



William Westley C of E Primary  
School

# **Asthma Policy**

Last reviewed: July 2015

Next review due: July 2016

## **William Westley School Asthma Policy**

This policy is to be considered with current Asthma UK Guidelines. William Westley C of E Primary School recognises that Asthma is a significant and potentially life-threatening condition affecting approximately one in ten children in the UK.

William Westley:

- welcomes all pupils with asthma
- ensures that children with asthma participate fully in all aspects of school life including PE
- recognises that immediate access to reliever inhalers is vital. Children should have free access to their relief medication at all times and should never be denied it.
- keeps records of children with asthma and the medication they take
- ensures the school environment is favourable to children and adults with asthma and that a no smoking policy is applied to all areas of the school inside and outside.
- ensures that adults understand asthma and staff know what to do in the event of an asthma attack
- will work in partnership with all interested parties including all school staff, parents, governors, the asthma nurse and children to ensure the policy is implemented and maintained successfully
- will notify parents of any symptoms and encourage them to check medication regularly
- acknowledges that asthma can affect learning if the child is having to take time off school or spends time out of the classroom, unable to participate fully in sport or is having disturbed nights which results in tiredness and inattention

All staff at William Westley receive annual Asthma training. A copy of this asthma policy is on the school website and in the School Reception area. All new staff, supply teachers, students, club leaders and parent helpers are made aware of the policy and the Asthma Emergency Protocol is displayed in many locations around the school.

Children with asthma are clearly identified in the Medical file in the school office, in the class registers, class folders and on posters in the relevant classrooms, First Aid stations and staff room, where parental permission has been obtained and where deemed appropriate.

Children with asthma are encouraged to take part in PE, swimming and other sports. They will be encouraged by the class teacher to use their reliever inhaler before any session if necessary. Children with exercise-induced asthma who feel unable to participate fully will be encouraged to take their reliever inhaler and rest until they feel able to continue. The school does all that it can to ensure the school environment is favourable to children and adults with asthma. The School does not keep furry and feathery pets and has a non-smoking policy. As far as possible, the children do not use chemicals in Science and Art lessons that are potential triggers for children with asthma.

### **Treatment for Asthma**

There are two types of treatment for asthma:

- **Preventers**

These medicines are taken on a regular basis. They contain a small amount of steroid which reduces inflammation in the airways and dries up excessive mucus. Preventers may be brown, red, orange or purple inhalers and sometimes tablets and are used out of school hours. They should **NOT** be brought to school. Parents are responsible for ensuring that if their child needs to use a preventer, they use it before/after they attend school.

- **Relievers**

These medicines (sometimes called bronchodilators) quickly open up narrowed airways and are used to relieve asthma symptoms such as a wheeze, cough or shortness of breath. Reliever inhalers (salbutamol or terbutaline) are crucial for the successful management of asthma. They work within a few minutes but the effect may only last 3-4 hours. They may also be used during any exacerbation of asthma symptoms on a regular short term basis. They are also sometimes taken before exercise. These inhalers are usually, but not always, blue.

Children are usually aware when they need their reliever inhaler though younger children, or those with newly diagnosed asthma, may need guidance with their use. Children keep their own **named** inhalers in the classroom so that they can easily access and use them whenever they need to. Children are encouraged to use a spacer when using a reliever inhaler in school.

At the beginning of each school year, or when a child joins the school, the parents of children with asthma will be required to complete the Local Authority Medical Consent Form (Appendix 1) and a School Asthma Card (Appendix 2). All information will also be stored in the child's personal school file and in the Medical File in the School Office. Should a child's medication alter at any time during the school year, ***it is a parental responsibility to inform the school.***

Parents should ensure that their child takes a clearly labelled relief inhaler to school each day and should ensure that a child's relief medication is available for all school trips, swimming lessons and other activities away from school. For educational visits and residential trips, a reminder to bring inhalers should be added to the permission slip which parents/guardians are asked to sign prior to the visit.

### **Dealing with Asthma in School**

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. Staff should be aware of the correct use of the relief medication as children are sometimes careless in their use. All asthma attacks should be recorded on an Accident Report slip and sent home to inform the parent. Older children, who take responsibility for their own inhalers, are encouraged to inform an adult if they have had to use their inhaler in school, so that parents can be informed.

### **Mild-moderate asthma attack**

The child may feel breathless, have an audible wheeze (whistles when breathing out) or a persistent cough **BUT** they look well and are able to talk.

#### **Action:**

1. Let the child take their own **BLUE** reliever inhaler. Allow the child to find the most comfortable sitting position for breathing. There should be a return to normal for that particular child within 10 minutes.
2. If the child is better after 10 minutes they may return to the classroom.
3. If the child is still unwell 10 minutes after treatment then the attack is probably more severe than first thought. The child should take a second dose of the blue reliever inhaler. The Health Centre and the child's parents should be notified. If a child is using their inhaler more than every four hours, staff should notify the parents, who should in turn seek medical advice. If at any time any member of staff, parent helper, club leader is unsure of the child's condition they should contact the Health Centre and the child's parents.

### **Severe Asthma Attack:**

Some children may become very ill quickly and treatment should not be delayed. Cough and wheeze may be absent. The signs to look for to suggest the child needs immediate emergency care are:

- the usual reliever does not work very well, or at all
- and/or the child cannot speak for more than two or three words due to the symptoms
- and/or child cannot walk around due to breathlessness
- and/or the child may have a blue tinge around the lips.

#### **Action:**

1. Let the child take their own Salbutamol (blue) reliever inhaler. If their own medication is unavailable and the parents are not contactable use a Salbutamol (or Ventolin) reliever metered dose inhaler (MDI) up to 10 sequential puffs through the large volume spacer (Volumatic) in accordance with Local Education Authority Code of Practice. Document the time this emergency treatment was administered in the Accident Report Book.
2. Allow the child to find their own comfortable sitting position. Do not move the child to a colder/hotter environment.
3. ASK FOR HELP FROM ANOTHER MEMBER OF STAFF AND CALL 999 FOR AN AMBULANCE. State the child is having a "SEVERE ASTHMA ATTACK" and needs emergency treatment.
4. Contact the Health Centre (01223 [727555](tel:727555)) who may be able to send assistance before the arrival of the ambulance.
5. Contact the parents and inform them of the situation.

Ensure a member of staff stays with the child and if parents are not available they should also go in the ambulance with the child.

***This policy was ratified on : 7<sup>th</sup> July 2015***

***and will be reviewed by: July 2016***

***Signed by the Headteacher:***

***Chair of Governors:***

Appendix 1

CAMBRIDGESHIRE LOCAL EDUCATION AUTHORITY  
MEDICAL INFORMATION AND CONSENT

Name of Child .....

Date of Birth .....

Name ..... of ..... Parents/Carers  
.....

Home Telephone ..... Work Telephone (1) .....

Work Telephone (2) .....

Name of GP ..... Telephone .....

Hospital Consultant .....

I consent to my child receiving the following medication in school.

- a) .....
- b) .....
- c) .....

I undertake to ensure that the school has adequate supplies of this/these medication(s).

I undertake to ensure that this/these medication(s) supplied by me and prescribed by my child's doctor is/are correctly labelled, in date, with storage details attached and that the school will be informed of any changes.

I understand that the medication will be given by a member of staff who has received appropriate training in accordance with the Local Education Authority code of practice.

Signed \_\_\_\_\_ (Parent/guardian)