



Inspiring All to Excellence



Edge Hill Academy

Asthma Policy

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Asthma Policy

Definition

Asthma is a chronic condition for which there is no cure. It affects the airways of the lungs, causing them to tighten and can be life threatening. In the UK, over 1.1m children have asthma and on average, 30 children under the age of 16 die of this condition each year. Asthma in children is more common among boys than girls and its impact differs from mild to severe. Treatments used to manage the condition aim to:

- Relieve symptoms.
- Prevent future symptoms developing.

Triggers

- Infections of the airways and chest.
- Allergens such as pollen, dust mites, animal fur feathers.
- Airborne irritants, such as cigarette smoke, chemical fumes and pollution.
- Changes in temperature.
- Medicines, such as aspirin and ibuprofen.
- Emotional factors such as stress or laughing.
- Foods containing sulphites that are found in some food and drink.
- On occasions, physical exercise.

Symptoms

When a child with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten narrowing the airways. The lining of the airways become inflamed and start to swell and mucus is produced. The common observable symptoms of asthma include:

- Wheezing and shortness of breath.
- Coughing.
- Being unusually quiet.
- Difficulty speaking in full sentences.
- Tightness of the chest.

Pupils with asthma will be diagnosed and supported by their GP or the local asthma nurse. The treatment they will be prescribed will differ in relation to the severity of the asthma but will be devised both to relieve symptoms and prevent them from reoccurring. This response will be recorded on a personal asthma plan compiled by relevant medical professionals, the pupil and their parents.

In School

- In school, most pupils with asthma will only need to take reliever medicines via an inhaler, sometimes with the aid of a spacer. These are usually blue in colour. Preventer inhalers are rarely needed to be taken during school hours and are usually brown, orange, red, purple

or white.

- All children in school with 2 blue inhalers will have a care plan.
- Every child and young person with asthma should have a reliever inhaler. These should be taken immediately the asthma symptoms begin and aim to relax the muscles surrounding the narrowed airways. Relievers have few side effects and pupils cannot overdose on them - the side effects of high levels of dosage, (raised heart beat and tremors) even for those for whom the medication is not prescribed, are transient.
- Pupils with asthma need to keep their reliever inhalers with them or close at hand at all times. During PE lessons or other external activities, the inhaler must be taken along. Locking reliever inhalers in a cupboard or another room can result in unnecessary delay in responding to the asthma - the advice is that pupils keep their inhaler on them if at all possible - at the very least close at hand.
- Pupils will have 2 inhalers in school (if possible), both labelled. One to be kept in the classroom, or drawer, the other in the school office. Reminder 'flyers' are sent out regularly and children also reminded in assembly.
- Spare emergency inhalers (with spacer) will be available in school should the child's own 2 inhalers fail. Parents will have completed a permission form to enable us to use this. We will phone parents if one is used and then send a letter home.
- All school staff have undertaken awareness training so are aware of the triggers for asthma, what the symptoms look like and how to respond to ensure pupil safety. This is repeated annually.
- PE and other outdoor supervisory staff are aware of how to appropriately respond to asthma including exercise induced asthma.
- All staff are aware of the ways asthma may impact on pupils e.g. may result in absence from school so support may be needed in making up gaps in knowledge; may experience sleep disturbance so lack energy and stamina.
- A letter is sent out annually to all children to enable parents to let us know if a child has asthma and what the treatment is.
- Parents are requested to provide medical information on their children. if they have asthma this would include the provision of two reliever inhalers (one as a spare) and a copy of their child's personal asthma care plan.
- Parents can request a copy of the school asthma policy.
- Each inhaler is labelled with the pupil's name and the expiry date of all asthma medicines is checked.

- The school medicine administration policy ensures that all pupils have immediate access to their asthma relievers regardless of where they are within the school environment.
- Sufficient staff have undertaken first aid training and all staff are aware of their responsibilities towards pupils with medical needs such as asthma.
- Communication regarding health care plans includes all staff plus those who are temporary.
- Pupils with asthma are supported to take appropriate responsibility for reducing exposure to triggers and their own medication administration.
- Children record on a class chart each time they use their inhaler, this is monitored by the class teacher, should they be using it excessively parents will be contacted and advised to take them to see their GP/Asthma nurse. Their record sheets are collected monthly are stored in the Asthma file.
- Emergency inhaler box with specific contents will be kept in the office (as per Government guidelines, March 2015). Salbutamol inhaler, spacer, instructions for using, storing, and cleaning, manufacturers information, checklist for inhaler expiry dates, information in Asthma file. Staff will have a list of who is able to access the emergency inhalers.
- Attention is paid to reduce exposure to triggers e.g. grass is mowed after pupils have gone home, autumn leaves are collected quickly, classrooms are kept dust free and mould free, no pets with fur or feathers are kept within school, attention is paid to reducing exposure to chemicals in science lessons and also to deodorants etc. in changing rooms, cleaning materials are only used after school and the site well ventilated etc.
- If after taking their inhaler a child is having difficulty breathing and finds standing/walking/talking unaided difficult then send for help. Refer to Asthma Attack procedures.

Asthma File

An Asthma file will be held in the office this will have:

- List of all children with Asthma
- Copy of Asthma Policy
- Care Plans (copy to class teacher also)
- Copy of letter for permission to use emergency inhaler (Blank and completed)
- Copy of letter when emergency inhaler has been used (Blank and completed)

- Monthly class based record sheet to monitor usage of initial inhaler
- Additional records of office based inhaler use for specific children who will probably be on 'Significant Children Photo Register'.

Asthma attack procedures if a pupil has an asthma attack

- Encourage them to sit up straight and keep calm
- Make sure they use their reliever inhaler (usually blue) immediately (this may need to be through a spacer device).
- Ensure tight clothing is loosened and reassure them.
- Follow the procedures agreed in their health plan.

If there is no immediate improvement

- Continue to make sure they take one puff of reliever inhaler every 30-60 seconds for up to 10 puffs or until their symptoms improve.

Call 999 if...

- They feel worse
- Their symptoms do not improve after the 10 puffs.
- They are too breathless or exhausted to talk.
- Their lips are blue.
- There is doubt that they are responding to reliever medication.
- Once the ambulance has been called ... after 15 mins ensure they continue to take one puff of their reliever inhaler every 30-60 seconds until the ambulance arrives.

Important things to remember in asthma attack

- Never leave a pupil having an asthma attack alone.
- If the pupil does not have their inhaler and/or spacer with them, send for the spare inhaler.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives. Give copy of care plan to paramedic.