



Policy – Asthma

Dream, believe, achieve together.

Persons with Responsibility

All stakeholders

Linked Policies

H&S

Inclusion

Safeguarding

Medication

P.E

Trips

SEND

Next Review: June 2020

Westwood Park is an inclusive school. All policies should be seen in the light of overcoming barriers to learning for example: dyslexia, dyspraxia, ASD, emotional, behavioural and learning difficulties.

School Asthma Policy

Introduction:

Westwood Park CP School acknowledges that asthma is the most prevalent disease of childhood and recognises that many pupils enrolled in this school will have the disease.

Their disease should not isolate asthma sufferers; therefore asthma awareness should involve ALL members of the school community.

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:

- It is the responsibility of parents or guardians to notify school if their child has asthma.
- At the beginning of each school year or when a child joins the school parents/carers will be asked to complete an enrolment form which includes medical conditions.
- Treatment details should be given to school and accessible by staff at all times.

Treatment: consists of two main forms

- Reliever inhalers (usually Blue) and preventer inhalers (usually Brown or purple).
- Only **BLUE** inhalers need to be in school and should be used as needed and not on a regular basis.
- Staff are not required to administer inhalers except in an emergency but we are happy to do so in this school. We will encourage children from Year 3 upwards to use their inhaler when it is needed and to tell an adult if they need to use it more than once during the school day.
- Children should have access to their reliever inhaler(BLUE) at all times.

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 (whistling sound) or breathless.

If this is effective, the child can return to normal classroom activity but inform parents at the end of the school day.

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.

1. Support the child to inhale once or twice with the blue inhaler (using a spacer if available). Wait for **5 minutes** – the inhaler should have been effective.

A spacer is often easier to use when a child is having an attack and 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 breathes
- Do not put your arms around the child's shoulders – this restricts breathing.
- If this works-contact parent/carer who should come to school in order to follow the action plan regarding the need for medical attention.
- The **BLUE** inhaler should last for 4 hours. Needing it more frequently may be a sign of worsening asthma and parents/carers should be contacted immediately.

2. If the **BLUE** inhaler is not working, 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.
- The child can look pale – lips can turn blue.

Plan of Action:

DIAL 999 – telephone for an ambulance. In the meantime, Continue to give the BLUE inhaler 1 puff every minute until help arrives.

You cannot overdose the child by doing this but inform the paramedic how much inhaler has been used.

Policy Review:

Westwood Park CP School encourages discussion and reflection from staff, parents and pupils and this policy will be reviewed at the end of each academic year.

Useful Information

Asthma UK-Asthma Policy for School Information Pack. www.asthma.org.uk

D.F.E.E. Guidelines: Supporting Pupils with Medical Needs in School.

Appendix 1 Primary

Parents should be able to complete this but please contact your GP , Practice nurse or asthma nurse if you have any concerns

..... has asthma and takes a preventer inhaler everyday at HOME. This should stop him/her needing the **BLUE** inhaler in school.

He/she will need the **BLUE** inhaler TWO puffs **through the spacer** (one at a time) if he/she is:

- Coughing
- Wheezing (Whistling Noise)
- Short of Breath

Other times may need his/her inhaler at school i.e. (Before Games)

Please specify _____

The **BLUE** inhaler should last 4 hours. Please ring _____
_____ (Parent/Carer) if he/she is needing it more often.

If it is not working, may need urgent medical attention.

Phone 999 and keep giving the **BLUE** inhaler 1 puff every 1-2 minutes (up to 10 puffs) until help arrives.
Encourage 5 slow deep breaths with each puff



APPENDIX 2

Asthma Action Plan for Schools

Asthma Action Plan for Schools/Early years Setting

Salford Royal **NHS**
NHS Foundation Trust

University Teaching Trust

safe • clean • personal

All pupils [Designing and commissioning services for children and young people with asthma: A good practice guide](#)
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



