



Asthma Policy

St Mary's CE Primary School

Introduction:

St. Mary's CE Primary School acknowledges that asthma is the most prevalent disease of childhood and recognises that many pupils enrolled in this school will have the disease.

Their disease should not isolate asthma sufferers; therefore asthma awareness should involve ALL members of the school community.

- ❖ All pupils with asthma should be identified and an action plan agreed for each child.(see appendix 1)
- ❖ A clear written record of those affected will be kept, updated and be readily accessible.

As a general rule only BLUE reliever inhalers need to be brought to school. Parents will be encouraged to obtain a 'spare' inhaler and spacer device, if required, to be kept for use at school only.

These inhalers should be clearly labelled with the child's name. St. Mary's school keeps inhalers with the individual child - dependant upon age & ability

- ❖ In individual trays and drawers in KS2
- ❖ On the class teachers desk or shelf in Early Years & KS1

All devices will be sent home at least once a year to check the expiry date and their cleanliness.

Prevention of Exacerbations

The health benefits of exercise for children with asthma are well documented and their participation must be encouraged. Many children with asthma have symptoms, which are provoked by exercise and therefore require their reliever inhaler to be available if they are taking part in any form of physical exertion, including PE lessons, swimming, sports days and exercise undertaken in playground situations. Part of the action plan given by the doctor or nurse to children with asthma, is to use their relief medication approximately ten minutes prior to exercise if they experience symptoms . This will not be prevented.

All children with asthma should be encouraged to take part in activities at school.

Warm up exercises both before and after exercise, are helpful for children who experience exercise-induced asthma.

Spacer devices for use with sprays can be helpful during the acute attack. Spacers can be made available for emergency use and can be obtained via the school health advisor or Specialist Health Visitor.

Out of School Activities

It is essential that pupils with asthma have access to their inhalers and should therefore always be taken with them, particularly as the child may be exposed to triggers e.g. excitement, more vigorous exercise, exposure to grasses and pollens and animals). This of course includes residential school holidays, which will necessitate the inclusion of preventer inhalers (usually brown or less commonly orange or purple in colour) and parents should provide instructions (action plan) about what the child needs each day.

Explanation of disease:

- People with asthma have sensitive air passages which are quick to respond to anything that irritates them (triggers).
- This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out.
- Narrowing of air passages produces ONE or ALL of the following: coughing, breathlessness, wheezing.
- SUDDEN, SEVERE narrowing of air passages may result in an 'Asthma Attack'.

Identification of pupils affected:

- It is the responsibility of parents or guardians to notify school if their child has asthma.
- At the beginning of each school year or when a child joins the school parents/carers will be asked to complete an enrolment form which includes medical conditions. If these include asthma, parents will be asked to fill in a separate form (appendix 1)
- Treatment details should be given to school and be accessible by staff at all times.

Treatment: consists of two main forms

- Reliever inhalers (usually Blue) and preventer inhalers (usually Brown).
- Only **BLUE** inhalers need to be in school.

- Staff are not required to administer inhalers except in an emergency but we are happy to do so in this school. We will encourage children from Year 3 upwards to use their inhaler when it is needed and to tell an adult if they need to use it more than once during the school day.
- Children should have access to their reliever inhaler(BLUE) at all times.

Prevention

It is important to be aware that many factors provoke narrowing of the air passages. Some of these factors **are avoidable** within the school environment; therefore appropriate steps should be taken. Trigger factors include: - coughs & colds, cigarette smoke, furry animals, cold weather, chemical paints - sprays and vapours, grass pollens and spores, extremes of emotion and exercise.

Treating worsening symptoms of asthma:

A reliever inhaler (blue) should be given:-

- If requested by the child
- If the child is coughing, wheezing or breathless.

If this is effective, the child can return to normal classroom activity.

What to do in the case of an 'asthma attack':

The main symptoms of an asthma attack are coughing continuously, wheezing or shortness of breath.

1. Support the child to inhale once or twice with the blue inhaler (using a spacer if available). Wait for **5 minutes** - the inhaler should have been effective.

A spacer is often easier to use when a child is having an attack and this may be available in the school's emergency equipment.

But remember -

- Stay calm - it is treatable
- Sit the child comfortably - do not let the child lie down
- Do not crowd the child
- Speak quietly and calmly to the child - encourage slow deep breaths.
- Do not put your arms around the child's shoulders - this restricts breathing.

2. If this does not work, then the child may be having a **severe** asthma attack.

This constitutes an emergency situation.

An emergency situation is recognisable when:

- Blue inhaler does not work, or
- The child has difficulty speaking - e.g. can only say 2 or 3 words before taking a breath, or
- The child is breathing quickly.
- The child can look pale - lips can turn blue.

Plan of Action:

DIAL 999 - telephone for an ambulance. In the meantime,

Continue to give the BLUE inhaler 1 puff every minute until help arrives

You cannot overdose the child by doing this but inform the paramedic how much inhaler has been used.

Policy Review:

St. Mary's CE Primary School encourages discussion and reflection from staff, parents and pupils and this policy will subsequently be reviewed at the end of each academic year.

Useful Information

Asthma UK-Asthma Policy for School Information Pack.
www.asthma.org.uk

D.F.E.E. Guidelines: Supporting Pupils with Medical Needs in School.

Reviewed June 2017

Parent to complete for children diagnosed with asthma

..... has asthma and takes a preventer inhaler everyday at HOME. This should stop him/her needing the BLUE inhaler in school.

He/she will need the **BLUE** inhaler TWO puffs through the spacer (one at a time) if he/she is:

- Coughing
- Wheezing (Whistling Noise)
- Short of Breath

Please specify other times when may need his/her inhaler at school i.e. (Before Games)

.....

The **BLUE** inhaler should last 4 hours. Please ring

..... (Parent/Carer) if he/she is needing it more often.

If it is not working, may need urgent medical attention.

In the event of an emergency, I understand that school will: Phone 999 and keep giving the **BLUE** inhaler 1 puff every 1-2 minutes (up to 10 puffs) until help arrives. School will encourage 5 slow deep breaths with each puff.

Parent Signature..... Date.....