



# Federation of Shevington Primary Schools

## **Millbrook and Shevington Vale Primary Schools**

### Asthma Policy

## **INTRODUCTION**

Shevington Vale Primary School acknowledges that asthma is the most prevalent disease of childhood and recognises that many pupils on roll in this school will have the disease.

Asthma sufferers should not be isolated by their disease; therefore, asthma awareness should involve ALL members of the school community.

We will generally try to allow pupils to be independent users of their inhalers, but will provide assistance to any child who is not able to administer the medication.

## **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, tight chest

SUDDEN, SEVERE narrowing of air passages may result in an "asthma attack".

## **IDENTIFICATION OF PUPILS AFFECTED**

All parents of pupils on roll must notify school of current treatment details. Treatment details should be accessible at all times.

## **TREATMENT**

Reliever inhalers (usually BLUE) and preventer inhalers (usually BROWN). Pupils should have access to their relief (usually BLUE) inhalers 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 and colds.
- 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 (BLUE) inhaler should be given:-

- (a) If requested by the pupil.
- (b) If the pupil is coughing, wheezing or breathless.

If this is effective, the pupil can return to normal classroom activity.

## STORAGE OF INHALERS

All inhalers for pupils will be stored in a box/bag in the child's classroom Pupils with an inhaler will also have their photographs on display in the classroom.

Any pupil on a school trip will need to take their inhaler. This will be in the possession of the classteacher / group leader.

The school office will have an emergency inhaler and the school office will be responsible for ensuring that this is always in date. The office will keep a log of when this is used and will contact parents/carers to inform them if a pupil has needed to use the emergency inhaler.

## RESPONSIBILITIES

**School Staff** are not required to administer Asthma medicines (except in an emergency) All school staff have a responsibility to:

- understand the school asthma policy
- know which pupils they come into contact with have asthma
- know what to do in an asthma attack
- allow pupils with asthma immediate access to their reliever inhaler
- tell parents/carers if their child has had an asthma attack
- tell parents/carers if their child is using more reliever inhaler than they usually would
- ensure pupils have their asthma medicines with them when they go on a school trip
- staff will support children who may need help in taking medication.

**Pupils** have a responsibility to:-

- know how to gain access to their medicine in an emergency
- develop a responsibility for taking their own asthma spray when needed
- know how to take their own asthma medicines

**Parents/Carers** have a responsibility to:

- tell the school if their child has asthma
- ensure the school has a complete and up-to-date **school asthma card** for their child
- inform the school about the medicines their child requires during school hours

- inform the school of any medicines the child requires while taking part in visits, outings or fieldtrips and other out-of-school activities such as school team sports
- tell the school about any changes to their child's medicines, what they take and how much
- inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name
- provide the school; with a spare reliever inhaler labelled with their child's name
- ensure that their child's reliever inhaler and the spare is within its expiry date
- keep their child at home if they are not well enough to attend school
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)
- ensure children know how to take own asthma medicine
- send inhalers into school for events such as those organised by the PTA that fall outside of curriculum time

## **PREVENTION MEDICINE**

A child can take their blue inhaler as they wish as required. However, pupils and staff need to recognise when a mild 'feeling' or prevention becomes an asthma attack.

## **ASTHMA ATTACK**

The main symptoms of an asthma attack requiring medication would be when a pupil coughs continually, wheezes or is short of breath.

### **What to do in an asthma attack**

The following guidelines are suitable for both children and adults and are the recommended steps to follow in an asthma attack:

Sit up straight - don't lie down. Try to keep calm.

Take one puff of your reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs. Using the inhaler with a spacer device may be easier when the pupil is having an attack.

If they feel worse at any point while you're using the inhaler or they don't feel better after 10 puffs or you're worried at any time, call 999 for an ambulance.

There is also advice to take the inhaler twice every 2 minutes - the main point is - **up to 10 in 5 minutes - if no improvement call an ambulance immediately**

If the ambulance is taking longer than 15 minutes you can repeat step 2.

### **Remember**

Stay calm – it is treatable.

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

Do not crowd the pupil.

Do not put your arms around the pupil's shoulders – this restricts breathing.

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

## **AN EMERGENCY SITUATION IS RECOGNISABLE WHEN:**

BLUE inhaler does not work.

The pupil has difficulty speaking and can only say two or three words before taking a breath. The pupil is breathing quickly.

Pupil can look pale – lips can turn blue.

### **PLAN OF ACTION**

Dial 999 – telephone for an ambulance.

Do inform the Paramedic how much inhaler has been used.

Do contact the parents/carers and advise of them of current situation

Points to note:

- Shevington Vale Primary School will keep the inhalers ready for use in class.
- The school will keep a school emergency inhaler in school (for example if the inhalers are out of date or cannot be found).
- The pupil needs the inhaler which is nearest to them in an emergency.
- Breakfast Club/ After School Club - use the nearest/ most convenient inhaler.
- Dinner / Break Times - it may be necessary for the inhaler to be taken to the pupil - for example, if a pupil is having an attack on the grass - the pupil must not be sent for their inhaler. The pupil is already distressed and further exercise / contact with triggers (pollen / cold air could make the situation worse).
- Other pupils will need to access the nearest inhaler or locate the school emergency inhaler.
- Spacers should be used wherever possible.

### **POLICY REVIEW**

School encourages discussion and reflection from staff, parents and pupils and this policy will subsequently be reviewed at the end of each academic year, or at the pupil's Annual Review, if he/she holds an Educational Health Care Plan.

Date: September 2024

Review: Annual