



MONTON GREEN PRIMARY SCHOOL

ASTHMA POLICY 2016/17

Monton Green 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.

What is asthma?

Asthma is a disorder which the air passages or bronchial tubes in the lungs become narrowed, making it difficult to breathe in and out. Narrowing of the air passages produces one or all of the following – coughing, breathlessness, wheezing.

Sudden narrowing produces an asthma attack.

People with asthma have sensitive air passages which are quick to respond to anything which irritates them (triggers).

Identification of children with asthma

- At the beginning of each school year, parents are required to fill in a form giving information including medical details. Parents are asked to provide details of medical conditions and current treatment details.
- Details of all children with medical conditions are compiled and a booklet is given to all staff with copies for welfare staff, teachers and school office.
- Parents should keep the school informed of any changes relating to their child's medical conditions.

Treatment: - Consists of 2 main forms:

- Relieve inhalers (usually blue) and Preventer inhalers (usually brown)

Medication in School

- Children are encouraged to assume individual responsibilities for their inhalers from an early age. Staff will discuss this with parents and children to decide when this is appropriate and when and how medication will be stored.
- Children should have access to their relief inhalers (usually blue) **at all times.**
- Parents are asked to provide a full spare inhaler which should be labeled and clean to be kept at school so that the child always has a replacement available.
- Inhalers will be sent home at the end of each term to be checked and replaced if necessary

Access

If children are unable to take responsibility for their own medication or need to use a spacer to administer it, they will be encouraged to collect and use their inhalers whenever they are needed.

Inhalers will be kept in an easily accessible location and fully labeled with the child's name as follows:

Early Years

Inhalers will be kept in clearly marked cupboard in the classroom

Key Stage 1 (Infants)

Inhalers will be stored in a clearly marked cupboard in the infant area

Key Stage 2

Inhalers will be stored in the child's own tray

Children must bring inhalers to all PE lessons, and with them on all trips, visits etc.

Prevention

Many children with asthma have symptoms, which are exacerbated by exercise and therefore need their reliever inhaler to be available if they are taking part in any form of physical exertion, such as PE lessons, swimming, sports day and exercise taken in playground situations.

In many instances pupils who are affected in such a way may have been instructed to take their relief medication approximately ten minutes prior to undertaking exertion. This should not be prevented.

Treating worsening symptoms of asthma

A reliever (blue) inhaler should be given:

- a) if requested by the child
- b) if the child is coughing, wheezing or breathless

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

What to do in the case of an asthma attack

The main symptoms of an asthma attack are:

Continuous coughing, wheezing or when the child is short of breath.

The following actions should be taken:

Support the child to inhale once or twice with the blue inhaler. **Wait for 5 minutes** – the inhaler should have been effective. Using the inhaler with a spacer device may be easier when the child is having an attack

Remember

- Stay calm – it is treatable
- Sit the child comfortably – do not let the child lie down
- Do not crowd the child
- Speak calmly and quietly to the child – encourage slow deep breaths
- Do not put your arms around the child's shoulders – this restricts breathing

**If this does not work, then the child is having a severe asthma attack
This constitutes an emergency situation**

An emergency situation is recognisable when:

- The Blue inhaler does not work
- The child has difficulty speaking – and can only say 2 or 3 words before taking a breath
- The child is breathing quickly
- The child can look pale and his/her lips may turn blue

Emergency Action Plan

- **Dial 999 – ask for ambulance –** in the meantime the blue inhaler can be given every 5 minutes. **You cannot overdose the child be doing this. Do** inform the paramedic how much inhaler has been used.
- Phone the child's parent/carer

Policy Review

This policy will be reviewed annually as part of medicine policy review or when advised by School Health Advisor.

A handwritten signature in black ink, appearing to be 'S.M.', is centered on a light gray rectangular background.

Date of Next Review: September 2017