



Cledford Primary School and Gainsborough Primary & Nursery School

A Federation of Cheshire East Primary Schools



Cledford Primary School

George VI Avenue, Middlewich, Cheshire, CW10 0DD
Telephone: 01606 663667
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Website: www.cledford.cheshire.sch.uk

Gainsborough Primary & Nursery School

Belgrave Road, Crewe, Cheshire, CW2 7NH
Telephone: 01270 696810
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Website: www.gainsboroughschool.co.uk

Local Authority Code: 895
Establishment Number: 3821

Local Authority Code: 895
Establishment Number: 3810

School Principal: Mr C Adlington

Federation Headteacher: Mrs A J Booth

School Principal: Mrs J Nurse

GPNS

Supporting Pupils with Medical Conditions Policy

- 1. Administrating Medicines**
- 2. Asthma**

Reviewed: November 2022

Signed:

Mrs J Sercombe (Chair of Governing Board)

Mrs AJ Booth (Federation Headteacher)

Mrs J Nurse (School Principal GPNS)

Mr C Adlington (School Principal CPS)

Next Review Date: September 2024

Administrating Medicines

POLICY STATEMENT

This school is an inclusive community that welcomes and supports pupils with medical conditions.

This school provides all pupils with any medical condition the same opportunities as others at school. The purpose of this policy is to ensure that all children stay safe.

The school makes sure 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.

This school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

This school understands the importance of medication and care being taken as directed by health care professionals and parents

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

The named member of school staff responsible for this policy and its implementation are:

Justine Nurse, School Principal GPNS

Policy Framework

The policy framework describes the essential criteria for how the school can meet the needs of children and young people with long-term medical conditions.

This school is an inclusive community that supports and welcomes pupils with medical conditions.

- This school is welcoming and supportive of pupils with medical conditions, it provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents.
- Pupils and parents feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs.
- The school recognises that duties in the children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions and are anticipatory.

Introduction

Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents should also provide all necessary information about their child's medical needs to the school and are responsible for ensuring medication is in school and in date.

From DFE guidance: **Supporting pupils at school with medical conditions**

Statutory guidance for governing bodies of maintained schools and proprietors of academies in England September 2014 managing medicines on school premises:

The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines. Although schools may already have such procedures in place, they should reflect the following details:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements will be in place. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school

- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Staff Duties

School staff have no legal obligation to administer medicines to pupils nor supervise them while they take medicine, unless contracted to do so. Staff may volunteer to assist in the administration of medicines but must be given appropriate training and guidance.

As a school, we have a duty to plan how administering medicines can be accommodated in school and on educational visits to allow children who have medical needs to attend.

Process for the Administration of Medicines in School – short term medical needs

Medicines should normally be administered at home and only taken into school when absolutely necessary (where it would be detrimental to the child's health if the medicine were not taken during the school day).

The school will only accept:

- Medicines prescribed by a medical practitioner
- **Medicines that need to be administered in excess of 3 times per day.**
- Medicines in their original container with clear use by dates
- Containers with labelling identifying the child by name and with original instructions for administration

The school will not accept or administer a non-prescribed medicine unless there is a specific prior written agreement from parents and accompanied by a doctor's note. On occasion, where it is deemed to be in the best interests of the child to be in school, and by mutual agreement between the school and the parents/carers, calpol/liquid paracetamol may be administered when permission is sought from parents. All staff MUST first consult principle to seek permission to contact parents for permission to administer calpol.

On accepting medication, the parent must sign a form disclosing all details and giving permission for the medication to be administered by a named person (usually a qualified first aider or a staff volunteer in the case of educational visits). Administration of medicine form is available from the school office.

The medicine must be kept in a secure cupboard (except where storage in a fridge is required) and only accessed by named adults, or with the permission of the Principal.

When administering, the named adult must complete a record showing the date and time and details/dosage of the medication. Adult must then confirm with parents or person with legal responsibility that the medicine was given, indicating time and quantity. In the case of the child being allowed to administer their own medication, this must again be added to the record.

Under no circumstances should a parent send a child to school with any medicines, e.g. Calpol, throat tablets or travel sickness tablets etc. These could cause a hazard to the child or to another child if found and swallowed.

Parents are welcome to come into school to administer medicines themselves if the school is unable to accommodate.

Process for the Administration of Medicines in School – long term medical needs

Where a child has long-term medical needs, a **care plan** must be written in conjunction with the parent/guardian of the named child. This may also result in an individual risk assessment also being required. The care plan must be followed and reviewed at least annually. It is the parent's responsibility to inform the school of any changes to the child's condition that may require the details of the care plan to be altered.

The school Principal must ensure that named staff are trained to administer or give the level of care required by the details of the care plan. As a school, we try to ensure that we have sufficient information about the medical condition of any child with long-term medical needs and will request meetings with parents and recognised medical practitioners regularly to provide the correct level of training. Training should be specific to the individual child concerned. There will also be regular training for all staff on more generalised needs e.g. asthma awareness and epi-pen training.

Process for the Administration of Medicines during residential visits– all medical needs

For the purpose of residential visits, there will be a named person with responsibility for the administration of medicines and care of children as above. Parents will be asked to complete a form and may be required to meet with the named staff to ensure that staff are aware of all medical requirements. In the case of higher levels of care e.g. intimate care, the named member of staff will also meet with the school nurse, or other recognised medical advisor to ensure that they are trained in dealing with the level of care required.

Spare Inhalers and adrenaline pens

Spare inhalers and an adrenaline pen are kept in school and will only be administered in emergencies to children who have written parental permission. Spare inhalers and epi pens are kept in the first aid cupboard and key is available at all times in the office.

Child accessing tuition

A child accessing tuition at home due to illness, injury or medical condition which means they cannot receive their education in school. Any child receiving education at home remains the responsibility of Gainsborough Staff. School must seek written evidence of the illness and obtain confirmation of ongoing medical intervention from the relevant health professionals. (Consultant, consultant psychologist, CAMHS tier 3 or above)

School must also set out the strategies they have in place to support the pupil to access their education.

A member of staff will carry out welfare checks weekly to ensure the child is safe, accessing their education and ensure that the child feels valued by school.

GAINSBOROUGH PRIMARY & NURSERY SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Principal

I request that(Full name of Pupil) be given the following medicine(s) while at school as it is prescribed to be taken more than 3 times a day. I authorise to administer this medication.

Name of Medicine	Duration of Course	Dose Prescribed	Date Prescribed	Time to be given

The above medicine has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage and child's name in FULL.

I understand that the medicine must be delivered to the school by myself of the undermentioned responsible adult.

.....

and accept that this is a service which the school is not obliged to undertake and also agree to inform the school of any change in dosage immediately.

Signed: Parent/Guardian

Address:

Date:

Notes to Parents:	
1	Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Principal.
2	This agreement will be reviewed on a termly basis.
3	The Governors and Principal reserve the right to withdraw this service

Asthma Policy

Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents should also provide all necessary information about their child's medical needs to the school and are responsible for ensuring medication is in school and in date.

Gainsborough Primary & Nursery School:

- Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out of hours school activities
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times
- Keeps a record of all pupils with asthma
- Have an emergency salbutamol inhaler and spacer available for emergency use onlyⁱ. **Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use.** (The draft letter for consent at **Annex A** will be used for this), but will be used at the first aider's discretion if contact is not possible and parents will be contacted immediately and asked to bring medication to school the next day. **Please read the use of emergency salbutamol inhalers in school at the end of this policy.**

Asthma Medicines:

- Immediate access to reliever medicines is essential and should be kept in the child's classroom
- All inhalers must be labelled with the child's name and expiry date by the parent/carer
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by Cheshire East Council following permission from parent/carer, when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to

Record Keeping:

- 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 on their enrolment form. When this has been established, an agreement will be sent to the parent/carers regarding the guidelines for asthma inhalers in school. **Appendix 1** will be used to notify parents/carers
- This information is then added to the Children's Health Lists which includes all of the pupils in each class of any Medical conditions or Individual Healthcare Plans that they have. HCP are kept in a fileⁱⁱ (and emergency evacuation bag in the School Office) and are on SIMs and are accessible by all staff

Exercise and Activity (PE & Games)

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register
- Pupils with asthma participate fully in all PE lessons. It is agreed with PE staff that each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler before or during a lesson, they will do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity

Out of Hours Sports

- Classroom teachers and out of hours school sports coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack

Staff are also aware in particular, of the difficulties very young children may have in explaining how they feel.

When a Pupil is Falling Behind in Lessons

- If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs

Asthma Attacks

- All trained staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

Also there is a copy in each classroom of: 'How to Recognise an Asthma Attack' and 'What to do in the Event of an Asthma Attack'

- Each classroom has a red card for a child to take into the next classroom or the school office to summon first aid help in the case of any emergency

In this event, an adult would lead the rest of the class away from the situation.

USE OF EMERGENCY SALBUTAMOL INHALERS IN SCHOOL

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

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

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling school to do this if they wish.

As a school, we will be holding Emergency Salbutamol Inhalers in school and we will ensure that it will 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.

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.

We have arrangements for the supply, storage, care and disposal of the inhaler and spacers in line with the school's policy on supporting pupils with medical conditions.

Also in place will be the following:

- Child's Health List of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler. There will be a list in the front, of all children who have parental permission for the use of the Emergency Inhaler. This allows for the staff to have a quick check for initiating the emergency response.ⁱⁱⁱ
- **Ensuring that the Emergency Inhaler is only used by children with asthma with written parental consent for its use.** (the draft letter for consent at **Annex A** will be used for this)

Keeping a record of parental consent on the asthma register will also enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent will be obtained initially and remain throughout the child's time at Cledford.

- Appropriate support and training for staff in the use of the Emergency Inhaler in line with the school's wider policy on supporting pupils with medical conditions
- Keeping a record of use of the Emergency Inhaler as required by 'supporting pupils at school with medical conditions policy' and informing parents / carers that their child has used the Emergency Inhaler. Draft letter at **Annex B** will be used to notify parents.
- Having at least 2 volunteers responsible for ensuring the protocol is followed

THE EMERGENCY KIT

Our Emergency Asthma Inhaler kit includes:

- A salbutamol metered dose inhaler
- At least 2 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 per parental consent form
- A record of administration (i.e. when the inhaler has been used)

The emergency kit will be kept in the SCHOOL OFFICE which is known to all staff, and to which all staff have access at all times. The inhaler and spacer will not be locked away, but will be out of the reach and sight of children.

The emergency inhaler will be clearly labelled to avoid confusion with a child's personal inhaler.

Storage and Care of the Inhaler

There will be at least 2 named volunteers amongst school staff who should have responsibility for ensuring that:

- On a monthly basis 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

An inhaler should be primed when first used (e.g. spray 2 puffs) as it can become blocked again when not used over a period of time. It should regularly be primed by spraying 2 puffs.

To avoid risk of cross infection, the plastic spacer should not be reused.

The inhaler itself, however, 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 air dry 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 (e.g. if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

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 that they need.

For this reason the emergency inhaler should only be used by children who have been diagnosed with asthma, and the prescribed a reliever inhaler, or who have been prescribed a reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.

Common 'Day to Day' Symptoms of Asthma:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

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.

Signs of an Asthma Attack:

- 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 (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue/white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below 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 lips
- Is going blue
- Has collapsed

RESPONDING TO SIGNS OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, or there is a problem (i.e. broken, empty, out of date, not in school) use the emergency inhaler which is located in the school office
- Remain with the child while inhaler and spacer are brought to them
- Immediately help the child to take 2 puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give 2 puffs every 2 minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs
- Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents/carers should be contacted **after** the ambulance has been called
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent/carer arrives.

Recording the 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 written records to be kept of medicines administered to children.

The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The draft letter at **Annex B** will be used to notify parents.

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, whom all members of staff may have recourse in an emergency.

Our staff have appropriate training and support, relevant to their level of responsibility.

ALL staff are informed of:

- Symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms
- Staff who administer inhalers have appropriate training
- 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, and the policy on how to access their help
- Administering salbutamol inhalers through a spacer

The school nurse delivers this training each year to all members of school staff.

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
- Making appropriate records of asthma attacks

At Gainsborough:

- 2 individuals are responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register
- At least 2 individuals are responsible for the supply, storage care and disposal of the inhaler and spacer



Gainsborough Primary and Nursery School

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Federation Headteacher: Mrs J Booth

School Principal: Mrs J Nurse

ANNEX A

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

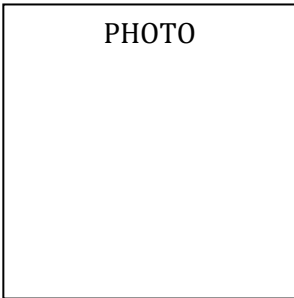
Child showing symptoms of asthma/having an asthma attack

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 and expiry date, which they have in school that is kept in the designated area in the classroom
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:

.....
.....
.....

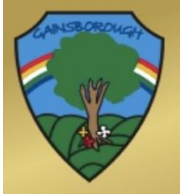
Telephone:

.....

Email:

.....





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ANNEX B

LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: Class:

Date:

Dear

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

This happened when
.....
.....

A member of staff helped them use the asthma inhaler.

They did not have their own inhaler with them / their own asthma inhaler was not working
(delete as appropriate)

A member of staff helped them to use the emergency asthma inhaler containing salbutamol.

They were givenpuffs.

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

An in-date, prescribed inhaler must be available in school following the incident.

Yours sincerely

Mrs AJ Booth

Federation Headteacher





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💻 www.gainsboroughschool.co.uk

Federation Headteacher: Mrs J Booth

School Principal: Mrs J Nurse

Dear

Your child has an asthma inhaler in school.

Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents should also provide all necessary information about their child's medical needs to the school and are responsible for ensuring inhalers are in school

I am writing to inform you of the school's guidelines with regard to asthma inhalers in school.

1. All asthma pumps will be kept in an asthma box, of which there is one in every classroom
2. All asthma inhalers will be named
3. All asthma inhalers will need to be prescribed and in-date
4. With the inhaler –there will be written evidence of the frequency of usage necessary for each child. This is to ensure that if a child appears to need their inhaler -rather too frequently, then the parent/carer may be informed
5. We strongly encourage independence so your child will not be restricted from using their inhaler during the course of the school day, but it is considered courteous to make the normal requests to the teacher first

We understand that immediate access to reliever medicines is essential.

6. If the child needs their inhaler -during break times, a request to a member of staff must be made first before entering the building, where an adult will accompany them

If you wish to see the school's 'Medicines' policy, please make a request to the school office.

Please sign and return the slip below indicating your agreement.

Yours sincerely

Mrs AJ Booth

Federation Headteacher

.....
Gainsborough Primary & Nursery School, Belgrave Rd, Crewe, Cheshire, CW2 7NH

Asthma inhalers

Child's name: Class:

I agree and accept the above guidelines regarding asthma inhalers in school (please tick consent)

Signature of parent/carer:

Parent/carer name (print):

Date:

HOW TO RECOGNISE AN ASTHMA ATTACK

THE SIGNS OF AN ASTHMA ATTACK:

- **Persistent cough (when resting)**
- **A wheezing sound coming from the chest (when resting)**
- **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 go very quiet**
- **May try to explain that their chest feels 'tight' (younger children may express this as a tummy ache)**

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHAM ATTACK PROCEDURE WITHOUT DELAY IF:

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

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- **Keep calm and reassure the child**
- **Encourage the child to sit up and slightly forward**
- **Use the child's own inhaler – if not available or there is a problem (i.e. broken, empty, out of date, not in school) use the emergency inhaler which is located in the school office**
- **Remain with the child while the inhaler and spacer are brought to them**
- **Immediately help the child to take 2 puffs of the salbutamol via the spacer**
- **If there is no immediate improvement, continue to give 2 puffs at a time every 2 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**
- **If the child does not feel better or you are worried at ANYTIME before you have reached the 10 puffs, CALL 999 FOR AN AMBULANCE**
- **If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way**

Links with other Policies

Management

ⁱ At Cledford Primary, this will be in in Dane and in the emergency evacuation bag in the School Office. At Gainsborough Primary and Nursery School, this will be in the school office.

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