

Asthma Policy

Signed by the Chair of Governors	
Name: Jayne Tighe	
Signature:	Date:13/12/17 Date 22/05/2019
Review date: May 2019	
Review date: May 2021	

Introduction:

Fiddlers Lane Community 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.

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 parents/carers will be asked to update their child's medical details.
- Parents/carers of children identified with asthma will then be asked to complete an action plan (Appendix 1), which will be kept with the child's records.
- When a child joins the school parents/carers will be asked to complete an enrolment form which includes medical conditions.
- Families are encouraged to complete National Asthma Campaign 'registration cards'.
- Treatment details should be given to school and accessible by staff 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.

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 .

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.

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.

Treating worsening symptoms of asthma (se Appendix 2):

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.

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.

Guidance on the Use of Emergency inhalers at school DOH Sept 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

Following an amendment to the Medicines Regulations 2012 it is now possible for schools to have an emergency Salbutamol inhaler at school if child's own inhaler not available.

- It is NOT statutory
- Schools will purchase their own inhalers/spacers- headed letter signed by head teacher.
- Parents will have to give consent
- Children will still be required to have their own Salbutamol

Fiddlers Lane have purchased emergency Salbutamol inhalers. They are kept in the school office and in the DHT office.

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 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.

Policy Review:

Fiddlers Lane Community Primary School encourages discussion and reflection from staff, parents and pupils and this policy will subsequently be reviewed annually.

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.

Parents should be able to complete this but please contact your GP , Practice nurse or asthma nurse if you have any concerns

..... 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

Other times may need his/her inhaler at school i.e. (Before exercise – PE / breaks)

Please specify _____

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.

Phone 999 and keep giving the **BLUE** inhaler 1 puff every 1-2 minutes (up to 10 puffs) until help arrives.
Encourage 5 slow deep breaths with each puff

I agree to ensure has an in-date inhaler in school, with sufficient doses remaining.

I give permission for a school Salbutamol inhaler to be used in an emergency.

Signed _____ (parent guardian)

Appendix 2

Asthma Action Plan for Schools/Early years Setting

All pupils with asthma must have a spare reliever +/- spacer at school (spacer not needed for dry powder device)

Some Children may benefit from using their blue inhaler—two puffs 10-20 minutes before exercise. This should be on their individual asthma management plan

