



## **Asthma Policy 2020**

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<b>Prepared by:</b>	<b>Head Teacher</b>
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## **Introduction**

Asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma. We ensure 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.

The school:

- recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- keeps a record of all pupils with asthma.

## **Staff Responsibilities**

**ALL** staff should be aware of:

- symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- the asthma policy;
- which children are diagnosed with asthma;
- how to access and use an inhaler;
- who the designated members of staff for administering medicines are, and the policy on how to access their help.

## **Asthma Medication**

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse agrees they are mature enough.
- All inhalers must be labelled with the child's name by the parent/carer.

## **Record Keeping**

As part of health questionnaire 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 further details will be required from the parent/carer regarding the guidelines for managing asthma in school.

## **School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals in the building other than for short periods of time as part of curriculum study in shared central areas. We have a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

## **Curriculum Access**

- 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 are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

## **ASTHMA ATTACKS**

- All trained first aid 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 triangle for a child (**if there is not another adult in the classroom**) to take into the next classroom or the school office to summon first aid help in the case of any emergency.

This Policy will be reviewed in 2022

### **Responding to asthma symptoms and an asthma attack**

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 an inhaler in such cases could lead to a delay in the child getting the treatment they need.

### **Common 'day to day' symptoms of asthma are:**

- 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 include:**

- 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

### **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**
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two puffs of the inhaler
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between 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 staff are still concerned parents should be contacted
- 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

### **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

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

This Policy will be reviewed in 2022

# ASTHMA INFORMATION FORM



Child's Name: \_\_\_\_\_

1. The triggers of an asthmatic attack are:

.....  
.....

2. I confirm that:

- My child has been diagnosed with asthma and has been prescribed an inhaler
- The asthma medication which has been prescribed by my child's doctor will be administered by me when appropriate
- My child may need to take emergency medication during the school day and is able to take responsibility for the self-administration of his/her asthma medication.
- My child is able to carry his/her asthma inhaler during the school day.
- My child should have their asthma inhaler kept in a designated area of classroom, accessible by them at all times
- My child is not able to self-administer the contents of the reliever inhaler whilst he/she is at school which has been prescribed by his/her doctor. A member of school staff may need to assist my child when he/she requires the asthma inhaler and medication.
- My child will need a working and in date inhaler to be kept in school at all times. I will ensure that a spare asthma inhaler is supplied to the school for use by my child.
- My child will need to take an inhaler on all external school visits and trips.

Details of the inhaler and medication are as follows.

Name of inhaler and medication: .....

Dosage: .....

Method of administering the medication: .....

Signed: (parent/guardian) .....

Emergency Telephone Number: .....

Date .....

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## HOW TO RECOGNISE AN ASTHMA ATTACK



### The signs of an asthma attack are:

- 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 muscles in the upper body);
- Nasal flaring;
- Unable to talk or complete sentences. Some children will go very quiet;
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache);

### 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

### 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;**
- Remain with the child while the inhaler/spacer are brought to them;
- Immediately help the child to take two puffs;
- If there is no immediate improvement, continue to give two puffs at a time every two 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 10 puffs, **CALL 999 FOR AN AMBULANCE;**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.