

Christ Church CE & Lewis Street Primary Schools

Asthma Policy



Date	Spring 2017	Spring 2017
Review Date	Spring 2019	Spring 2019
Signed by Designated Governor	J. Parkinson	D. Jolley

Christ Church CE and Lewis Street Primary Schools acknowledge that asthma is the most prevalent disease of childhood and recognise that many pupils on roll in our schools will have the disease. Asthma sufferers should not be isolated by their disease, therefore asthma awareness should involve ALL members of the school community.

The Schools:

- Recognise that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- 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
- Recognise that pupils with asthma need immediate access to reliever inhalers at all times
- Keep a record of all pupils with asthma and the medicines they take
- Ensure that the whole school environment, including the physical, social, sporting and educational environment, is a favourable to pupils with asthma
- Ensure that all pupils understand asthma
- Ensure that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack
- Will work in partnership with all interested parties including the schools' governing bodies, all school staff, school nurses, parents/cares, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Explanation of the 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

All parents of children on roll must notify school of current treatment details. Treatment details should be accessible at all times.

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Treatment

Consists of two main forms Reliever inhalers (usually Blue) & preventer inhalers (usually Brown).

It is encouraged that only blue inhalers should be in school.

Children should have access to their relief inhalers (usually blue) 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.

Treating Worsening Symptoms of Asthma

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.

Support the child to inhale once or twice with the blue inhaler. Wait for 5 minutes - the inhaler should have been effective. Using the inhaler with a spacer device may be easier when the child is having an attack. This may be available in the schools' emergency equipment.

But 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.

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.

Child can look pale - lips can turn blue.

Plan of Action:

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DIAL 999 - telephone for an ambulance. In the meantime, a blue inhaler can be given every 5 minutes.

You cannot overdose the child by doing this.

DO inform the paramedic how much inhaler has been used.

Out of Hours

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

School Environment

Christ Church CE and Lewis Street Primary Schools do all that they can to ensure the school environment is favourable to pupils with asthma. The schools do not keep furry or feathery animals and have a definite no smoking policy. As far as possible the schools do not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

When a Pupil is Falling Behind in Lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and Special Education Needs Coordinator about the pupil's needs. The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

Asthma Attacks

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack

Access and Review of Policy

The Asthma Policy will be accessible to all staff and the school community. Hard copies can be obtained through the school office. The Governors will review this policy every two years.

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Dear Parent/Carer

Asthma Information Form

Please complete the questions below so that the school has the necessary information about your child's asthma. **Please return this form without delay.**

CHILD'S NAME Age Class

1. Does your child need an inhaler in school? Yes/No
2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs? Do they have a spacer?
.....
.....

3. What triggers your child's asthma?
.....
.....

It is advised to have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date.

I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.

Signed:..... Date.....

I am the person with parental responsibility

Circle the appropriate statements

- My child requires a spacer and I have provided this to the school office
 - My child does not require a spacer
 - I need to obtain an inhaler/spacer for school use and will supply this/these as soon as possible
4. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?
.....

5. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency?

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**

Reassess after 5 minutes

- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**

- **CALL AN AMBULANCE and CALL PARENT**

- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Yes/No

Signed:..... Date.....

I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition.

Thank you

Parental Update (only to be completed if your child no longer has asthma)

My child no longer has asthma and therefore no longer requires an inhaler in school or on school visits.

Signed Date

I am the person with parental responsibility

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For office use:

Provided by parent
(Yes/No)

Location of 1st inhaler

Expiry date

Location of 2nd inhaler (advised)

Expiry dates

Spacer (if required)

Record any further follow up with the parent/carer: