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Heron Hill Primary School

ASTHMA POLICY

Asthma

Asthma is a physical condition in which the muscles of the air passages go into spasm and the linings of the airways swell. An attack is caused by a sudden narrowing of the air passages making it difficult to breathe.

A policy for the management of asthma in schools is necessary because:

- Asthma is very common. At least 10% of all children have asthma at some time during their childhood. Some studies suggest that it is nearer 20%. It is therefore likely that even the smallest school will have pupils with asthma.
- Asthma can have a serious debilitating effect on children's health and can result in permanent lung damage.
- Asthma can seriously restrict a child's lifestyle and can curtail physical activities.
- Asthma can result in death. Up to 2000 adults and children in the UK die every year from asthma. Up to 80-90% of these deaths are preventable if the severity of symptoms is recognised and treatment given in time.
- For most children it is possible to have a completely normal lifestyle, if the asthma is adequately treated.
- Children spend a major portion of their time in school for most of the year. Many of them will need treatment during school hours.

Cumbria Schools Asthma Policy Guidelines

At Heron Hill we aim to provide an environment that is favourable to children with asthma. Policies and procedures are in place to enable all children where possible to access the curriculum regardless of their individual needs and reach their full potential.

Responsibilities of the school

- To ensure that pupils with asthma are encouraged to participate fully in all aspects of school life.
- To discuss appropriate methods of administering medication depending on the child's age and condition.
- To provide an accessible place for the storage of the pupil's inhaler and ensure access at all times.
- To store a child's inhaler in the classroom cupboard or tray depending on age/parental request.

- To inform parents if their child has required his/her inhaler to be administered during the day. This will not apply to children who have the responsibility of administering their own medication.
- To ensure that staff have an understanding of appropriate action in the event of an asthma attack (appendix A).
- To provide staff training (to be given by the school nurse).
- To make all parents and carers aware of this policy through the web page/school prospectus.

Responsibilities of the parent/carer

- To notify the school if their child has asthma and of any subsequent changes of condition/medication.
- To supply their child with a named inhaler and spacer if necessary.
- To provide the class teacher with a spare inhaler in case children forget to bring their own.
- To check that inhalers are not out of date.

Visits out of school

On school day and residential visits, accompanying staff will be made aware of the children with asthma. Older children will be required to take their own inhaler. If undertaking physical activity where the inhaler could become damaged or lost then the member of staff in charge will carry the inhaler. The staff member will carry the inhaler for younger children.

Parents must provide 'in-date' inhalers for their child because revised guidelines in 2006 resulted in schools being advised that they can no longer have spare asthma inhalers for general use by pupils.

Further References:

Safety Advice Note –SAN(M) 04A August 2010
 Cumbria Schools Asthma Policy Guidelines.
 First Aid Manual (1999)

Appendix A

What to do if a child has an asthma attack

Two types of treatment:

1. **Relievers** – this is treatment that gives relief in about five minutes by opening up the airways when the symptoms of asthma appear. This is usually a blue inhaler (Ventolin) and can be given every four hours.

2. **Preventatives** – these are taken regularly, usually morning and evening, to decrease the sensitivity of air passages. These inhalers are usually brown, orange, red or white, and should not be used during an asthma attack and therefore do not need to be brought to school.

Signs and symptoms:

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty in speaking in full sentences
- Tummy ache (sometimes in young children)
- Distress and anxiety
- Grey-blue skin (cyanosis)
- In a severe attack the casualty may be exhausted. Rarely, he or she may become unconscious and stop breathing.

Treatment and action:

- **Stay calm and reassure the child** – attacks can be frightening so stay calm; the child will probably have been through it before. Listen carefully to what the child is saying.
- **Encourage the child or young person to sit up, leaning slightly forward** resting on a table – do not hug them or lie them down.
- **Make sure the child or young person takes two puffs of their reliever inhaler** (usually blue) **IMMEDIATELY** (preferably through a spacer), this should open up the narrowed airways.
- **Help the child to breathe** – encourage the child to breathe slowly and deeply. Most children find it easier to sit upright or leaning forward slightly. Lying flat on the back is not recommended.
- **Ensure tight clothing is loosened** – note care should be taken to ensure the individual knows exactly what is needed.
- **Reassure the individual.**
- **Ensure a good supply of fresh air** – but not cold air.

NOTE; It is not possible to overdose on reliever medication, side effects such as increased heart rate or feeling shaky, will soon pass.

If there is no immediate improvement

Continue to make sure the child/young person takes one puff of their reliever inhaler every minute for five minutes or until their symptoms improve.

If the attack is mild and eases within 5-10 minutes ask the casualty to take another dose from the same inhaler. Immediate medical help is not vital but parents should be informed.

Minor attacks should not interrupt the involvement of an individual with asthma in school. When they feel better they can return to school activities.

Parents/carers should always be informed if their child has suffered an asthma attack, however minor the attack.

CALL 999 IMMEDIATELY IF:

- Symptoms do not improve within 5-10 minutes
- The child/young person is too breathless or exhausted to talk.
- The child/young person's lips are blue.
- If you have any doubts about the child's condition.
- If the casualty stops breathing or loses consciousness, open the airway and check breathing; be ready to resuscitate if necessary.
- Children must be accompanied in the ambulance by a member of staff in the absence of the parent/carer.

After the attack:

Parents will be informed if an attack has occurred. In instances where an ambulance has been called, office staff will inform parents immediately.