

SACRED HEART HIGH SCHOOL



FIRST AID ASTHMA POLICY & PROCEDURE

*This policy forms part of a suite of policies including the
Head Injury & Concussion Policy; and the overarching
First Aid Policy*

JULY 2024

To be reviewed May 2025

*This Policy should be read in conjunction with
all other Sacred Heart High School Policies*

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1 INTRODUCTION

This policy applies to Sacred Heart High School (SHHS) it is available on the School website.

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. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK, and 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out.

This policy is intended to be read in conjunction with the following:

- 'Guidance on use of emergency salbutamol inhalers in schools', DfE March 2015;
- The Human Medicines (Amendment) (No. 2) Regulations 2014 which allow schools to voluntarily keep a salbutamol inhaler for use in emergencies;
- Supporting Pupils at school with medical conditions (Dec 2015) Statutory guidance; and
- The School's First Aid Policy on School Website

Throughout the policy the term 'parent' is deemed to mean those with parental responsibility and includes parent, carer and guardian.

2 POLICY AIMS

This policy sets out a procedure for staff on how to recognise signs and what to do in the event of a child having an asthma attack.

This policy sets out how and when the emergency salbutamol inhaler should be used, (see paragraph 4 below). The School keeps eight (8) Emergency Asthma Kits. Keeping an inhaler for emergency use has many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school.

The School has the appropriate insurance cover for the use of emergency salbutamol inhalers.

3 GENERAL

Parents should notify the School that their child needs an inhaler in the joining documents on admission, or as diagnosed thereafter, and provide the School with a with the HCP provided by an Asthma Nurse Specialist.

Parents should provide a reliever inhaler to be kept in the school office and pupils should have their own reliever inhaler on them at all times in the event of an asthma attack

If any member of staff has reason to suspect a child has undiagnosed asthma or a respiratory condition, they should notify the parents, so they can take the child to a doctor.

4 EMERGENCY PROCEDURE TO RESPOND TO AN ASTHMA ATTACK

4.1 Signs of an asthma attack and procedure

Recognising signs of an asthma attack and the procedure to be followed are set out in **Appendix 1**.

Salbutamol / Ventolin inhalers the pupil's own Salbutamol / Ventolin inhalers are intended for use when that pupil has asthma.

Emergency Salbutamol inhaler. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation or choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason, the emergency inhaler should only be used by children:

- **who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication; and**
- **if their prescribed inhaler is not available (for example, because it is at home, broken, lost or empty).**

5 ROLE & RESPONSIBILITIES

5.1 School Office

The School Office, with support from the School Nurse shall be responsible for:

- ensuring that the policy is followed;
- monitoring the implementation of the policy;
- ordering replacement Salbutamol (Ventolin) reliever inhalers and Large Volume Spacers (LVS)
 - before expiry date; and
 - after emergency use;
- providing training for all staff in accordance – School Nurse
- ensuring all staff are familiar with this policy; and
- maintaining the Asthma Register (see section 8 below).

5.2 Designated Members of Staff

The following Designated Members of Staff are responsible for:

- the Emergency Asthma Kit in the location identified in the table below:

Designated Members of Staff	Location of Emergency Asthma Kit
Anita Ferns	School office/First Aider
Sally Gorman-Moffatt	School office/First Aider
Ansuya Agrawal	School office/First Aider
Caitriona Tesh	Office manager/First Aider
Luis Andre	Site Office/First Aider
Edgar Oswaldo Minda	Site Office/First Aider
Oscar Salinas-Galarza	Site Office/First Aider

- for helping to administer an emergency inhaler from the Emergency Asthma Kit in their location;
- the maintenance of the Emergency Asthma Kit and familiarising themselves with the photographs of pupils on the Asthma Register so that they would be able to identify a pupil, where that pupil was unable

to give their name during an attack or where it would be difficult for that pupil to be identified by other pupils, for example - newly-arrived pupils.

The School has ensured there are a reasonable number of Designated Members of Staff to provide sufficient coverage for our school population.

5.3 Contents

The School Emergency Asthma Kits contain the following:

- Two single patient Able Spacer devices (also known as Large Volume Spacers (LVS));
- One Salbutamol (Ventolin) reliever inhaler;
- Emergency Asthma Inhaler Administration Record Chart;
- 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); and
- A copy of the Asthma Register (see paragraph 7 below) listing the children who are permitted to use the emergency inhaler as detailed in their individual healthcare plans (HCP).

In the event of a student with asthma not having their inhaler/s with them, school staff can take an Emergency Asthma Kit on school visits and trips. This should be collected from the School office.

5.4 Disposal

The School Office will dispose of spent or expired inhalers via the medical waste.

6 PARENTAL CONSENT

A record of parental consent will be kept on the Asthma Register which will enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent is updated regularly – at least annually - to take account of changes to a condition. (See **Appendix 3**)

7 ASTHMA REGISTER

The Asthma Register (see template in Appendix 4) is easy to access and is designed to allow a quick check of whether or not a child is recorded as having asthma, and consent is given for an emergency inhaler to be administered. Information regarding whether a child should be on the Asthma Register is taken from the child's individual healthcare plan.

The School may include, with parental consent, a photograph of each child, to allow a visual check to be made. This enables a Designated Member of Staff to confirm whether the School has parental consent to provide the emergency inhaler to a pupil, whether or not that pupil is known to the staff member.

8 STAFF TRAINING

8.1 All staff

All staff are:

- trained annually to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the Asthma Policy;
- aware of how to check if a child is on the Asthma Register;
- aware of how to access the inhaler;
- aware of who the Designated Members of Staff are, and the policy on how to access their help.

8.2 Designated Members of Staff

Designated Members of Staff are trained to:

- recognise asthma attacks (and distinguishing them from other conditions with similar symptoms e.g panic attacks)
- respond appropriately to a request for help from another member of staff;
- recognise when emergency action is necessary;
- administer Salbutamol /Ventolin inhaler through a spacer;
- make appropriate records of asthma attacks.

9 RECORDING USE OF EMERGENCY INHALER

Written records are kept of any medicines administered to children.

- Use of the emergency inhaler must be recorded on the medical events spreadsheet. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.
- The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The specimen letter at Appendix 5 may be used to notify parents.

10 FURTHER USEFUL INFORMATION

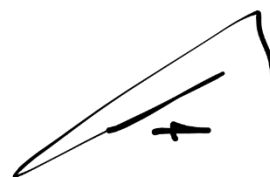
- Asthma UK has produced demonstration films on [using a metered-dose inhaler \(MDI\) and spacers \(LVS\) suitable for staff and children.](#)
- Education for Health is a charity providing asthma training with the most up to date guidelines and best practice <http://www.educationforhealth.org>

11 RATIFICATION

This Policy has been approved by the Headteacher, Staffing, Management & Finance Committee and ratified by the full governing body in July 2024.



Mrs S O'Donovan, Headteacher



Glen Hodgson, Chair of Governors

APPENDIX 1: ASTHMA ATTACK PROCEDURE

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 child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

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. However, an asthma attack requires an immediate response.

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the student.
- Encourage the child to sit up and slightly forward.
- Administer student's blue inhaler – if not available, use the emergency inhaler.
- If there is no immediate improvement, continue to give one puff every two minutes, up to a maximum of 10 puffs.
- 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.

CALL AN AMBULANCE IMMEDIATELY AND CONTINUE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted.
- Has a blue/white tinge around lips.
- Is going blue.
- Has collapsed.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- summon assistance by alerting another member of staff. If there is only one staff member in the room a pupil will be sent to get help.
- the inhaler will be administered with support from a Designated Member of Staff or School Nurse.

APPENDIX 2

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that [name _____] has been diagnosed with asthma / has been prescribed an inhaler. (circle as appropriate)
2. [name _____] has a working, in-date inhaler, clearly labelled with their name, which is kept in their drawer in the medical room.
3. In the event of [name _____] displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for them to receive salbutamol from an emergency inhaler held by the School for such purposes.

Signed: Date:

Name (print).....

Child's name:

Class:

Parents address and contact details:

.....

.....

.....

Telephone:

Email:

APPENDIX 3

SPECIMEN LETTER TO INFORM PARENTS/CARERS OF EMERGENCY SALBUTAMOL INHALER USE

Pupil's name:

Form:

Date:

Dear.....

This letter is to formally notify you that..... has had problems with breathing today.

This happened (time).....in (location).....

A. A member of staff helped them to use their asthma inhaler.

OR

B. 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 / (Ventolin) puffs were given

OR

C. Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.

They were given puffs.

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely

School Office

APPENDIX 4: ASTHMA REGISTER (alphabetical by surname)

ONLY THE FOLLOWING NAMED PUPILS HAVE PARENTAL CONSENT TO BE GIVEN A
SALBUTAMOL INHALER ADMINISTERED IN AN EMERGENCY

A B C

FIRST NAME	SURNAME	YEAR

D E F

FIRST NAME	SURNAME	YEAR

G H I J

FIRST NAME	SURNAME	YEAR

K L M

FIRST NAME	SURNAME	YEAR

N O P

FIRST NAME	SURNAME	YEAR

Q R S

FIRST NAME	SURNAME	YEAR

T U V

FIRST NAME	SURNAME	YEAR

W X Y Z

FIRST NAME	SURNAME	YEAR