



ASTHMA POLICY

This policy applies to the whole school, including the EYFS

Introduction

This Asthma Policy has been written with advice from the Department for Education and Employment, Asthma UK (<https://www.asthma.org.uk/advice/resources/#schools>) and the Department of Health (DOH 2015, Guidance on the use of emergency salbutamol inhalers in schools). St Piran's school recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma. St Piran's School encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils.

Medication and Control

Immediate access to reliever inhalers is vital. Parents are asked to ensure that the school is provided with a labelled, in date, spare reliever inhaler. This will be kept by Matron in a labelled, lockable cupboard. School staff are not required to administer medication to children except in an emergency; however many of our staff are happy to do this. Inhalers for pupils in the Nursery and Reception Departments are kept securely in those areas. Pupils who require an inhaler on a regular basis are listed in Matron's Room and also on the Whole School Medical Register which is located in the Staff Room. Each year group are given an individual list of the relevant pupils who need an inhaler. This children whose asthma requires better control, are allowed to take their inhaler with them whilst doing cross-country. For sporting events held on site, pupils are told to go to Matron's Room prior to the activity in order to receive the Ventolin. During off site games and school trips Matron will pack a first aid kit including the child's supplied inhaler.

An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. However, before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available. In 2013 in response to this, and following advice from the Commission of Human Medicines 2013 the Medicines and Healthcare Products Regulatory Agency (MHRA) recommended changes to legislation to enable schools to purchase and hold emergency salbutamol inhalers, without a prescription. St Piran's school holds an emergency supply for such occasions. It is the Matrons responsibility to ensure these inhalers are in date.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom

Record keeping

At the beginning of each academic year, or when the child joins the school, parents are asked if their child has asthma. Information concerning children with asthma will be kept in the School Medical Register which is available for all staff to see. If the medication changes at all, parents are asked to inform Matron so that

records can be updated. All parents are asked to fill out a Yellow School Asthma Card on an annual basis. If a child's asthma requires regular treatment or appears uncontrolled the parent will be asked to complete an individual health care plan.

Games, PE and Swimming

Taking part in sports is an essential part of school life. Games, PE and swimming teachers are aware of which children have asthma from the Medical Register and via Matron. Children with asthma are encouraged to participate fully in PE games and swimming. Teachers will remind children whose asthma is triggered by exercise, to take their reliever inhaler before each lesson. Each inhaler is labelled and if a child needs to use their inhaler during the lesson they will be encouraged to do so.

The School Environment

St Piran's school does all it can to ensure the school environment is favourable to children with asthma. The school has a no smoking policy.

As far as possible the school does not use chemicals in science and art that are potential triggers for children with asthma. Children can sit out of a lesson should the need arise. Is this sentence needed?

Recognising an asthma attack

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences

Call for an ambulance and ring the parents if:

- The reliever has no effect after 5-10 minutes
- The child is distressed or unable to talk
- The child is getting exhausted
- You have any doubts about the child's condition

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

Procedure to be followed in the event of an Asthma attack

1. Ensure that the reliever inhaler is taken immediately.
2. Stay calm and reassure the child.
3. Help the child to breathe by ensuring tight clothing is loosened.
4. The child should rest, sitting up, breathing slowly and deeply.
5. Do NOT take the child into cold air.

What to do in an asthma attack

1. Sit up straight - don't lie down. Try to keep calm.
2. Take one puff of your reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. If you feel worse at any point while you're using your inhaler or you don't feel better after 10 puffs or you're worried at any time, call 999 for an ambulance.
4. If the ambulance is taking longer than 15 minutes you can repeat step 2.

After the attack

Minor attacks should not interrupt a child's involvement in school. After a short rest the child can return to the classroom. The parents of the child MUST be told of the attack.

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