



Asthma Policy

Background

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

Our school recognises that asthma is a widespread, serious but controllable condition affecting many of our pupils. Our school positively welcomes all pupils with asthma. Our school encourages pupils with asthma to achieve their potential and participate in all aspects of school life, by having a clear policy that is understood by school staff and any students and volunteers working in our school.

Asthma medicines

- Immediate access to reliever medicines is essential. All classes have a box for inhalers that is taken around the school with the class and the MSA's take the box to the hall at lunchtime and out on the playground to ensure immediate access when required. The school has two spare inhalers, one is kept in the office and one in the Breakfast and After School club. Inhalers, including the spare, are taken on every trip that the children attend.
- Parents/carers are asked to ensure that the school is provided with a labelled inhaler for their child. The inhaler dates are checked regularly, and reminders sent to parents when a new inhaler is required.
- School staff are not required to administer asthma medicines to pupils, however many of the staff at Ghost Hill Infant and Nursery School are happy to administer an inhaler if a child needs it. School staff who agree to administer inhalers are insured by Sapientia Education Trust when acting in agreement with this policy.

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 admissions form. From information contained on this form, the school maintains its asthma register, which is kept in the medical room and is available to all school staff. The register is updated annually to reflect any changes in the child's individual needs and contains asthma information forms, permission to administer an inhaler - including the spare inhaler for their child and any changes in medication needs.

The expiry date of each inhaler is recorded to ensure that the school supports parent's in ensuring their child's inhaler is always ready to use. Each time a child uses their inhaler it is recorded in a folder in the First Aid room or within the child's class box and a record of dosage is also sent home to keep parents informed.

Our school holds two spare blue inhalers (Salbutamol) and several spacers for emergency use. A permission slip is sent home at the beginning of each school year to gain parents permission for their child to use this spare inhaler in the event of an emergency – their own inhaler is out of date, broken, empty, not in school etc. The inhaler is only for use with children on the asthma register.

Asthma attacks

- All staff in our school are First Aid trained and know what to do in the event of an asthma attack.
- In the event of an asthma attack staff follow the procedure outlined by their First Aid training and supported by posters and guidance in the First Aid room and around school. There are always plenty of staff in school to support one another in the event of an emergency.
- We will contact parents immediately should a child suffer an asthma attack that the usual dosage and routine care is unable to relieve. (Usual routine care as directed by the parent, i.e. 2 puffs at lunch time)



Asthma Attacks In Schools

1. Symptoms of Asthma Attacks

Symptoms of asthma can range from mild to more serious. Not everyone will get all of the symptoms.

When your asthma flares up, the usual symptoms are:

- Wheezing
- Coughing
- Shortness of breath
- Tightness in the chest

The symptoms of asthma can range from mild to more serious. Not everyone will get all of the symptoms. Some people experience these symptoms from time to time, but otherwise live 'normal' lives doing everything they want to do with very few symptoms. Unfortunately, about four percent of people with the condition have what is known as severe asthma, and they require specialist care and support to manage symptoms. Others have asthma symptoms all the time because they're not taking their medicines, or not taking them correctly.

What causes asthma symptoms?

People with asthma have sensitive airways that are inflamed and are ready to react to triggers that 'set off' symptoms. Although asthma is complicated, there are two main ways that symptoms can be set off:

1. If you have allergic asthma, your symptoms are caused by an allergic reaction when you come into contact with an allergen (a substance that triggers an allergic reaction). Common allergens include pollen, pets and house dust mites.
2. If you have non-allergic asthma, your symptoms are caused by an irritant you breathe in or another factor, but are not caused by an allergic reaction. Common irritants include cigarette smoke and car exhaust fumes. Common factors that can trigger asthma symptoms include exercise, cold weather, colds and flu.

It is possible that your asthma symptoms can be caused by allergic and non-allergic triggers, which means you can have both allergic and non-allergic asthma.



Remember:

Always inform paramedics of:

- The child's name
- The number of puffs taken by the pupil
- The total length of time of the asthma attack
- Use of an emergency inhaler should always be recorded and include details of:

- Where the attack took place
- When the attack took place
- How much medication was given and by whom

ASTHMA

2. 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 accessory 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)



SHORTNESS OF BREATH



CHEST PAIN OR TIGHTNESS



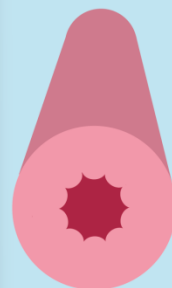
WHEEZING

3. When to Call an Ambulance

You should call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- Has a blue/white tinge around the lips
- Appears to be going blue in other extremities such as fingertips
- Has collapsed

• If for any reason you feel unable to cope with the situation or treat the child call an ambulance.



ASTHMA ATTACK

4. 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 - if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two 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
- In the event of an ambulance being called, the pupils' parents or carers should always be contacted.
- If a pupil is taken to hospital by ambulance, they should always be accompanied by a member of staff until a parent or carer is present



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