

ASTHMA POLICY FOR RIVER

VIEW PRIMARY SCHOOL

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INTRODUCTION

School acknowledges that asthma is the most prevalent disease of childhood and recognises that many pupils on roll in this school 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 SCHOOL

- Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- Ensures 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
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times
- Keeps a record of all pupils with asthma and the medicines they take
- Ensures that the whole school environment, including the physical, social, sporting and educational environment, is a favourable to pupils with asthma
- Ensures that all pupils understand asthma
- Ensures 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.
- Each class has a medical conditions chart with pupil names and condition.
- The ASThma ACTION Plan for schools and Early years chart are dotted around the school A3 size.
- Will work in partnership with all interested parties including the school's governing body, 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 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.

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. Kept in class, taken to swimming or when ever pupil leaves school grounds.

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 school's 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:

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

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 definite 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 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 education 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

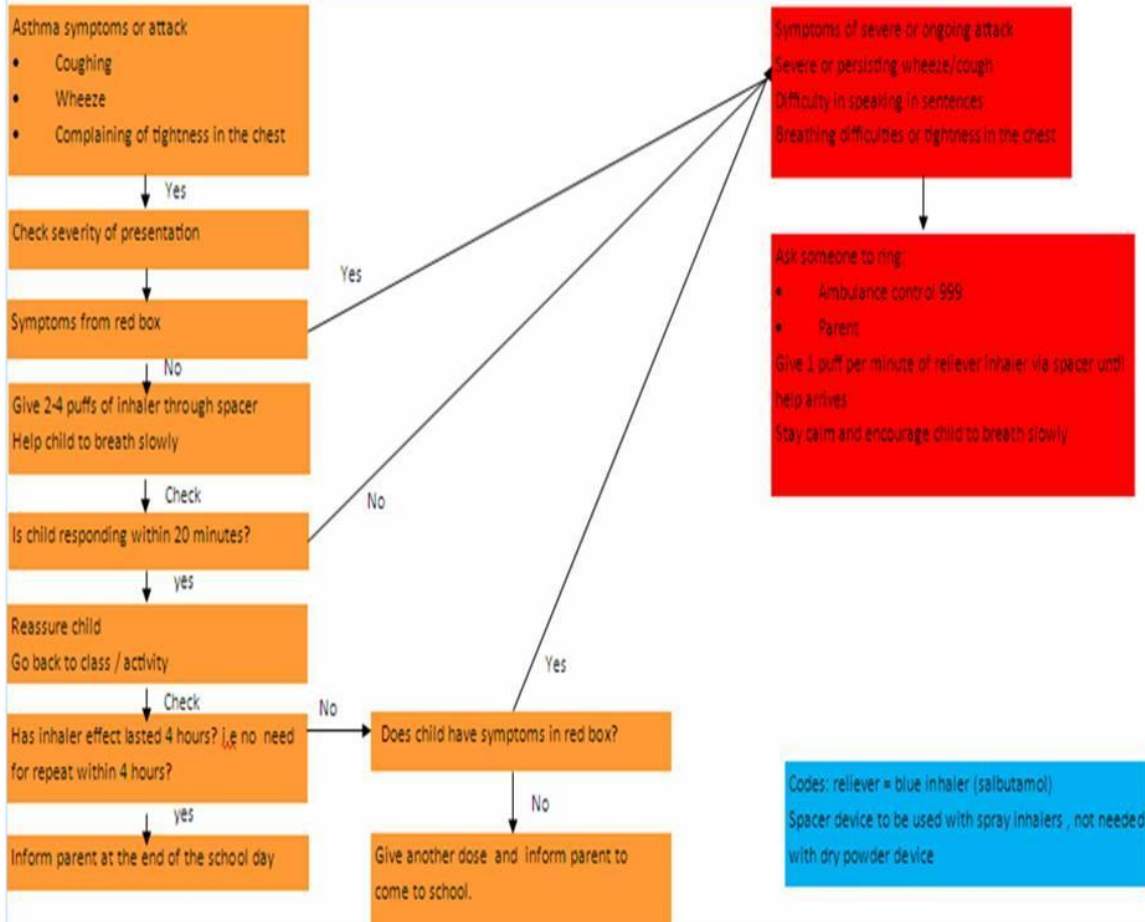
Asthma Action Plan for Schools/Early years Setting

All pupils with asthma must have a spare reliever +/- spacer at school (spacer not needed for dry powder device)

Some Children may benefit from using their blue inhaler—two puffs 10-20 minutes before exercise. This should be on their individual asthma management plan

Remember if in doubt always give the blue inhaler

If possible document inhaler given in records



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 other year

Date 26th January 2011

Signed

Head Teacher



Chair



Review Date 30/09/2023