



Farnborough Road Infant School.

Asthma Management Policy and Inhalers in School



1. Principles and Rationale

Farnborough Road Infant School will encourage and help children with Asthma to participate fully in all aspects of school life. The school recognises that Asthma is a significant condition affecting many children.

2. Aims

- To promote a greater awareness amongst staff of the condition of asthma.
- To support staff in helping asthmatic children lead normal lives.
- To clarify preventative, management and emergency action procedures for asthmatic children.

3. Legislation and Guidance

This Policy meets requirements under The Human Medicines (Amendment) (No 2) Regulations 2014 and follows the Department of Health March 2015 Guidance on the Use of Emergency Salbutamol Inhalers in Schools (hereafter referred to as "The 2015 Guidelines"). The Human Medicines (Amendment) (No. 2) Regulations 2014 allow schools to keep a Salbutamol Inhaler for use in emergencies.

4. Nature of Asthma

Asthma is a chronic disease affecting breathing, which is characterised by intermittent narrowing of the small airways. The symptoms are:

- **Coughing** - especially if recurrent after exertion when breathing cold air after warm, at night, after colds, and if sudden and violent.
- **Wheezing** - noisy breathing.
- **Chest Tightness** - presenting irritability or reluctance to exercise.
- **Breathlessness** – variable after exertion and at night.

Trigger factors associated with airway obstruction:

- Upper respiratory tract infection.
- Pollens, spores, moulds.
- House dust mite.
- Drugs, alcohol, cigarette smoke.
- Chemicals (glues, felt tips, aerosol sprays).
- Chalk dust.
- Caged animals, domestic pets.
- Stress, anxiety, fright (tests/exam stress).
- Exercise (especially in cold, damp air).
- Changes in air temperature.

Care needs to be taken to avoid or reduce exposure to these triggers.

5. Types of Inhaler

Preventers (Predominantly **brown** inhalers, and sometimes white).

Inhaled steroid medication, used to make the airways less sensitive to triggers.

- Taken regularly to prevent inflammation and long term lung damage, each morning and evening and therefore not usually needed at school.
- In acute cases Intal may be required up to four times daily and can also be used 30 minutes before exercise to prevent inflammation (white inhaler – Intal).

Relievers (Always **blue** inhalers)

Crucial for the successful management of asthma. Delay in taking reliever treatment, even for a few minutes can lead to a severe attack and in very rare cases has proved fatal.

- Quickly open up narrowed airways and help breathing difficulties.
- Not harmful to non-asthmatics and serves simply to dilate the airways.
- Used to relieve symptoms but only lasts a short time.
- May also be used 10 minutes before exercise or exposure to known triggers.
- Asthmatics cannot overdose on reliever inhalers **but parents must be contacted if a child needs an inhaler for a third time in a short period.**

6. Management of Asthma

The following procedures constitute the school's response and policy in supporting asthmatic children in the management of their condition:

- Inhalers (relievers) are readily available to children.
- Appropriate preventative measures are taken as routine.
- Attacks are treated by children and staff alike, quickly, effectively and calmly.
- Action to be taken in an emergency is known and understood by all.
- The school has a register of inhalers kept in school. This records the child's name and class; confirms that school holds an inhaler and a spacer for that child and gives details of the expiry date on the inhaler so that new ones can be requested when necessary. It also records that the parent has signed a permission form for the child's inhaler and the school's emergency inhaler to be administered in school. This register also gives details of the expiry dates of the emergency inhalers kept in school (see section 8 of this policy).
- Each class has a record of children with asthma. This is updated when needed.

7. Training and Awareness

ALL staff at Farnborough Road Infant School are:

- Trained to recognise the symptoms of an asthma attack and 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 emergency inhaler.
- Aware of who the designated members of staff are.

Any member of staff can help administer an emergency inhaler being used with a spacer (spacers should always be used). If a child does not have a spacer and the school's single-use spacers are not available, the administration of inhalers should ideally be undertaken by a qualified paediatric First Aider. The absence of a paediatric first aider should not prevent or delay the administration of an inhaler.

All staff are aware of the signs of an asthma attack, which are listed in the 2015 Guidelines as:

- 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).
- Nasal flaring.
- Unable to talk or complete sentences. Some children will be very quiet.
- May try to tell you that their chest "feels tight" (younger children may express this as tummy ache).

8. Availability of Inhalers

Farnborough Road Infant School will ensure that pupils who are asthmatic have access to an inhaler at all times. Parents of children who have asthma are asked to provide the school with a spare named inhaler for use in school. These are kept in the classroom in the emergency medical bag. Children are given support initially with the use of inhalers but independent routine is quickly established as the child gains confidence.

Farnborough Road Infant School has also purchased two emergency inhalers and spacers from a pharmaceutical supplier, stored in two separate emergency inhaler kits at the school's office. The emergency Salbutamol Inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

9. The emergency kit

Each emergency asthma inhaler kit includes:

- a salbutamol metered dose inhaler;
- at least two single-use spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- details of the emergency inhalers, identified by their expiry dates (appended to the bottom of the Asthma Inhaler Register);
- a copy of the school anaphylaxis management plan;
- a list of children permitted to use the emergency inhalers as detailed in the Asthma Inhaler Register, or in a child's Individual Healthcare Plan;
- a record of administration (i.e. when the inhaler has been used).

Miss Jennifer Sephton is responsible for maintaining the emergency inhaler kit.

10. Storage, care and disposal of inhalers

- On a regular basis, school checks that inhalers and spacers are present
- Replacement inhalers are requested when expiry dates approach; replacement spacers are available following use.
- The plastic inhaler housing (which holds the canister) is cleaned, dried and returned to storage following use, or replacements are available if necessary.
- Emergency inhalers and spacers are kept in a safe and suitably central location in the school office, which is known to all staff, and to which all staff have access at all times. The emergency inhaler is out of the reach and sight of younger children. The emergency inhaler and spacer should not be locked away.
- Emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler
- Inhalers are stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30°C, protected from direct sunlight and extremes of temperature.
- An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.
- To avoid possible risk of cross-infection, the plastic spacer will be washed and left to dry before being returned to the class emergency bag.
- The inhaler itself can usually be reused, provided it is cleaned 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. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Farnborough Road Infant School returns spent emergency inhalers to the dispensing pharmacy to be recycled. Individual inhalers are returned to parents for recycling.

11. Preventative Measures

Staff should be aware of the children who have exercise-induced asthma and should have heightened awareness of the child's condition when doing PE or any other activity involving exertion. **When a class**

goes into the hall or Space for Sport for P.E. or on a school trip the inhaler must be taken. Teachers need to be aware that materials brought into the classroom may act a trigger to an asthmatic child and that additional treatment may be necessary.

12. **Managing Asthma Attacks**

Since asthma varies from child to child it is not possible to prescribe procedures that will be appropriate for all children.

The school has a standard school Asthma Management Plan developed in consultation with the school nurse (see Appendix 1). The school will review this regularly with the school nurse and ensure that First Aid training for staff is up to date. The Asthma Management Plan outlines the procedures appropriate for most children with asthma. Where a child requires a different plan, the school will take advice from medical professionals and/or parents, to produce a personalised asthma management plan. In such cases the child may also require an IHCP (Individual Healthcare Plan). The Asthma Management Plan also contains emergency procedures.

Appendix 2 contains Asthma Tips for Teachers from the School Nursing Team.

Both the school Asthma Management Plan and the Top Tips for Teachers are in the Red Medical File for each class.

13. **Communication**

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. The school keeps written records of medicines administered to children. In addition, the child's parents must be informed in writing so that this information can also be passed onto the child's GP.

Parents of all children will be informed that the school has an Asthma Policy, which is available on the school website and in writing, on request. Details of the school's policy and procedure with regard to asthma management will be signposted to new parents as part of the pre-school induction process and to parents whose children are admitted during the school year.

14. **Liability and indemnity**

The Governing Body ensures that the school has levels of insurance in place to cover staff, including liability cover relating to the administration of medication. This is in place.

15. **Policy Monitoring and Evaluation**

This Policy will be reviewed regularly.

Updated October 2025

Signed _____ Date _____ Headteacher.

Signed _____ Date _____ Chair of Governors.

APPENDIX 1

School Asthma Management Plan

(Where a child has an individualised asthma management plan refer to child's IHCP)

GREEN

How to recognise asthma is getting worse

If he/she has:

increased cough.

increased wheeze.

increased breathlessness.

or if he/she is needing to use the **Reliever (blue inhaler)** more than 4 hourly.

What to do

Give 2 puffs of **Reliever (Blue Inhaler)**.

Wait 5 minutes. If no improvement Repeat.

Wait for a further 5 minutes. If no improvement, move to **AMBER**.

AMBER

If no improvement give an additional 5 puffs of **Reliever (blue inhaler)** every 30 seconds via a spacer device

Inform the parents that child will need a medical review.

If no improvement go to **RED**

RED - Medical Alert/Emergency

If he/she is:

breathing faster than usual;

using tummy muscles or tracheal tug (neck dipping in) to breathe;

having difficulty in speaking (due to his/her asthma symptoms);

having difficulty in walking (due to his/her asthma symptoms);

tired, pale or blue around the lips.

What to do

DIAL 999 - YOU MUST SEEK MEDICAL HELP

Give 1 puff of the **RELIEVER (Blue Inhaler)** every 30 seconds up to 10 doses using a large volume spacer

Continue giving 1 puff every minute till help arrives.

APPENDIX 2

Asthma Advice from School Nurse Team

Top Tips

- **Keep calm**
- **Encourage child to sit up & slightly forward – do not hug/lie them down**
- **Ensure tight clothing is loosened and offer the child a drink of water**
- **Reassure the child**

Important Guidance

- **Never leave a pupil having an asthma attack**
- **Use the child's own inhaler – if not available, use the emergency inhaler**
- **If pupil does not have their inhaler and /or spacer with them, send another teacher/pupil to get the medication**
- **Reliever medication is very safe. During an asthma attack do not worry about pupil overdosing.**
- **Reassure the child. Stay with them until they feel better. The child can return to school activities when they feel better**
- **Send another teacher/pupil if ambulance needs to be called**

How School Staff Can Help

- **Ensure all asthmatic children take their inhaler prior to sport/activities as necessary.**
- **Ensure relievers are easily accessible for use by asthmatic children when needed.**
- **Ensure correct treatment & instructions are supplied for school trips.**
- **Be aware of asthma triggers within the classroom.**
- **Inform parents of children using their reliever inhaler more often than usual.**
- **Educate children with asthma & their peers.**
- **Know what to do in an emergency.**