



ASTHMA POLICY

Date of Policy/Reviews	Author(s)	Approved by Gov. Body	Signed	Date for Review
Oct 2018	Dave Whiting			Oct 2020
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Asthma Policy

Statement of Intent

Rosehill Methodist Primary Academy welcomes children with asthma and tries to create a safe environment for them. Children with asthma are encouraged to take responsibility for the management of their condition and to join in all aspects of school life. The academy staff offer support and understanding and all teaching assistants are first aid trained.

Causes of Asthma Attacks

People with asthma have airways that narrow as a reaction to various triggers. Triggers vary between individuals but common ones include viral infections, cold air, pollen, animal fur and house dust mites. Exercise and stress can also provoke asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and asthma symptoms appear, such as a cough, wheezing, a tight chest and shortness of breath. Symptoms can be eased by treatment (usually a reliever inhaler).

Medication and Inhalers:

Relievers (sometimes called bronchodilators) quickly open up narrowed airways and generally come in BLUE containers. This is the inhaler that children need to use immediately when asthma symptoms appear. In the event of a severe asthma attack relievers can be given in higher doses using a metered dose aerosol inhaler and larger volume spacer.

Preventers make the airway less sensitive to asthma triggers. Preventer inhalers usually come in BROWN containers (some containers are also white, orange, red or grey and white): Children with asthma may take regular, twice daily, preventative treatment at home. On advice of the school nurse the academy will on advice from the child's G.P. give the child their preventative inhaler in the day on a short term basis, but for no longer than 2 weeks at a time. Occasionally children are prescribed extra doses to be taken during the day such as on long outings or when the asthma has become troublesome.

Spacers make metered dose inhalers (spray inhalers) easier to use and more effective. They allow more of the medication to be breathed straight down into the lungs. Younger children when prescribed by a doctor must be given their inhaler through a spacer.

Academy arrangements for Pupils with Asthma

1.0 Academy Environment

- 1.1 The academy has a "No Smoking" Policy.
- 1.2 Cleaning of the academy is undertaken out of school hours.
- 1.3 Staff are aware that various irritants might trigger an asthma attack; such as grass pollen, animals, certain foods, exposure to high winds, fumes from glue or paint, exercise, laughter or stress.

2.0 Inhalers

- 2.1 Inhalers are clearly marked with the child's name and class and kept within the child classroom at all times or with the teacher in the event of the child being on a visit outside of school. We must not administer an inhaler if the inhaler is not labelled with the child's name and dose.
- 2.2 Children will have access to their relief inhaler at all times, access must never be restricted.
- 2.3 Staff will ensure that children's relief inhalers are taken on all school trips.
- 2.4 Sports coaches will ensure that inhalers are available during PE sessions

3.0 Practical Help and Training:

- 3.1 Staff are aware of the practical help that they can give in the case of an asthma attack. Training for all staff to be updated by school nurse on a regular basis

4.0 Physical Activity:

- 4.1 All children will be encouraged to participate in the whole variety of physical activity available in the academy. The need to use inhalers and the requirement to rest will be dealt with sensitively and sensibly by staff. Staff will ensure that those children who need to do so take their appropriate inhaler before and after exercise.
- 4.2 Any pupils for whom this is not suitable have a health plan drawn up to meet specific needs.

5.0 Asthma Awareness in the Academy:

5.1 Academy staff have undertaken training lead by the School Nursing team and are well placed to make observations that may help in recognising asthma and in monitoring its severity. They are aware that there are three principal symptoms or any combination of them, which are:

- wheezing;
- breathlessness;
- coughing.

5.2 If staff note symptoms that suggest that a child might have asthma they will inform the parents of what they have observed. It is not the responsibility of academy staff to diagnose.

5.3 If an asthmatic child is seen to have an increase in symptoms or is using the blue inhaler more frequently parents will be informed.

6. Documentation:

6.1 When parents tell the academy that their child has asthma they are asked for the following information:

- a) Details of medication to be used in the academy.
- b) Completion of a consent form for emergency treatment. This form will also ask that the inhalers are clearly marked with dosage and the child's name. It also asks the parents to let the teacher know if there is any change in their child's condition or treatment.

6.2 A record is kept in the academy of all children with asthma.

6.3 Records are also be kept in an inhaler log which details:

- a) The time, date of any medication taken and which adult observed the inhaler used. For the younger children, we will put stickers reading "I have used my inhaler today" in the child's reading diary.

7.0. Spare Inhalers:

7.1 The academy has accessed 10 Spare Inhalers which are located at different places around the academy.

- a) There are two inhalers in each emergency bag and are located in: The Office, First Aid Room, Pastoral Room, Out of School Club and Lunchtime Supervisors on the playground.
- b) Asthma log- this MUST be logged every time the spare inhaler is used.

Letter for parents- this MUST be filled out every time the spare inhaler is used and passed onto the parent.

Asthma register must be completed

Copy of parent signature and dosage needed.

Responsibility for ensuring protocol is followed-N Rider and L Kingsley.

8.0 In Conclusion:

8.1 All children at the school are encouraged to understand the needs of fellow pupils with asthma. In the academy we work in partnership with the children, the academy staff, parents, academy governors and health professionals, to make sure this policy works.

Dealing with an Asthma Attack

Asthma varies from child to child so it is impossible to make rules that suit everyone, but the following guidelines should be helpful.

Mild-Moderate Attack:

A child feels breathless, you may be able to hear a wheeze or cough. They look quite well and can speak normally.

Response:

- a) Make sure that the usual dose of reliever inhaler (blue) is used. You can repeat this if necessary.
- b) You should stay calm and reassure the child. Listen carefully to what the child is saying. Do not put your arm around the child's shoulders, this is restrictive.
- c) Encourage the child to breathe slowly and deeply and to sit upright. (Lying flat is not recommended). Loosen tight clothing around the neck and offer the child a drink of water.
- d) This response should produce an improvement in about 15 minutes.
- e) Minor attacks should not interrupt a child's involvement in school activities as soon as they feel better.
- f) If a child has frequent attacks the information should be recorded and the parents informed.

Severe Attack:

Some children become ill very quickly and action must not be delayed. Emergency treatment will be needed if:

- a) The reliever has no effect after 5 to 10 minutes;
- b) The child is either distressed or unable to talk because of difficulty in breathing;

- c) The child is getting exhausted;
- d) The child has a blue tinge around their lips;
- e) If you have any doubts at all about the child's condition, (having checked that there is no other reason for the symptoms such as peanuts allergy, bee sting)

You Will Need To Take The Following Action:

Ask another member of staff for help;

Dial 999 for an ambulance, state that the child is having a severe asthma attack requiring immediate attention. Be clear about which school site the ambulance needs to come to.

Whilst waiting for the ambulance:

- Make sure that a member of staff is with the child all the time;
- Ensure the child's parents are contacted and informed
- Make sure that the child continues to take their reliever inhaler every few minutes until help arrives;

Please note: The child will not overdose on the reliever medication it is extremely safe.

Dave Whiting Assistant Head Teacher.

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