

St. Peter's Catholic Primary School

ASTHMA POLICY



Policy	Asthma Policy
Date	September 2023
Date of review	September 2024
Signed Chair of Governors	<i>Eugene McCarthy</i>
Signed Headteacher	<i>Clare Scott</i>

We, the family of St Peter's, united in faith by God strive to learn and grow together to be the best we possibly can every day.

At St. Peter's RC Primary School, we strive to create an environment in which both children and adults feel happy, safe, secure and valued. We recognise at St. Peter's that asthma is a serious, but controlled condition. Asthma at St. Peter's can be managed successfully with the co-operation of the parents/carers, the teaching staff and the School Nurse. Children and young people can usually control their asthma by taking the appropriate medication (using the correct technique) and avoiding or managing known triggers.

At St. Peter's, we encourage all students with asthma to participate in all aspects of school life. The school recognises the possible triggers and where possible reduces or manages the risk. From Asthma UK, the known triggers are:

- **Tobacco Smoke** - A no smoking policy is adopted within the school
- **Colds and Flu**
- **Chalk Dust** - White boards to be used within the school
- **House Dust mites** - rooms are to be regularly wet dusted, cleaned and vacuumed and soft furnishing and toys kept to a minimum
- **Mould** - Rooms should be well aired and damp and mould reported to maintenance to be dealt with quickly. Autumn leaves should be cleared regularly
- **Pollen and grass cuttings** - No pollinating plants should be kept in the classroom. During High Pollen days - children with pollen allergies should be allowed to remain indoors
- **Stress and emotion** - Support (educational and emotional) is offered to all students
- **Furry animals** - No pets to be kept in school
- **Scented Deodorants and perfumes** - Staff and pupils to be encouraged not to wear strong perfumes
- **Dust from flour and grain** - Kitchens are well ventilated
- **School maintenance or woodwork chemicals** - avoid isocyanate chemicals (spray paint, foam moulding, adhesives, foundry core and surface coatings). Colophony chemicals (soldering fumes, glues and floor cleaners)
- **Weather and air quality** - avoid leaving windows open during thunderstorms as this can increase the pollen in the air

All staff should be aware of who suffers from asthma. An updated list is displayed in inclusion folders, in classrooms, in the staff room and in the school office. All staff should ensure they are aware of any pupil who has asthma whilst under their care (sporting fixtures/school trips). All staff have been given advice on the signs and symptoms of asthma and how to deal with an asthma attack.

RECORD KEEPING

All parents of children who have Asthma need to provide the school with a copy of their child's asthma action plan, so all staff who work with their child are aware of the triggers that affect their child's asthma and their child's symptoms. Details will be held in the classrooms and in the school office. If there are any medical updates, parents will advise the school of any changes relating to their child's health.

PHYSICAL EDUCATION (PE)

Although exercise can be an asthma trigger, taking part in sport and physical education is an essential part of school life and promotes healthy living, therefore it is a trigger that should be managed rather than avoided. St. Peter's encourages pupil's with asthma to participate fully in all sports and activity-based lessons. Sport coaches should always make sure they are aware of pupils who have asthma and their potential triggers.

MEDICATION AND TREATMENT

We have a number of children at St. Peter's with asthma. These children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. All pumps are labelled and kept in class medical boxes. The emergency inhalers and spacers are labelled and kept in the school office. The asthma register is located in the school office and in the staff room.

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.

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 accessory 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

The child's parents or carers should be contacted after the ambulance has been called. A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

In September 2014, the Department of Health published guidance on the use of emergency salbutamol inhalers in schools. From the 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The emergency inhaler will be used in emergency situations for those who have either been diagnosed with asthma and/or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Consent should be updated regularly to take account of changes to a child's condition. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). The use of an emergency asthma inhaler should also be specified in a pupil's asthma action plan where appropriate.

Keeping an inhaler for emergency use will have many benefits:

- Prevent an unnecessary and traumatic trip to hospital, and potentially save their life
- Parents are likely to have greater peace of mind about sending their child to school having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack

Storage and care of the inhaler

All inhalers are stored in the school office. Parents are responsible for checking the date of their child's asthma pump and replacing it as soon as possible when the pump has expired.

The emergency inhalers and spacers are labelled and kept in the school office. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs. To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use. The inhaler itself however can usually be reused, 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. If the inhaler has been used without a spacer, it should also not be re-used but disposed of.

Recording use of the inhaler and informing parents/carers

When a child uses their asthma pump, it is recorded when and how many puffs the child had in a record book and it is stored in the school office.

If there is use of the emergency inhaler should be recorded. This should include where and when the attack took place, how much medication was given, and by whom. The record book is kept in the school office.

Designated members of staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- recognising when emergency action is necessary
- administering salbutamol inhalers through a spacer
- making appropriate records of asthma attacks