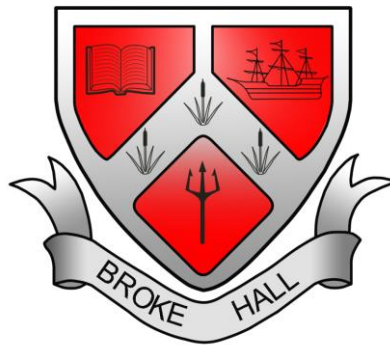


# Broke Hall Community Primary School



## Asthma Policy

February 2023

### **Monitoring and review**

This policy is monitored by the Headteacher and the governing body. It will be reviewed every three years or before if necessary.

**Signed:**

**Position:** Headteacher

**Signed:**

**Position:** Chair Of Governors

**Date:** Feb 2023

The objectives of the policy are to help ensure:

- children with asthma are encouraged to participate fully in all aspects of school life
- all staff have a clear understanding of what to do in the event of a child having an asthma attack
- that we work in partnership with parents, school governors, health professionals and children to successfully implement our school asthma policy

### **Information about Asthma**

#### **Preventative treatment**

Asthma can be controlled by:

1. avoiding known irritants
2. inhaling specific, prescribed drugs

#### **Known irritants**

The following are common asthma triggers: house-dust mites, cold weather, air pollution, pollen, exercise, cigarette smoke, moulds, chemicals (such as solvents, adhesives, felt tip pens, aerosols, perfume and paint fumes) and furry animals.

#### **Preventers**

These medicines are taken daily to make the airways less sensitive to the triggers. These generally come in brown, purple or white containers. Children usually take these twice a day at home even when they are well. Occasionally children need to take extra doses of their preventative inhaler during the day, for instance on a long school outing or when asthma has become more troublesome. The child's teacher must ensure they are aware of the type and correct dosage of preventative medication being used in school and the correct technique for using the inhaler device.

#### **Relief treatment**

This type of treatment may be needed:

1. When something triggers common asthma symptoms
2. When a child is having an asthma attack

#### **Relievers**

These medicines, sometimes called bronchodilators, quickly open up the narrowed airways and help the child's breathing difficulties. These generally come in blue containers.

**Reliever inhalers are crucial for the successful management of asthma. Delay in taking reliever treatment, even for a few minutes can lead to a severe attack and in rare cases has proved fatal.**

#### **Large volume spacers**

These are to be used with relievers in the event of a severe attack to assist in administering higher doses than usual to the children OR to aid younger children in inhaling the medicine properly.

#### Further information

A child will not overdose on his or her medication. Reliever medication will not be harmful however much is used.

If a child who does not have asthma experiments with another child's asthma medication this will not be harmful as relievers act simply to dilate the airways. However, it is important that as part of our health education programme we do not allow anyone using someone else's medication.

#### **Procedures for dealing with asthma in school**

##### **General**

- All parents who indicate their child has asthma are asked by the office (or class teacher) to complete a medicine administration consent form (Appendix 1 and 2). Blank copies are kept in the main office.
- The admin team will process the consent form and add the information to Arbor. The team will need to advise the Class Teachers of the change. If the child has other specific plans these should also be updated. The hard copy of the form is then stored in the medication folder in the medical room.
- The inhaler will be stored in the medical room inhaler cupboard clearly marked with the child's name.
- During school hours children will need to advise their Teacher that they require their inhaler and will then attend the front office. This is recorded at the front office and a message is sent home to parents advising of number of puffs and timing.
- Before the child does PE or attends a school trip the inhaler should be collected from the medical room. The empty box should stay out of the cupboard denoting that the inhaler is not available in the medical room.
- The school emergency bag must be brought outside in the event of a fire or fire drill. It will contain school owned inhalers and epi pens.
- When attending a residential trip, the child should bring with them their home inhaler, and this will act as a spare for the duration of the trip. The inhaler from the medical room is also taken on the trip.
- Parents should ensure their child's inhaler is in date and it is the parent's responsibility to bring replacement inhalers into school. This will be supported by the school once a year.
- Most school staff have undertaken relevant, up to date training on supporting asthma in school.

**Occasionally a child is diagnosed with severe symptoms that require a faster response. In these cases an additional inhaler may be kept in the child's classroom on the Teacher's desk. This will be clearly marked and will travel with the child when they are likely to be carrying out a specific activity, i.e. PE**

##### **P.E.**

- All those running PE activities (whether lessons or extra curricula) need to be aware of the needs of those children with asthma and those children affected.
- There must be an opportunity for children who suffer from asthma to take a puff of their inhaler before they start to exercise, if required. Some children may be shy of doing this.
- Children who become too wheezy to continue must take their reliever inhaler and rest until they feel better.

##### **Awareness**

- Teachers should be aware of the three main symptoms of asthma i.e. coughing, breathlessness and wheezing.
- If a child has one or any combination of these symptoms and has not been diagnosed as asthmatic the teacher should mention what they have noticed to the child's parents.

At least one member of staff should be trained in the management of asthma. The school will take advantage of any training when it is made available. This is usually carried out by the school nurse as required.

## **Dealing with an asthma attack**

### **Mild - Moderate Attack**

Child feels breathless, may have an audible wheeze or cough but looks quite well and can speak normally.

- 1) Ensure the child takes his/her dose of relief inhaler
- 2) Let the child choose the easiest position for breathing, usually upright. This should produce improvement within 15 minutes.
- 3) Call parents/contact person. If the inhaler is needed more frequently than once every 4 hours, the child should see a doctor to discuss their asthma management.
- 4) If you are unsure what to do, contact the parents/contact person or doctor if parents are not available.

### **Severe Attack**

Some children become very ill very quickly and action must not be delayed. The following signs indicate that a child is having a severe attack which must be dealt with at once.

- The usual relief inhaler does not work very well or at all
- The child cannot speak normally because of difficulty in breathing
- The child cannot move about normally because of difficulty in breathing
- The child may have a blue tinge around the lips

Only one of these signs is needed to indicate a severe attack. NB. There may be no audible wheeze.

- 1) Check if the child is known to have asthma and that there is no history of allergy/anaphylaxis.
- 2) Ensure the child takes his/her usual dose of relief (blue) inhaler.
- 3) Let the child choose the easiest position for breathing; try to ensure the room temperature does not vary too much.
- 4) Ask for the help of another member of staff and dial 999 for an ambulance, stating that the child is having a SEVERE ASTHMA ATTACK requiring immediate attention.
- 5) Ensure a member of staff stays with the child.
- 6) Ensure the child takes a second dose of their normal reliever inhaler  
OR  
If the child has a metered dose reliever inhaler, ensure they receive up to 10 sequential puffs (one puff per minute) of their inhaler, giving the individual puffs one at a time until relief is obtained.
- 7) Contact the child's parent or guardian to inform them of the situation and the action being taken.
- 8) If staff are concerned about their ability to help the child while waiting for the ambulance to arrive they should contact the nearest GP and request immediate assistance.

**Appendix 1**

**REQUEST FOR THE SCHOOL TO ADMINISTER MEDICINE**

We are not expected to have **any** medicine in school. An exception to this is:

- inhaler
- epipen
- **a prescribed course, which has to be taken orally, at least four times a day**

In these situations we would like you to complete this form and return it to school before the medicine/inhaler/epipen etc can be administered.

It is school policy to keep **all** medicines in the school medical room. **We will endeavour to ensure that the medicine is taken as requested but are unable to guarantee this.**

The medicine must be **clearly labelled** with the child's name, and for an inhaler labelled on the casing and any spacer if required as well. *The medicine must be in its original container as dispensed by the pharmacy and be **brought** to the school office and **collected** by an adult.*

Please ensure the medicine is within its use by date and replaced when necessary. **The school will not accept responsibility for checking that the medicine is still within its expiry date.**

Name of pupil	Class
Name/Type of Medicine (as described on the container)	
Dose/Timing/Method	
Period of administration	
Side Effects/Precautions	
Expiry Date (see note above)	
Emergency Procedure (if any)	

Turn over for disclaimer, which must be signed.

Please add any further information here:

My child's doctor has prescribed the above medication. I, the parent/guardian of the above named child, request and give permission for the Headteacher, or person acting on his/her authority, to administer the above medication in emergency circumstances and in accordance with the directions given. I understand that neither the Headteacher nor anyone acting on his/her authority nor the Governing Body will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Headteacher, the person acting on his/her authority, or the Governing Body, as the case may be. I accept that this is a service which the school is not obliged to undertake.

Signature ..... (Parent/Guardian)

Date.....