

Asthma Policy



November 2017

Asthma Policy

Middleforth CE Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils. The School positively welcomes all pupils with asthma.

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Our School encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the Governing Body) and pupils.

All staff including supply teachers and new staff are also made aware of the policy.

Children with Asthma

All children in school that have asthma have an asthma card and / or Health Care plan kept in the school office.

Children should always have their blue inhaler and a spacer (both clearly labelled and in date) in school at all times. Further information regarding inhalers and spacers can be found below.

Asthma lists are kept in each class register and the contact book in the school office.

A list can also be found at appendix 1

Reliever Inhalers

It is the parents' responsibility to ensure that there is a reliever inhaler in school and that it is within its expiry date.

Everyone with asthma should have a reliever inhaler. Reliever inhalers are usually blue.

Reliever inhalers should be clearly named and in date.

Relievers are medicines that are taken immediately to relieve asthma symptoms. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again.

Emergency Reliever Inhaler

The school has an emergency reliever inhaler in school kept in the school office. There is a section on the asthma card for parents/carers to authorise use of this inhaler in an emergency.

Preventer inhalers

Preventers control the swelling and inflammation in the airways, stopping them from being so sensitive and reducing the risk of severe attacks.

Not everyone with asthma will be prescribed preventer medicine.

Preventers are usually brown, red or orange inhalers. They are not taken in school.

Spacers

It is the parents' responsibility to ensure that there is a spacer in school which has been replaced within the last 6 to 12 months.

Children with asthma should have a spacer in school at all times.

This should be clearly named.

Spacers should be replaced every 6 to 12 months.

Spacers are sent home at half term to be cleaned.

Using spacer without mask

- Shake the inhaler and take cap off
- If the inhaler has not been used for a week or more, or it is the first time the child has used the inhaler, spray it into the air before it is used to check that it is working
- Encourage the child to breathe out and then place the mouthpiece of the spacer into their mouth forming a seal around the mouthpiece
- Depress one puff of the inhaler into the spacer device and encourage the child to breathe in and out deeply for approx 5-6 breaths
- Wait for 30 seconds and repeat for each dose of medication required.
- **DO NOT spray multiple doses of the inhaler into the spacer**

Using spacer device with mask

- Shake the inhaler and take cap off
- If the inhaler has not been used for a week or more, or it is the first time the child has used the inhaler, spray it into the air before it is used to check that it is working
- Attach the mask to the mouthpiece of the spacer.
- Insert the inhaler mouthpiece into the hole in the end of the spacer (the inhaler should fit snugly and without difficulty - see below).
- Place the mask over the child's nose and mouth so that it makes a seal with the face.
- Place the inhaler into the spacer device
- Encourage the child to breathe out and then place the mouthpiece of the spacer into their mouth forming a seal around the mouthpiece
- Depress one puff of the inhaler into the spacer device and encourage the child to breathe in and out deeply for approx 5-6 breaths
- Wait for 30 seconds and repeat for each dose of medication required.
- **DO NOT spray multiple doses of the inhaler into the spacer**

Access to inhalers and spacers in school

It is the parents' responsibility to ensure that there is a reliever inhaler and spacer in school.

Pupils have immediate access to their reliever inhalers and spacers when they need them.

Children who are able to use their inhalers themselves carry them with them. Children know where their own medicines are stored.

If they are too young or immature to take personal responsibility for their inhaler the person acting in loco parentis should ensure that it is stored in a safe but readily accessible place, clearly marked with the child or young person's name.

Inhalers are kept in the following areas in each class

- Reception – EYFS cloakroom
- Y1 – Under Teacher's Desk
- Y2 – Next to class teacher's desk
- Y3 – In the big cupboard
- Y4 – On the shelf under the class computer
- Y5 – In the big cupboard
- Y6 – In individual trays. Spacers near fire exit door

PE, Sports Activities, Educational Visits

Inhalers are always available during physical education, sports activities and educational visits.

Children and young people with asthma should participate in all aspects of school life, which include physical activity. Reluctance to participate in physical activity will be discussed with parents, staff and the child. However children are not forced to participate if they feel unwell.

Inhalers prescribed for one child are not used to treat another; medication is only to be used by the person it has been prescribed for. For those children and young people with severe asthma an additional inhaler may be prescribed to be kept in school (recommended). Additional inhalers must be clearly labelled with name and expiry date and stored in the school office. It is the parents' responsibility to ensure that any medication retained in the setting is within its expiry date, however one of the school first aiders will check on the first day of each new term.

Asthma Reviews

It is the parents' responsibility to arrange regular asthma reviews with the relevant healthcare professionals and ensure that a copy of the management plan is available in school. Children and young people with asthma may at some time have some sleep disturbances due to night symptoms. This may affect their concentration and may also result in non attendance. Such issues should be discussed with the parents as appropriate.

Record keeping

At the beginning of each school year or when a child joins the School, parents/carers are asked if their child has any medical conditions, including asthma, on their Admission Form. All medical needs are disseminated to school staff.

What is Asthma?

Children and young people with asthma have airways which narrow due to a reaction to various triggers. The most common triggers include:-

- Grass
- Pollen
- Animal fur
- House dust mites
- Cold air and viral infections
- Exercise and stress can also cause an asthma attack

There are two main types of medicines used to treat asthma, relievers, and preventers.

Common signs of an asthma attack:

- Coughing
- Wheezing
- Being short of breath
- Feeling of a tight chest
- Being unusually quiet or having difficulty talking

When a child or young person has an asthma attack they should be treated according to their individual Health Care Plan or asthma card as previously agreed.

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
- Arrange for someone to get the child's inhaler if they do not have it with them
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- 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

Appendix 1 – Children with Asthma – saved as separate document