



Asthma Policy

Rationale

Our school exists to help prepare children for a fulfilling and productive life by enabling them to develop their social, emotional, spiritual, intellectual and physical potential.

Aim

To ensure that all children with asthma are welcomed in school and enabled to take full part in all activities offered by the school.

Objectives

1. To work with parents to ensure that all children with asthma are identified.
2. To ensure that all staff are aware of the nature and causes of asthma and the seriousness of the condition.
3. To ensure that all staff are aware of what to do in the event of an asthma attack.
4. To ensure that the school environment is supportive to children with asthma.

The Causes of Asthma

About one in ten children of primary school age has asthma. It is not an infectious disease, nor is it a psychological or nervous disorder, although strong emotions may lead to an asthma attack. Asthma is a physical condition in which the air passages suddenly narrow making it difficult to breathe. Irritants which may cause an attack include:

- * house dust
- * grass pollen
- * furry and feathery animals
- * certain foods
- * cold weather
- * exposure to high winds
- * fumes such as glue, paint, or tobacco
- * exercise
- * prolonged laughter, anxiety, or excitement

In the event of an attack, children may experience shortness of breath accompanied by intense coughing spells, during which audible wheezing and whistling sounds can emanate from the chest. While the presence of wheezing is commonly associated with asthma, the absence of such sounds, or a "silent chest," may signal a condition that is potentially life-threatening. Additional indicators of a severe or critical condition include changes in skin colour (such as bluish lips or pallid skin), exhaustion, changes in the level of consciousness, and a marked difficulty in speaking. These symptoms require immediate attention, as they could denote a severe to life-threatening condition.

These signs and symptoms aren't exhaustive though, and recognising the signs can sometimes be challenging. To improve awareness all staff should receive compulsory training on recognising the signs and symptoms of asthma

IDENTIFYING CHILDREN WITH ASTHMA

New Admissions

1. New parents complete the Basic Pupil/Student Information Form when a child is admitted. Medical conditions are indicated on this form.
2. If a parent says that the child has asthma or any other medical condition then the parent will fill in a medicine in school form. This will give more details and will state the name of the medication, the type of inhaler to be used in school, and the frequency of use.
3. Medical conditions are recorded on Arbor and Medical Tracker.
4. The class teacher will ensure that all adults working in the class are aware that the child has asthma. The class teacher will also inform the lunchtime supervisors who have responsibility for the children at lunchtime.

Children Already on Roll

1. A parent may inform staff that their child has been diagnosed as having asthma. This could be the Headteacher or class teacher or office staff.
2. A medicine in school form will then be filled in and details recorded on Arbor and Medical Tracker.
3. First Aiders and Lunchtime Supervisors will be informed.

Access to Inhalers

1. It is the responsibility of the parents to teach their child to use their inhaler properly.
2. A blue inhaler must be kept in the school office. It is the responsibility of parents to ensure these are within date. If a child needs their inhaler, they should not be sent to the office alone; either send another child with them or send a "healthy" child to fetch it.
3. Younger children may need to be reminded if they need to take pre-exercise medication.
4. For PE, especially outdoors, and for swimming, the class teacher is to take the children's class box containing their inhalers.
5. Before children are taken out of school on a visit, class teachers must check that all the children have their inhalers, these are kept in the class medical box. Children requiring inhalers will be identified on the visit risk assessment.
6. Parents must be notified using medical tracker if their child uses their inhaler during the school day. This helps parents to monitor usage and prevent an asthma attack.
7. **CHILDREN MUST NOT BE SENT ALONE FOR THEIR INHALER OR LEFT ALONE IF SUFFERING FROM ANY**

IN THE EVENT OF AN ASTHMA ATTACK

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure:

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 and is seated in an upright position.

After the attack

Minor attacks should not interrupt a child's involvement in school. When they feel better, they can return to school activities.

The child's parents must be informed about the attack and it must be recorded on Medical Tracker.

Emergency procedure

If the pupil does not feel better or you are worried at any time before reaching 10 puffs from the inhaler, call 999 for an ambulance.

If the ambulance has not arrived after 10 minutes, give an additional 10 puffs as detailed above.

In the event of an ambulance being called, the pupil's parents or carers should always be contacted.

In the event of a pupil being taken to hospital by ambulance, they should always be accompanied by a member of staff until a parent or carer is present.

Linked Policies:

Health & Safety Policy

Medical Policy

First Aid Policy

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