Administration of reliever inhaler slip



### Asthma Medication Issue

Please be advised that:

Your Child: ..... Class: ..... =

Needed to use his/ her inhaler today at: ..... =

Name: ..... Signed: .....

## Appendix 6 – Asthma Attack Procedure

### Asthma Attack Pathway – Mild/ Moderate Symptoms



#### How to use an inhaler and spacer



1. Remove cap from inhaler and shake

2. Put inhaler into the flat end of the spacer

3. Press inhaler once to puff a single dose into the spacer

4. Encourage the child to breathe slowly and deeply ten times in and out of the spacer

#### Mild/ Moderate Symptoms

- Shortness of breath.
- Wheezy.
- Coughing.
- Complaining of a tight chest.
- Maybe unable to talk in full sentences.

#### Action

- Give 2-4 puffs of child's own reliever (blue) inhaler immediately.
- If symptoms improve, the child can return to activities.
- Record administration of medication (appendix 1) and complete an asthma slip to send home to parents/ carers (appendix 2). Copy of slip to be kept with asthma records.

**If symptoms do not improve or become worse, follow instructions for a severe asthma attack.**

*Taken from Dudley Guidance for Keeping Children Safe and Well, March 2020*

Asthma Attack Pathway – Severe Symptoms

**How to use an inhaler and spacer**



1. Remove cap from inhaler and shake
2. Put inhaler into the flat end of the spacer
3. Press inhaler once to puff a single dose into the spacer
4. Encourage the child to breath slowly and deeply ten times in and out of the spacer

Severe Symptoms

The child may have one or more of these symptoms in addition to the mild symptoms.

- Own normal inhaler is not helping to relieve asthma symptoms.
- Too breathless to talk or drink.
- Becoming agitated or exhausted.
- Lips and/or fingers are going blue.

Action

1. Give 1 puff of child's own reliever (blue) metered dose inhaler via spacer every 1 minute up to a maximum of 10 puffs.  
**Call an ambulance**
2. Continue to give 1 puff of the reliever (blue) inhaler via spacer every minute, until the ambulance arrives or symptoms begin to improve.
3. Record administration of medication (appendix 1) and complete an asthma slip to send home to parents/ carers (appendix 2). Copy of slip to be kept with asthma records.

*Taken from Dudley Guidance for Keeping Children Safe and Well, March 2020*

**Appendix 7 – Consent to Administer Medication**