

**Asthma Policy**

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| **CHAIR OF GOVERNORS:** | **P Scarlett** |
| **HEADTEACHER:** | **J White** |
| **MINUTED:** |  |
| **DATE OF NEXT REVIEW:** | **Autumn 25** |

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| Version | Author | Date | Change Details |
| 1.0 | L White | March 2023 | Initial set up |
|  |  | Autumn 2924 | Policy reviewed |

1. **Background**

An asthma attack is a reaction in the lungs triggered by things such as dust, pollen, tobacco smoke, exercise, stress and infection.

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma and encourages pupils with asthma to achieve their potential in all aspects of school life.

1. **Asthma Medicines**

Immediate access to reliever medicines is essential. All relieve inhalers are stored in the school office to ensure they can be accessed easily, and a log of use can be kept.

1. **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 enrolment form.

* All parents/carers of children with asthma are consequently sent a medical consent form.
* Using the above information, the school maintains a register of medical needs, which includes details of pupils diagnosed with asthma, and is available to all staff.
* The forms are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the form for a new one if their child’s medicines, or how much they take, changes during the year.
1. **Exercise and activity**

Taking part in sports, games and activities is an essential part of school life for all pupils. Each class knows the children in their class that have asthma.

Pupils with asthma are encouraged to participate fully in all PE lessons and are able to access their inhaler, if required.

1. **School Environment – making the school asthma-friendly**

The school does all that it can to ensure the school environment is favourable to pupils with asthma.

* The school does not keep furry or feathery animals and has a definitive no-smoking policy.
* As far as possible the school does 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 to the School Office, if particular fumes trigger their asthma.
1. **Spare Emergency Kit Inhalers**

Spare inhalers with spacers are kept in the school office in case a child or member of staff requires an inhaler, but does not have theirs with them.

* Emergency Inhalers are clearly labelled to avoid confusion with a child’s inhaler.
* A Spare inhaler is to be taken on activities that take place off site as part of the First Aid kit.
* The emergency inhalers and spacers checked regularly and replacement inhalers are obtained when the expiry dates approach.
* A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.
1. **Asthma Attacks**

In the event of an asthma attack the school follows the procedure outlined by Asthma UK. This procedure is visibly displayed around school and with the school trip packs.

THE SIGNS OF AN ASTHMA ATTACK ARE

* **Persistent cough (when at rest)**
* **A wheezing sound coming from the chest (when at rest)**
* **Difficulty breathing (they 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)**

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

* **Appears exhausted**
* **Has a blue/white tinge around lips**
* **Is going blue**
* **Has collapsed**

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 (if parental permission given)**
* **Immediately help the child to take two puffs of salbutamol via the spacer**
* **If there is no immediate improvement, continue to give one puff every 30-60 seconds, up to a maximum of 10 puffs**
* **Stay calm and reassure the child. Once the child feels better they can return to school activities**
* **If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE**
* **Cold winter air can make an attack worse, don’t take child outside for fresh air**
* **Keep the child upright – even if they become too weak to sit on their own, unless they become unconscious**
* **If an ambulance does not arrive in 15 minutes give another 10 puffs in the same way**





