



# Barley Fields

## Primary School

### **Asthma Policy**

### **2022-23**

<b>Date Originally Issued:</b>	<b>September 2016</b>
<b>Date Revised:</b>	<b>July 2022</b>
<b>Prepared by:</b>	<b>Head Teacher /Deputy Head Teacher</b>
<b>Review date:</b>	<b>July 2024</b>
<b>Date Adopted by Governing Body:</b>	<b>July 2016</b>

## **Introduction**

Asthma is a widespread, serious but controllable condition and the school supports all children with asthma. We ensure that pupils with asthma can and do participate fully in all aspects of school life, including PE lessons, visits, outings or field trips and other out-of-hours school activities.

The school:

- recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- keeps a record of all pupils with asthma.

## **Staff Responsibilities**

**ALL** staff should be aware of:

- symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- the asthma policy;
- which children are diagnosed with asthma;
- how to access and use an inhaler;
- who the designated members of staff for administering medicines are, and the policy on how to access their help.

## **Asthma Medication**

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse agrees they are mature enough.
- All inhalers must be labelled with the child's name by the parent/carer.
- All spacer devices should be in a box which is clearly labelled with the child's name.
- Spacer devices, which are placed directly into the mouth, should be cleaned at the end of each day using soap and water and allowed to thoroughly air dry overnight. Where possible, children should be responsible for maintaining the hygiene of their own devices but where the child is too young or has complex needs, staff are responsible for this. When cleaning a spacer device, staff should wear disposable gloves and ensure thorough handwashing routines before and after handling.

## **Record Keeping**

As part of health questionnaire or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. When this has been established further details will be required from the parent/carer regarding the guidelines for managing asthma in school.

## **Annual Updates**

We understand that medical conditions can change in nature as a child develops so initial information on enrolment forms is quite often insufficient in providing an accurate and up to date picture of the child's medical needs as they move through school. Consequently, a medical questionnaire is issued annually via Microsoft Forms and it is the responsibility of the Deputy Head Teacher to collate the data collected into a spreadsheet which is then used to update medical boards around the school. In line with GDPR, parents or other carers who have parental responsibility are asked to consent to the use of names, photographic images and details of medical conditions including treatment requirements on the school medical boards so that awareness is raised. School also distributes the email of the Deputy Head, via the Marvellous Me App, so that parents have a point of contact with school for any medical concerns or to supply school with medical updates as and when required.

Mr Shildrick should be contacted using the email address below:

**[bfrshildrick@sbcschools.org.uk](mailto:bfrshildrick@sbcschools.org.uk)**

## **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 in the building other than for short periods of time as part of curriculum study in shared central areas. As is to be expected, we do not allow smoking in the immediate vicinity of the school. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

### **Curriculum Access**

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's medical information displayed on medical boards and in classrooms.
- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so.
- It is the responsibility of staff to inform parents when inhalers in school have been used.

### **ASTHMA ATTACKS**

- All trained first aid staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Also, there is a copy in each classroom of: - How to Manage an Asthma Attack in Children (NHS). This is also displayed on the main medical information boards in the staffroom.
- Each classroom has a red triangle for a child (**if there is not another adult in the classroom**) to take into the next classroom or the school office to summon first aid help in the case of any emergency.

### **Responding to asthma symptoms and an asthma attack**

Inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of an inhaler in such cases could lead to a delay in the child getting the treatment they need. Early assessment of the situation is vital to ensuring the correct procedure to follow. All staff are trained in paediatric first aid.

### **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

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

### **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
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

### **Responding to signs 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**
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two puffs of the inhaler
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.

- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If staff are still concerned parents should be contacted without further delay. **Please note that parents should always be informed of any asthma attacks or any increased use of inhalers in school.**
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

**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

We have arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions.

It is the responsibility of parents to provide school with inhalers and spacers that are in date and suitable for use. It is also the responsibility of parents/carers to dispose of used inhalers. Staff should regularly check expiration dates on inhalers and contact with parents/carers if there is a need to replace medication. Staff should do this in enough time to allow parents to supply replacements to school.

# ASTHMA INFORMATION FORM



Child's Name: \_\_\_\_\_

1. The triggers of an asthmatic attack are:

.....  
.....

2. I confirm that:

- My child has been diagnosed with asthma and has been prescribed an inhaler
- The asthma medication which has been prescribed by my child's doctor will be administered by me when appropriate
- My child may need to take emergency medication during the school day and is able to take responsibility for the self-administration of his/her asthma medication.
- My child is able to carry his/her asthma inhaler during the school day.
- My child should have their asthma inhaler kept in a designated area of classroom, accessible by them at all times
- My child is not able to self-administer the contents of the reliever inhaler whilst he/she is at school which has been prescribed by his/her doctor. A member of school staff may need to assist my child when he/she requires the asthma inhaler and medication.
- My child will need a working and in date inhaler to be kept in school at all times. I will ensure that a spare asthma inhaler is supplied to the school for use by my child.
- My child will need to take an inhaler on all external school visits and trips.

Details of the inhaler and medication are as follows.

Name of inhaler and medication: .....

Dosage: .....

Method of administering the medication: .....

Signed: (parent/guardian) .....

Emergency Telephone Number: .....

Date .....

## HOW TO RECOGNISE AN ASTHMA ATTACK



### The signs of an asthma attack are:

- Persistent cough (when at rest);
- A wheezing sound coming from the chest (when at rest);
- Difficulty breathing (the child could be breathing fast and with effort, using all 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;**
- Remain with the child while the inhaler/spacer are brought to them;
- Immediately help the child to take two puffs;
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs;
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better;
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE;**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.