





**ASTHMA POLICY**

| **Date updated by staff** | July 2024 |
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| **Date approved by Governors** |  |
| **Review Date** | July 2025 |

This policy has been written in conjunction with the Guidance on the use of Emergency Salbutamol Inhalers in Schools - March 2015 DfE and Castle View Primary Academy policy, Supporting Pupils with Medical Needs.

**Introduction:**

This school recognises that asthma is a common controllable condition, which can be serious, affecting many pupils in school. Therefore asthma awareness should involve ALL members of the school community.

The school:

• encourages pupils to take responsibility for their asthma with support from family and staff

• ensures all staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

• ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, or field trips and other out-of-hours school activities

• recognises that pupils with asthma need easy and quick access to reliever inhalers at all times

• keeps a record of pupils with asthma and the medication they take

• ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma

• parents are informed of any severe asthma attacks in school.

**Explanation of the condition:**

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:**

At the beginning of each school year or when a pupil joins the school, parents/carers are asked if their child has any medical conditions including asthma on their data collection sheet.

All parents/carers of children on roll must notify school of current treatment details. Treatment details should be accessible at all times. These are recorded on the child’s data sheet kept in the individual pupil records (‘green files’ in the school office)and on Medical Tracker.

**Asthma medicines**

Parents/carers are asked to ensure that their child has their own inhaler in school. All inhalers must be labelled with the pupil’s name, and prescribed dose. This can be done by the pharmacist. Pupils and parents/carers must ensure inhalers are in date and are not empty.

If families would like to provide a labelled spare reliever inhaler, the school office will hold this separately in case the pupil’s own inhaler runs out, or is lost or forgotten. Again, all inhalers must be labelled with the pupil’s name and prescribed dose. If the family do this, it is their responsibility to check regularly that it is still in date.

School staff are not required to administer asthma medicines to pupils (except in an emergency). All school staff will let pupils take their own asthma medicines when they need to. All staff are aware of this policy.

**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 and colds, cigarette smoke, furry animals, cold weather, chemical paints – sprays and vapours, grass pollens and spores, extremes of emotion and exercise.

**Treatment:** consists of two main forms

Reliever inhalers (usually Blue) and preventer inhalers (usually Brown).

Pupils should have access to their relief inhalers (usually blue) at all times – these should be carried by the pupil or kept in their classroom. A reliever inhaler (blue) should be taken:-

If pupil recognises their own asthma symptoms

As prescribed before exercise

If the pupil is coughing, wheezing or breathless

If this is effective, the pupil 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 and shortness of breath.

***Remember***

• Stay calm – it is treatable.

• Sit the pupil comfortably – do not let the pupil lie down.

• Speak quietly and calmly to the pupil– encourage slow deep breaths.

Send a message to the school office stating: ***“A pupil is having an asthma attack, please send another adult.”***

• Get the child to take their usual dose of their reliever inhaler.

• Do not put your arms around the child’s shoulders – this restricts breathing.

A mild attack should ease within a few minutes. If it does not, the casualty may take one to two puffs from her inhaler every two minutes until they have had ten puffs.

Using the inhaler with a spacer device may be easier when the pupil is having an attack. Some pupils have their own or one is available in the school’s emergency equipment.

 If this does not work, then the pupil may have a ***severe asthma attack***

**This constitutes an emergency situation.**

An emergency situation is recognisable when:

Blue inhaler does not work, the pupil is getting worse, becoming breathless or exhausted

**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 pupil by doing this. DO inform the paramedic how much inhaler has been used. Give ‘what three words’ location : ‘snoozing.shall.forgives’

Monitor the pupil’s breathing, pulse and level of response until help arrives.

**Emergency salbutamol inhalers**

All parents/carers of pupils with asthma are sent an Emergency Salbutamol Inhalers consent letter and asked to give permission for use of the emergency inhaler.

**Emergency salbutamol inhaler**

The *emergency salbutamol inhaler* should only be used by pupils who have been diagnosed with asthma, and prescribed a reliever inhaler.

• The emergency inhaler is only to be used by pupils with asthma who have parental consent for use of the emergency inhaler. This will be recorded on ‘Pupil Information Pack’ consent list which is kept in the school office. When the emergency inhaler is to be used a check should be made that parental consent has been given for its use. Consent should be updated regularly – ideally annually - to take account of changes to a child’s condition.

• There are 3 emergency inhaler kits in school. These are kept in the school office for in-school use and to be taken on trips. They are provided by an approved supplier. They will be checked at least termly.

• Appropriate support and training for staff in the use of the emergency inhaler, in line with the school’s wider policy on supporting pupils with medical conditions, will be provided by the school. This is in addition to training undertaken by the schools qualified first aiders.

Normal emergency procedures will be followed and parents will be contacted at the appropriate stage.

**Recording use of the inhaler and informing parents/carers**

Use of the emergency inhaler should be recorded on the sheet kept with the inhaler and Medical Tracker. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom and its effect.

The child’s parents must be emailed via Medical Tracker so that this information can also be passed onto the child’s GP. A telephone call will also be made to notify parents.

**After care of emergency inhaler kit:**

To avoid possible risk of cross-infection, the disposable spacer should be discarded after use. The inhaler itself can usually be reused if it was used with the spacer, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination (for example if the inhaler has been used without a spacer), it should not be re-used but disposed of.