Park Hill Primary School Asthma Policy

Adopted: 14/10/26

Review date: Annually

Responsibility for policy: Mrs K King (SENDCo)

'We aim to bring out the best in everyone'

Policy Statement:

Park Hill Primary School:

- Welcomes pupils with asthma and recognises their needs.
- Expects and encourages parents/carers to give appropriate information to the school regarding their child's asthma and to provide a prescribed inhaler and spacer device.
- Recognises that pupils need to have immediate access to their reliever inhaler.
- Will encourage and help children who have asthma to participate fully in all aspects of school life.

1. ON ADMISSION TO SCHOOL

1.1 All parents/carers will be asked to complete an admission form giving full details of their child's asthma, regular medication, emergency contact numbers, family G.P. and any relevant hospital details.

1.2 Every child with an asthma diagnosis must have a blue reliever inhaler available in school and a spacer device.

1.3 Parents/carers will be asked to complete a School Asthma Card giving details of their child's asthma and regular medication. Parents are to inform school if there are any changes.

2. STORAGE AND DISPOSAL OF MEDICATION

2.1 All inhaler devices need to be in the original box with the prescription label attached.

2.2 Key Stage 1

a) Inhalers will be kept in the first aid tray in the classroom.

b) Inhalers should be easily accessible to the child.

c) Class lunchtime supervisors will be shown where these inhalers are kept.

d) Keep a book with the inhalers to record the date and time the inhaler is used.

e) A sticker will be given to inform parents that their child has used their inhaler that day.

2.3 Key Stage 2

a) Follow the same guidelines as for Key Stage 1.

2.4 If there are any concerns about the child's technique they should be referred to the school nurse.

2.5 Emergency Asthma Kits, clearly labelled as such, will be kept in the medical cupboard in the front office and in the Reception Unit, to be used in case of an emergency, taken on trips and outside in the event of a fire alarm. Please refer to Section 8 of this policy for detailed information.

2.6 Most children, will not need to use their blue inhaler on a daily basis, therefore, if the child has experienced symptoms and has needed to use their inhaler, parents/carers will be informed.

2.7 Welfare administrator and staff will always be informed if their child has an asthma attack.

2.8 If pupils leave the premises for any activity they must have their reliever inhalers with them.

2.9 Parents/carers need to check all reliever inhalers/spacer devices termly or regularly, confirming that the inhalers are in date and are full of medication. Welfare administrator maintains an up-to-date asthma register.

3. EXERCISE AND ACTIVITY

3.1 Pupils with asthma are encouraged to participate in PE and swimming lessons.

3.2 Some pupils with asthma may need to use their reliever medication before exercising.

3.3 Reliever inhalers must be readily available at all times.

4. TRIPS

4.1 The trip leader will ensure all inhalers and relievers are taken on trips. This will be included in the risk assessment.

4.2 An emergency inhaler and spacer will be taken on all visits.

5. EMERGENCIES

5.1 Where possible inhalers must be taken out in the event of a Fire alarm. Emergency inhalers will also be made available by office staff at the front and back of the school.

6. ASTHMA ATTACK

6.1 Every year, all staff will receive training so that they know how to deal with a child experiencing an asthma attack.

6.2 In the event of an asthma attack school staff should follow the procedure outlined in "The Asthma Attack Flowchart". This flowchart is visibly displayed in the staff room, dinner hall and main hall. All teachers also have a copy of "The Asthma Attack Flowchart" and should display this in their classroom or stock cupboard. A copy of the "The Asthma Attack Flowchart" is also available in the green medical folders, which all class teachers have access to.

6.3 If after 5 minutes, the medication does not bring the attack under control, a First Aider is sent for, who will decide whether it is necessary to send for an ambulance. However, should symptoms be more severe (see flowchart) professional judgment must be used as to whether to call for an ambulance immediately.

7. TRAINING

All staff will access asthma awareness training (every year) and receive updates regularly so that they recognise and know how to deal with a child having an asthma attack, when and how to call an ambulance and what to do whilst waiting for the ambulance to arrive. All CPD is now available on the staff-shared system for staff to access.

8. EMERGENCY INHALERS

8.1 *From 1st October 2014 the Human Medicines Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.*

8.2 The emergency salbutamol inhaler should only be used by children, for whom written parental consent for the use of the emergency inhaler has been given, who have been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

8.3 The inhaler can only be used if the pupil's inhaler is not available (for example, because it is empty or broken).

8.4 Park Hill Primary School has SEVEN Emergency Asthma Kits which include:

- One salbutamol inhaler
- Two disposable spacers
- Register of Parental Consent
- Emergency Inhaler letter to parents
- School Emergency Inhaler usage logbook – Staff must record usage

These are located as follows:

- School Office
- Reception Unit
- Evacuation box in Senior Leaders' Office.

8.5 Staff Responsibilities

The Senior First Aider is responsible for ensuring that:

- First Aiders are available to support in an emergency situation
- Inhalers are checked monthly
- Replacement inhalers are obtained before the expiry date
- Replacement disposable spacers are re-ordered and replaced after use
- Empty / out of date inhalers are disposed of at the local Pharmacy

8.6 All Staff responsibilities:

- The blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant emergency kit after use.
- Staff must inform the Senior First Aider if a school emergency inhaler has been used so that the disposable spacer can be replaced.
- Staff must record usage in the Emergency Inhaler logbook and send a letter home to inform parents.

9. ALLERGY SAFETY

9.1 Park Hill Primary School will reduce allergy risks and support pupils to participate safely in school life. This section should be read alongside the school's arrangements for supporting pupils with medical conditions and administering medicines.

9.2 Parents/carers must inform school of known or suspected allergies, triggers, previous reactions and prescribed treatment, and report changes promptly. The Medical Officer will coordinate allergy information and liaison with families, relevant staff and healthcare professionals. The Head teacher retains oversight of implementation.

9.3 Pupils with identified allergies have an Allergy Action Plan prepared by the school nurse. This sets out their allergy, symptoms and the action staff should take if a reaction occurs, including any prescribed medication. The school will ensure relevant staff can access and follow the plan. Plans will be reviewed with parents/carers and the school nurse at least annually, or sooner if needs or treatment change. Where additional arrangements are needed, an Individual Healthcare Plan will be developed alongside the Allergy Action Plan.

9.4 Relevant teachers, teaching assistants, first aiders, lunchtime supervisors, catering and club staff must know each pupil's precautions and emergency arrangements. Information will be shared securely, including at staff handovers. Staff should be alert to changes in behaviour or physical signs in pupils who cannot explain their symptoms.

9.5 Staff will check ingredients and allergen information before providing food or using food in cooking, celebrations or sensory activities. If suitability cannot be confirmed, the item must not be given to the pupil. Pupils must not share food, drinks or utensils. Hands should be washed with soap and water and eating surfaces and equipment cleaned to reduce cross-contact. Catering staff will be informed of dietary requirements and changes. Any restrictions will reflect individual risk assessments; school cannot guarantee an allergen-free environment.

9.6 Parents/carers must supply prescribed allergy medication, labelled for their child, with written administration instructions and consent. Where prescribed, two in-date adrenaline auto-injectors must be available. Emergency medication must be readily accessible, with its location known to staff, and must accompany the pupil on visits. The Medical Officer will coordinate regular expiry checks and requests for replacement. Arrangements for school-held spare adrenaline devices, including their location and checks, must be confirmed and communicated to staff; spare devices do not replace a pupil's own medication.

9.7 All staff working with pupils, including supply, catering and lunchtime staff, will receive allergy awareness training at least annually and appropriate induction. Staff supporting pupils at risk of anaphylaxis will practise with trainer devices appropriate to the prescribed brand. Training will cover recognition, emergency action, medication access and individual plans.

9.8 For a mild reaction, follow the pupil's plan, seek first-aid support, give authorised medication as directed and inform parents/carers. Keep the pupil under adult observation for at least 60 minutes after a reaction and escalate immediately if symptoms worsen.

9.9 Suspected anaphylaxis requires immediate action. Signs include throat/tongue swelling, difficulty breathing, a hoarse voice, persistent wheeze, faintness, collapse or a child becoming limp or unusually unresponsive. A rash may be absent. Give an available adrenaline auto-injector immediately, following device instructions, and call 999, stating "anaphylaxis". Send for help and medication; do not leave the pupil alone or delay treatment while contacting parents or locating a first aider.

9.10 Lie the pupil flat with legs raised. If breathing is difficult, allow them to sit up slowly with legs outstretched. Do not allow them to stand or walk, even if they improve. If there is no improvement after five minutes, give a second auto-injector if available. If unresponsive and not breathing normally, begin CPR and follow the emergency call handler's instructions. Record treatment times and pass information to ambulance staff. Inform parents/carers once emergency action is underway; hospital assessment is needed even if symptoms improve.

9.11 Sudden breathing difficulty in a pupil with food allergy and asthma may be anaphylaxis. Where anaphylaxis is suspected, adrenaline is the first treatment; an asthma inhaler or antihistamine must not replace it or delay it. In a life-threatening emergency, treatment with an available spare adrenaline device must not be delayed to check prior consent. Follow current national guidance and device instructions.

9.12 Trip leaders will include allergy precautions, suitable food, trained staff, care plans and access to medication in visit risk assessments. Staff will use suitable alternatives so pupils can join activities safely. All allergic reactions and near misses must be recorded and reported to the Medical Officer and Headteacher, with parents/carers informed. The school's near-miss review form should be used where appropriate, and findings used to improve procedures.

9.13 This section will be reviewed annually by the Medical Officer and Headteacher, with governing body oversight, and sooner following a significant incident or changes to guidance. The school will publish its allergy safety arrangements and ensure families and staff know how to raise concerns.

Guidance informing this section

Department for Education: Allergy safety in schools (July 2026) – https://www.gov.uk/government/publications/allergy-safety-in-schools

NHS: Anaphylaxis – https://www.nhs.uk/conditions/anaphylaxis/

MHRA: Adrenaline auto-injectors new guidance and resources for safe use – https://www.gov.uk/drug-safety-update/adrenaline-auto-injectors-aais-new-guidance-and-resources-for-safe-use

<u>School Asthma Register</u>

- The (red) school's medical needs forms are used to create a centralised register of children with asthma.
- An identified member of staff has responsibility for the register at this school.
- Medical needs forms are kept in a secure central location at school.

Park Hill Junior & Infant School (NC)
Alcester Road, Moseley, Birmingham B13 8BB

Tel: 0121 449 3004 Fax: 0121 449 7592
Email: enquiry@parkhill.bham.sch.uk
Headteacher: Mrs Kalsom Khan

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1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will leave in school.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date: ……

Name (print)……

Child's name: ……

Class: ……

Parent's address and contact details:

……

……

……

Telephone: ……

E-mail: ……

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LETTER TO INFORM PARENTS OF
EMERGENCY SALBUTAMOL INHALER USE

Child's name:

……

Class:

……

Date: ……

Dear……,

This letter is to formally notify you that……has had problems with his / her breathing today. This happened when……

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

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.

They were given …… puffs.

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,

Mrs K King

SENDCo