



ASTHMA POLICY

Brockley Primary School

Rationale

Asthma is a physical condition, not an emotional illness. It affects at least one in eight children. An attack is caused by a sudden narrowing of the air passages making it difficult to breathe. Asthma can be controlled by, firstly avoiding known irritants or triggers and secondly by inhaling specific prescribed drugs.

Aim

The aim of this policy is set out clearly the roles and responsibilities of parents/carers and staff in relation to children with Asthma in school.

Objectives

- For all staff to be aware of children who they come into contact with who have Asthma.
- To ensure that procedures relating to the use of inhalers are consistent throughout the school.
- To detail procedures to be followed if the child has an Asthma attack.
- To ensure records are kept up to date and are available to all relevant staff.
- To make parents aware of this policy.

Responsibility of the School

- To ensure that all pupils with Asthma are encouraged to participate fully in the life of the school.
- To notify parents if their child has required their inhaler to be administered during the day (Key Stage 1). Key Stage 2 children will administer their own medication.
- To provide an accessible safe place for the storage of inhalers kept in school.
- To ensure that an up to date medical register is kept in the office and shared with **all** staff.
- To ensure that **all** staff know the procedures to follow in the event of a child having an attack.
- On school trips or visits to ensure accompanying staff are aware of the children with Asthma and to ensure that these children have their inhaler. If undertaking physical activity where the inhaler may be damaged the member of staff in charge will carry the inhaler. The staff member in charge will carry the inhaler for Key Stage 1 children.
- To remind parents in letters about trips, that children with Asthma need to bring an inhaler.

Responsibility of Parents

- To notify the school if their child has Asthma.
- To supply their child with a named inhaler.
- To notify the school if their child's medication is to be administered by a member of staff to enable the completion of the appropriate permission form.
- To complete, annually, an Asthma record. (Appendix 1)
- To notify the school of any change in their child's condition or medication.

Children who have been identified should have an inhaler in school. If parents do not consider it appropriate to supply their child with an inhaler, then this must be their responsibility.

Where Do We Keep Inhalers

In Key Stage 1 the class teacher will provide a place for the safe storage of the child's inhaler. In Key Stage 2 pupils may take responsibility for their own inhalers.

A list of children with inhalers will be kept up to date and stored on the inside of the door in the medical cupboard in the disabled toilet. This will give information regarding triggers, treatment and emergency contact numbers.

Appendix 2

There are two types of treatments:

Preventers: Medicines taken daily to make airways less sensitive to triggers- generally brown or white containers.

Relievers: Quickly opens up the airways and helps breathing difficulties- generally blue containers. If a child takes another child's medicine it will cause no harm.

How you can help in an attack:

Mild to Moderate Attack

(Cough, wheeze, tight chest, but child able to talk in sentences.)

1. Ensure their usual reliever dose immediately- usually blue inhaler, relieves breathing difficulty in 5 to 10 minutes.
2. Usually 5 puffs should bring relief, up to 20 puffs is equivalent to a nebuliser.
3. **IF NOT-** Follow 'Severe Attack' guide.
4. Stay calm and reassuring and help the child breathe
5. Attacks are frightening. Listen to the child.
6. Assist to sit comfortably. Encourage slow deep breaths.
7. After the attack- For mild attacks children can resume normal activities as soon as they feel better.
8. Inform their parents or carers.

Severe Attack

Emergency Situation

The following indicates a severe attack, which must be dealt with at once:

- Reliever has no effect within 5 to 10 minutes.
 - Child distresses or unable to talk normally.
 - Child is getting exhausted.
 - Blue tinge around the lips.
 - N.B the child may not wheeze.
1. Ensure the child takes second dose of reliever.
 2. Second adult dials 999 for an ambulance.
 3. State the child is having a severe Asthma attack requiring immediate attention. Always transport to hospital by ambulance not in staff cars as the child may deteriorate rapidly.
 4. Inform the child's parent or carer of the situation and the actions taken.
 5. After the event- Document the incident and inform the school nurse.

Appendix 1

Asthma Record

SURNAME..... FIRST NAME.....

Date Of Birth.....

Parent(s)Name(s).....

Telephone Home.....

Telephone Work.....

GP Name..... GP Telephone No.....

Asthma Nurse.....

Known Triggers/Allergies.....

Any Other Medical Problems.....

My Child's Medication

Reliever medication (usually blue)

Medication Name Device , Dose , When taken

(e.g Salbutamol, diskhaler, 1 blister, when wheezy, before exercise)

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Other Medication.....

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Emergency Treatment

In the event of a severe asthma attack I am happy for my child to receive 10-20 puffs of a reliever and further medical help to be obtained.

Signed: (Parent/Carer)..... Date.....

Key points for parents to remember:

This record is for your school. Remember to update it if treatment is changed. Remember to check you have enough inhaler doses, that it is in date and labelled by the pharmacist with your child's name and dosage details.