



**Dunstall
Park**
Primary School

Asthma Policy

OUR ASTHMA POLICY

- recognises the needs of pupils with asthma
- expects and encourages parents to give appropriate information to the school on their child's condition
- recognises that immediate access to the pupil's reliever inhaler is vital
- will encourage and help children with asthma to participate fully in all aspects of school life.

In order to achieve the above:

- all staff have basic awareness training about asthma and the use of inhalers, and this is updated on a regular basis
- all staff have a clear understanding of what procedures to follow if a child has an asthma attack, this procedure is covered in First Aid Training and annual managing asthma in school update training
- Dunstall Park Primary School maintains written details of pupils with asthma, which are updated annually as necessary

MANAGEMENT OF ASTHMA

Most children with asthma will use a combination of inhalers to keep their symptoms under control. These are:

- **Preventer:** They need to be used regularly; twice a day to gain control of symptoms. They can take up to 7 days to be effective and therefore are of no benefit in the event of an attack where immediate relief of symptoms is required. These inhalers should not routinely be brought into school, as they should be used in the home setting before and after the school day.
- **Relievers:** Usually in blue devices. These begin to work immediately and should provide relief of symptoms for up to 4 hours. However, if a child needs to use it more frequently they should be allowed to do so, but it is important to let parents/guardians know. These inhalers are very important and should always be in school and immediately accessible to the child. Parents/guardians should be asked to provide a spacer device for use in school if the child uses this at home.

SYMPTOMS OF AN ASTHMA ATTACK

Signs that a child may be having an asthma attack include:

- their symptoms are getting worse (cough, breathlessness, wheezing or tight chest)
- their reliever inhaler (usually blue) is not helping
- they're too breathless to speak, eat or sleep
- their breathing is getting faster and it feels like they cannot catch their breath
- they may also complain of a tummy or chest ache
- have noisy breathing (wheeze)

The symptoms will not necessarily occur suddenly. In fact, they often come on slowly over a few hours or days.

TREATING AN ASTHMA ATTACK

At Dunstall Park Primary we recognise that in any asthma attack the child should have immediate access to their reliever inhaler. Mild asthma attacks should not interrupt a child's participation in school activities. As soon as they feel better, they can return to normal activities.

If you think a child is having an asthma attack, you should:

1. Sit them up straight – try to keep calm and reassure the child.
2. Lean them forward and encourage them to calm their breathing.
3. Loosen tight clothing.
4. Give one puff of their reliever inhaler (usually blue) every 30 to 60 seconds up to 10 puffs.
5. Stay with the child until they feel better.
6. If they feel worse at any point, or they do not feel better after 10 puffs, call 999 for an ambulance and inform parents.
7. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
8. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.
9. Never be frightened of calling for help in an emergency.
10. Try to take the details of their medicines (or their personal asthma action plan) with them to hospital if possible.
11. If their symptoms improve and you do not need to call 999, recommend they get an urgent same-day appointment to see a GP or asthma nurse.

In the event of a severe asthma attack staff at Dunstall Park Primary will always call for an ambulance if:

- there is no significant improvement in the child's condition 5-10 minutes after using their reliever inhaler
- the child is distressed and gasping or struggling for breath
- the child cannot complete a sentence
- the child is showing signs of fatigue or exhaustion
- the child is pale, sweaty and may be blue around the lips
- the child is exhibiting a reduced level of consciousness
- there are ANY doubts about the child's condition.

COMMON TRIGGER FACTORS ARE:

- exercise;
- exertion;
- colds and viral infections;
- sudden changes in temperature such as damp, cold air;

- stress/anxiety;
- pollen/mould spores;
- chemicals (including cleaning products and toiletries);
- house dust mite;
- smoking (passive and active);
- animal dander e.g. cats, hamsters.
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SAFETY AND STORAGE OF ASTHMA INHALERS

- **IT IS ESSENTIAL THAT INHALERS ARE EASILY ACCESSIBLE WHEN REQUIRED**
- Inhalers and spacers should be clearly marked with the child's name
- Once in school, inhalers will be stored accessibly in the classroom (all children should know where they are stored) in a lidded, dust-free box
- The class inhaler box **MUST** be taken to every PE lesson
- Where possible in Key Stage 2, children will be responsible for their own inhalers on school trips and visits
- Spare inhalers will be kept in the school medical room and can be used to treat children with a diagnosis of asthma if their inhaler is not available
- If too much of the reliever medication is taken, the worst that will happen is that the child may feel very shaky – this will wear off after a short time.
- If a non-asthmatic child uses a reliever inhaler they will not harm themselves.
- Use by dates of pupils' school inhalers are checked regularly.