



and NURSERY CLASS

# Policy for Asthma and Inhalers in School

Agreed by Governing Body on 10<sup>th</sup> May 2018

Reviewed December 2021, July 2024, July 2025, January 2026

Signed: Victoria Davis

Chair of Governing Body

Next review due date: January 2027

Walmley Infant School is an inclusive community that aims to support and welcome pupils with asthma. We ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to children with asthma. Walmley Infant's asthma policy has been written with advice from the Department for Education, Asthma UK, Birmingham Local Authority, and healthcare professionals. We ensure all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency. All school staff receive asthma awareness training annually. Walmley Infant School has clear guidance on the administration and storage of medicines at school and about record keeping. Each member of the school knows their roles and responsibilities in maintaining and implementing an effective medical condition policy. The asthma policy is regularly reviewed evaluated and updated.

## **What is Asthma?**

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults.

Asthma is the narrowing of the airways, the tubes that carry air to the lungs, that are inflamed and constricted causing, shortness of breath, wheezing and cough.

There is currently no cure, but the symptoms can be controlled so the condition does not a big impact on your life.

## **Introduction to Policy & Background to Changes** (including extracts form the DFH Guidance)

At Walmley Infant we are aware of the need to ensure that the pupils who require access to their inhalers always have it. We have procedures in place to ensure that inhalers are readily available. The school maintains a record of all those who are registered as asthmatic/have allergies. In the event of a child requiring an inhaler and not having access to their own we have implemented the following policy and procedures. From the 1<sup>st</sup> October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 have allowed schools to keep a Salbutamol (Ventolin) inhaler for use in emergencies. The emergency inhaler should only be used by children, for whom written parental consent has been for children who have either been diagnosed with asthma and have been prescribed an inhaler, or a child who has been prescribed an inhaler as a reliever medication. Walmley Infant recognises that Asthma is the most common childhood condition, affecting one in eleven children. In the UK over 1 million children receive treatment for asthma. On average, there are two to three 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.

It is our school policy that children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If the child is able to manage their own asthma, their inhaler should be easily accessible to them.

Each child with asthma should have their own individual care plan. According to Asthma and Lung UK, less than 25% of children with asthma have a Personalised Asthma Action Plan (PAAP). A PAAP is considered part of basic asthma care. Lack of a care plan increases the risk of uncontrolled symptoms, school absences and preventable asthma attacks.

However, an Asthma UK survey 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 having run out. However, before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available.

As a school we have decided to implement this policy.

## **Arrangements for the supply, storage, care and disposal of the inhaler**

### **Supply**

It has been agreed in the legislation that schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier without a prescription, provided the general advice relating to these transactions is observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit.

### **The Emergency Kit**

Upon the advice outlined in the Guidance an emergency asthma inhaler kit should 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 inhaler and spacers
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

At Walmley Infant we have made the decision to keep more than one emergency asthma kit. We have 6 emergency kits, one each for the Nursery/Early birds building, one each for Reception, Year One and Year Two, plus one for the use of after school sports' clubs. This will ensure that all children within the school environment are close to a kit.

### **Salbutamol (Ventolin)**

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster. The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the

inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

## **Storage and care of the inhalers**

Walmley Infant's asthma policy includes staff responsibilities for maintaining the emergency inhaler kit. It has been recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

- monthly the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach; replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried, and returned to storage following use, or that replacements are available if necessary.

As a school we will ensure that the inhaler and spacers are kept in a safe and suitably central location in the school, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should never be locked away.

## **Care of the Inhaler**

The inhaler will be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers will be kept separate from any child's personal inhaler (which is kept in their classroom). The emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked when not used over a period, it should be regularly primed by spraying two puffs.

To avoid possible risk of coronavirus and cross-infection, the plastic spacer must not be reused. It will be given to the child to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned thoroughly after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. A replacement spacer should be purchased as soon as possible.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it is recognised that it should also not be re-used but disposed of. Disposal to be as stated in the DFE Health Guidance. In this situation a new Salbutamol inhaler should be purchased as soon as possible.

## **Disposal**

As stated in the DFE Health Guidance manufactures guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online and is free and does not usually need to be

renewed in future years. <https://www.gov.uk/wastecarrier-or-broker-registration> (We have registered for this). Expired inhalers are taken to the local pharmacy to be disposed of.

## **Children who can use the Inhaler**

The emergency 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 whom written parental consent for use of the emergency inhaler has been given.

This information should be recorded in a child's individual healthcare plan.

**A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.**

Walmley Infant School already have procedures in place to ensure that we are notified of children that have additional medical needs. All parents notifying us that their child is asthmatic will complete an **Asthma Questionnaire**, and their child will be placed on our **Asthma Register**. The asthma register is crucial. As a school we will ensure that the asthma register is designed to allow a quick check of whether a child is recorded as having asthma, and consent for an emergency inhaler to be administered. This information is stored central in the school office and on Medical Tracker.

As part of the school's asthma policy, when the emergency inhaler is to be used, a check will be made that parental consent has been given for its use, in the register.

We will seek written consent from parents of children who are already on our asthma register for them to use the salbutamol inhaler in an emergency. A draft consent form is included in this document.

\*We shall be looking to obtain this consent when the child enrolls into nursery/ reception at Walmley Infant School.

\*Or when a parent notifies us that their child has been prescribed an inhaler and an Individual healthcare plan is put in place.

These consents will be updated annually at the beginning of each academic school year

A list of children who have parental consent to use the emergency inhaler will be kept with the inhaler and displayed in Nurses Corner and in each classroom in their medical folders.

## **Responding to asthma symptoms and an asthma attack**

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and 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 been diagnosed with asthma, and **prescribed** a reliever inhaler, or who have been prescribed a reliever inhaler **AND** whose parents have given consent for the inhaler to be used.

All staff at Walmley have annual **Asthma Awareness and Allergy** training so they can recognise and respond to an asthma attack and know what to do in emergency situations.

Most TAs and dinner supervisors have also completed their **Paediatric First Aid Level 3** training. We also have 5 members of staff that have completed both **Paediatric AND First Aid at Work** training.

### **Common “day to day” symptoms of asthma are:**

- Cough and wheeze (children tend to cough more than wheeze)
- Shortness of breath when exercising
- Intermittent cough

These symptoms can be caused by a variety of triggers from colds and viruses, change in seasons, exercise, and pollens. The child’s asthma usually responds when their inhaler is administered, and the child would not normally need to be sent home.

Using the large volume spacer (Volumatic®) with the Salbutamol inhaler

1. Remove the cap from the salbutamol inhaler
2. Shake the salbutamol inhaler 4 or 5 times and prime with 2 doses
3. Insert the salbutamol inhaler into the Volumatic® spacer
4. Insert the Volumatic® mouthpiece into the child’s mouth, ensuring their lips form a tight seal around it
5. Ask the child to start breathing in slowly and gently and press the salbutamol inhaler down (the Volumatic® makes a ‘clicking’ sound as the valve opens and closes)
6. Ask the child to take 4 to 5 breaths through the mouthpiece (tidal breathing technique)
7. Gently press the salbutamol inhaler down to release a second dose
8. Ask the child to take 4 to 5 breaths through the mouthpiece (tidal breathing technique)
9. Remove the inhaler from the Volumatic®

If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs.

### **Signs of an Asthma 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
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring

- Being unable to talk in complete sentences
- Appearing exhausted
- A blue/white tinge around lips.

If a child is displaying the above signs of an asthma attack the guidance on responding to an asthma attack should be followed.

## **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around the lips
- Is going blue
- Has collapsed

### **Responding to signs of an asthma attack**

- Keep calm and reassure the child
- **Do Not** move or try and walk the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the **emergency inhaler**
- If appropriate put on recommended PPE protection
- Remain with the child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of Salbutamol via the spacer
- If there is no immediate improvement, continue to give 2 puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. If well enough the child can return to school activities when they feel better.
- If the child does not begin to respond to their inhaler before you reach the 10 puffs, or you are worried at **ANYTIME. CALL 999 FOR AN AMBULANCE**
- Be prepared to commence CPR if the child stops breathing
- If an ambulance does not arrive in 10 mins give another 10 puffs of Salbutamol in the same way as before
- The child's parents or carers should be contacted after the ambulance has been called.
- A designated member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

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

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. Supporting pupils requires records to be kept of medicines administered to children.

In addition to the above the child's parents must be informed in writing so that this information can also be passed on to the child's GP. The child's parents will receive a notification from Medical Tracker with the relevant information.

## Staff

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions. In the following advice, the term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, and have been trained to do this, and are identified in the school's asthma policy as someone to whom all members of staff may have recourse in an emergency.

At least two members of staff should be nominated to support the use of this protocol.

These named individuals will be responsible for overseeing the protocol for use of the emergency inhaler, monitoring its implementation and for maintaining the emergency inhaler kit register. They will also be responsible for the supply, storage, care and disposal of the inhaler and spacer. These individuals will also be trained to administer the emergency salbutamol inhaler.

Additional designated members of staff will be responsible for supporting the administration of the emergency salbutamol inhaler.

It would be reasonable for ALL staff to be:

- trained 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 register;
  - aware of how to access the inhaler;
  - aware of who the designated members of staff are
  - know how to use the "red card" in an emergency

At Walmley Infants we have ensured there are a reasonable number of designated members of staff to provide sufficient coverage. As a school we also ensure staff have appropriate annual training and support, relevant to their level of responsibility. There are agreed arrangements in place for all members of staff to summon the assistance of a designated member of staff (Sarah Butler/Leah Whittall), to help administer an emergency inhaler, as well as for collecting the emergency inhaler and spacer. Designated staff member (Sarah Butler/Leah Whittall) will make a check of the list of authorised children who have parental consent for using the emergency salbutamol inhaler as part of initiating the emergency response. A copy of the authorised list will be kept with every emergency salbutamol inhaler kit and on display in Nurses Corner and Staff Room. The named staff member will also be responsible for the supply, storage, care, and disposal of then inhaler.

The designated members of staff are trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary
- administering salbutamol inhalers through a spacer

- administering CPR
- making appropriate records of asthma attacks

## Coronavirus and Asthma

Currently there is not any evidence to suggest that having asthma makes people more likely to contract Coronavirus (Covid 19). In terms of serious illness from Coronavirus, people with **severe** asthma who take oral steroids and asthma that is poorly controlled (Brittle Asthma) may be at higher risk. It is therefore especially important that asthmatics manage their condition, take their “preventer” inhalers, and follow their asthma action plan.

### Reducing the risk of contracting Coronavirus (Covid 19)

Luckily, children tend not to be severely affected by Coronavirus. At Walmley infant school we have implemented strategies to protect both children and staff.

- Washing of hands often and use of hand sanitisers
- Staggered mealtimes
- Parents offered staggered dropping off and picking up times
- No unauthorised adults on site at anytime

### Reducing the risk of serious illness if Coronavirus is suspected

Asthma care should still be provided during the Coronavirus pandemic. Severe asthma attacks should still receive emergency care, including A&E or calling 999.

It is important that children follow their asthma action plan taking their “preventer” inhalers as prescribed. It is also essential that if prescribed a Salbutamol (reliever) inhaler is always in school. At Walmley Infant we have Emergency Inhaler kits should a child not have their own inhaler in school. If a child has severe asthma, is taking oral steroids, or has poorly controlled (Brittle Asthma) it is important that they wash and sanitise their hands regularly.

If a child is showing symptoms of Coronavirus and have asthma it is very important that parents apply for a Covid 19 test for them. They should remain away from school and isolate until they receive a negative test result.

It is **highly recommended** that children with asthma are given the nasal flu inoculation that is offered in school each year and that parents not sending in consent forms are followed up.

### Contracting Coronavirus and having asthma

Studies have shown that children are not usually affected seriously by Coronavirus, but they can spread the infection.

If a child has asthma, then extra precautions should be taken.

Parents should;

- Contact 111 for advice telling them their child has asthma and how well controlled it is
- Arrange for a Covid 19 test and the child including the family they live with should self-isolate until a negative test result is received
- Children should carry on taking their asthma medication as normal including steroids if prescribed

- Continue to follow their asthma action plan
- If asthma symptoms worsen or they have an asthma attack call 999 but tell them the child has Covid symptoms

## Liability and Indemnity

Supporting Pupils requires that governing bodies ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

## Useful links

Supporting pupils at school with medical conditions.

Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014).

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medicalconditions>

Access to Education and Support for Children and Young People with Medical Needs (Welsh Assembly Government Circular No: 003/2010, May 2010)

<http://wales.gov.uk/topics/educationandskills/publications/guidance/medicalneeds/?lang>

Asthma and Lung UK Website <http://www.asthmaandlung.org.uk/>

Asthma UK Coronavirus Advice <https://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/>

Education for Health <http://www.educationforhealth.org>

NHS Choices, Asthma in Children <http://www.nhs.uk/conditions/asthma-in-children/pages/introduction.aspx>

NICE Quality Standard <http://publications.nice.org.uk/quality-standard-for-asthma-gs25>

Children and Maternal Health Intelligence Network <http://www.chimat.org.uk/>

Getting it right for children, young people and families. Maximising the contribution of the school nursing team: Vision and Call to Action (March 2012).

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216464/dh\\_133352.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf) Guidance on the use of emergency salbutamol inhalers in schools

## Location of Emergency Salbutamol Inhaler kit(s)

The emergency asthma kits for Reception, Year One and Year Two will be stored in the cupboard in Nurses Corner, where all staff have access at all times. (All staff are notified of the location). The emergency asthma kits for Nursery and Earlybirds will be kept in the Office in the Nursery building. Emergency kits must be kept out of reach and sight of children but NOT locked away.

Emergency Asthma Kit **One**

For the use of **Earlybirds Children**

Location **NURSERY/EARLYBIRDS OFFICE**

Emergency Asthma Kit **Two**

For the use of **Nursery Children**

Location **NURSERY/EARLYBIRDS OFFICE**

Emergency Asthma Kit **Three**

For the use of **Reception Children**

Location **NURSES CORNER CUPBOARD**

Emergency Asthma Kit **Four**

For the use of **Year One Children**

Location **NURSES CORNER CUPBOARD**

Emergency Asthma Kit **Five**

For the use of **Year Two Children**

Location **NURSES CORNER CUPBOARD**

Emergency Asthma Kit **Six**

For the use of **children participating in after school sports activities**

Location **NURSES CORNER CUPBOARD**



Emergency Salbutamol Inhaler Kit:	Location:
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**Complete a monthly check to ensure emergency asthma kit is available and functional.**

Salbutamol Batch No:	Expiry Date:
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Date	Tick to confirm checks have been completed	Checked by (print name)
	Is the kit in the right location? (stored below 30c)	
	Are the contents of the emergency kit within their expiry date?	
	Are two Volumatics available in kit?	
	Is the inhaler in working order? (Prime inhaler every 3 months to ensure it remains functional)	
	Is the kit in the right location? (stored below 30c)	
	Are the contents of the emergency kit within their expiry date?	
	Are two Volumatic's available in kit?	
	Is the inhaler in working order? (Prime inhaler every 3 months to ensure it remains functional)	
	Is the kit in the right location? (stored below 30c)	
	Are the contents of the emergency kit within their expiry date?	
	Are two Volumatic's available in kit?	
	Is the inhaler in working order? (Prime inhaler every 3 months to ensure it remains functional)	
	Is the kit in the right location? (stored below 30c)	
	Are the contents of the emergency kit within their expiry date?	
	Are two Volumatic's available in kit?	
	Is the inhaler in working order? (Prime inhaler every 3 months to ensure it remains functional)	
	Is the kit in the right location? (stored below 30c)	
	Are the contents of the emergency kit within their expiry date?	
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