**Asthma Policy**

**Policy Information**

|  |  |  |
| --- | --- | --- |
| May 2018 | Policy written using Government guidance and support from Alison O’Brien, School Nurse | James Bancroft, Principal  Sharon Valente, Inclusion Manager |

This policy was ratified at the Local Advisory Board Pupils & Curriculum Committee Meeting on 17th May 2018.

**Asthma Policy**

Wistaston Church Lane Academy recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, the Local Advisory Board and pupils. Supply teachers and new staff are also made aware of the policy.

Our school’s aim for children with asthma are:-

* To minimise symptoms, encourage normal activity and participation in all aspects of school life.
* Recognise that pupils with asthma need immediate access to their prevention/reliever inhalers.
* Ensure that all staff (including supply teachers) who come into contact with pupils with asthma know what to do in the event of an asthma attack.
* Deal with asthma attacks promptly and effectively.
* Ensure that all pupils understand asthma and so support their friends, avoiding the stigma sometimes attached to this chronic condition.
* To work in partnership with all interested parties including the school’s governing body, all school staff, school nurse, parent/carers, and employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

**Asthma medicines**

Medication to treat the symptoms of asthma comes in the form of an inhaler. Some children will have ‘a prevent inhaler’ (brown): these are children who have moderate to severe asthma. This type of inhaler is used daily to try to reduce the number of asthma attacks. All children will have ‘a reliever inhaler’ (blue) which work by relaxing the muscle surrounding the airways, therefore making breathing easier.

Immediate access to reliever medicines is essential.

* Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough.
* The reliever inhalers of all children are kept in the child’s classroom and should be taken on school visits, residentials, PE lessons and wherever is appropriate or required.
* All children with asthma should have a spacer in school so that medicine can be administered correctly.

Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The class teacher will hold this separately in case the pupil’s own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child’s name by the parent/carer.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the school when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

**It is the parent/carer’s responsibility to ensure that the medication in school is up-to-date and to notify the school of any changes to medication.**

The school keeps some spare inhalers in case of emergency. The school staff will ensure that these are up-to-date. Alternatively, during an asthma attack or in an emergency, the staff will use another child’s inhaler to treat a different child. Spare Inhalers will be kept in the School Office.

If the treatment is not working a member of staff will contact an ambulance.

**Record Keeping**

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. All medical needs are disseminated to school staff.

The school keeps a record of all children who we have been informed have asthma.

**Sports, Games and Physical Activity**

Taking part in sports, games and physical activity is an essential part of school life for all pupils. All teachers know which children in their class have asthma from the school asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons. If a pupil needs to use his/her inhaler during a lesson he/she will be encouraged to do so.

**School Environment**

The school does all it can to ensure the school environment is favourable to pupils with asthma. The school does not keep pets with fur and has a definite no smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

**When a pupil is falling behind in lessons**

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work how to prevent their child from falling behind. If appropriate, the class teacher will then talk to the school SENCo about the pupil’s needs.

**Asthma Attacks**

All staff, who may come into contact with pupils with asthma, know what to do in the event of an asthma attack.

**Signs of an asthma attack include**

* Persistent cough (when at rest)
* A wheezing sound coming from the chest (when at rest)
* Being unusually quiet
* The child complaints of shortness of breath at rest, feeling tight in the chest (younger children may express this as feeling as a tummy ache)
* Breathing is fast and shallow
* Difficulty breathing (fast and deep respiration)
* Nasal flaring
* Being unable to complete sentences
* Appearing exhausted
* A blue tinge around the lips
* Going blue

We recognise if a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed:

**CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:**

* Appears exhausted
* Has blue/white tinge around lips
* Is going blue
* Has collapsed

**Responding to signs of an asthma attack**

* Keep calm and reassure the child
* Encourage the child to sit up and lean slightly forward
* Use the child’s own inhaler – if not available, use an emergency inhaler
* Remain with child whilst inhaler is brought to them
* Immediately help the child to take two puffs of the salbutamol (blue) inhaler
* If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
* Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
* If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
* If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
* 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.

The Asthma Policy will be accessible to all staff and the community through the school website.