# Clifford All Saints C of E School



# POLICY STATEMENT FOR ASTHMA

Document Adopted By Governing  Body	
Signed (Chair):	R Coleman
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#### What is Asthma?

Asthma is a condition, which affects the lungs. People with asthma usually have difficulty in breathing and often cough a lot. This is because their airway is narrower than normal making it hard for air to go in and out of the lungs therefore causing wheezing.

# An asthma friendly school

At Clifford School we recognise that asthma is an important condition affecting many children and we welcome all pupils with asthma.

We aim to make sure that the school environment is favourable to children with asthma. We are aware that certain irritants can trigger an asthma attack.

Allergies - dust mite, pets, pollen.
Infections - colds.
Exercise - especially in cold weather.
Emotion - excitement, fear, anger.
Irritants - tobacco smoke, air pollution.

We take all reasonable precautions to avoid these in the school environment which can help to reduce the incidence of asthma attacks.

We encourage and help children with asthma to participate fully in all aspects of school life.

The school staff try to work together with the children their parents and health professionals to ensure their best care, and all staff who come into contact with children with asthma are given the opportunity to receive training. This training is updated at regular intervals.

#### What we teach

We try to teach other children an understanding of asthma so they can support their friends; and so that children with asthma can avoid the stigma sometimes attached to this chronic condition.

#### Medication

Parents/guardians are asked to ensure that the school is provided with a spare blue reliever inhaler. All inhalers must be labelled with the child's name and dosage.

The only inhaler that should be kept in school is a blue reliever. It is not necessary for any other kind of inhaler to be brought into school. If there are any doubts then the school will consult with the parents/guardians and School Nurse, who may feel it necessary to liaise with the child's GP.

# Storage of Inhalers

It is recognised that immediate access to inhalers is vital but on both sites the offices are in easy reach of the children, therefore we keep all inhalers in a medicine cupboard in the First Aid Room. All children know where their inhalers are kept and have free access to them at all times. All inhalers are labelled with the child's name by parents/guardians. They are always taken out on school trips.

The Key Stage 2 children will be allowed their inhailers in class if they have high needs.

#### Administration of Inhalers

We feel it is important that children learn to manage their own condition and therefore we do not administer inhalers, but supervise and assist where required. Staff who agree to do this, and act in accordance with this policy, will be insured by the Local Education Authority.

Any treatment taken in school is recorded online via Evolve.

#### **School Visits**

No child will be denied the opportunity to take part in school trips/holidays because of asthma, unless advised to do so by their GP.

When going on school visits however short a distance, all inhalers and spacers will be readily available to the child. These will be carried by the

adult/first aider supervising, in a rucksack provided by the school. At other times these will be left in case of unscheduled visits.

# **Problems**

If a teacher has concerns about an asthmatic child, such as :-

- The child is missing a lot of time from school.
- Is tired in class because of disturbed sleep.
- Concerned about the child's progress.

Any of which relate to poor control, the teacher will discuss this with the parents/guardians. If appropriate the teacher will then talk to the School Nurse.

## What to do - an asthma attack

If an asthmatic pupil becomes breathless and wheezy or coughs continually:-

- 1. Let the child take his/her blue reliever treatment.
- 2. Let him/her sit down in a position they find comfortable. Most children find it easier to sit leaning forward slightly. Lying down is not recommended.
- 3. Keep calm and reassure the child.
- 4. Hold the child's hand but do not put your arm around his/her shoulders as this is restrictive.
- 5. Encourage the child to breath slowly and deeply.
- 6. Loosen tight clothing around his/her neck.
- 7. Offer the child a drink of water.
- 8. Wait 5-10 minutes, and if the symptoms disappear the child can go back to what they are doing.
- 9. The child's parents/guardians should be informed of the incidence.

If after 15 minutes the symptoms have improved, but not completely disappeared, give a second dose of reliever treatment.

#### A severe asthma attack - Look for these signs

- 1. The reliever has had no effect after 5-10 minutes.
- 2. The child is breathless enough to have difficulty in talking.
- 3. The pulse rate is 120 per minute or more.
- 4. Breathing is rapid, 30 breaths per minute or more.

# How to deal with a severe attack

- 1. Call an ambulance.
- 2. The school administrator will call the child's parents/guardians.
- 3. Keep trying with the usual reliever inhaler every 5-10 minutes, don't worry about possibly overdosing.
- 4. If the child's parents/guardians have not arrived before the ambulance, a member of staff should accompany the child to hospital.

# The role of the Headteacher

- 1. The role of the Headteacher is to see that the asthma policy is implemented.
- 2. To ensure that the staff have a clear understanding of what to do in the event of a child having an asthma attack.
- 3. To arrange annual training for all staff.
- 4. To pass on any relevant up to date information received.