



Asthma Policy

December 2023

Next Review date: Autumn Term 2025

This 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:

- staff have basic awareness training about asthma and the use of inhalers, and this is updated on a regular basis
- 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
- St Michael's CE Primary School maintains written details of pupils with asthma, which are updated annually as necessary

MANAGEMENT OF ASTHMA

Treatment 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 (as defined by NHS 31/10/2022)

Signs that you may be having an asthma attack include:

- your symptoms are getting worse (cough, breathlessness, wheezing or tight chest)
- your reliever inhaler (usually blue) is not helping
- you're too breathless to speak, eat or sleep
- your breathing is getting faster and it feels like you cannot catch your breath
- your [peak flow](#) score is lower than normal
- children may also complain of a tummy or chest ache

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

WHAT TO DO IF YOU HAVE AN ASTHMA ATTACK

If you think you're having an asthma attack, you should:

1. Sit up straight – try to keep calm.
2. Take one puff of your reliever inhaler (usually blue) every 30 to 60 seconds up to 10 puffs.
3. If you feel worse at any point, or you do not feel better after 10 puffs, call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2.
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

Never be frightened of calling for help in an emergency.

Try to take the details of your medicines (or your personal asthma action plan) with you to hospital if possible.

If your symptoms improve and you do not need to call 999, get an urgent same-day appointment to see a GP or asthma nurse.

DURING AN ASTHMA ATTACK A CHILD MAY:

- have a persistent cough that does not settle;
- have noisy breathing (wheeze);
- have difficulty breathing;
- have difficulty talking;
- complain of a tight chest.

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.

TREATING AN ASTHMA ATTACK

At St Michael's 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.

In the event of an attack staff will:

- stay calm and reassure the child;

Staff will help the child to:

- breathe slowly
- sit upright or lean forward
- loosen tight clothing
- help the child to use their reliever inhaler (if necessary) taking one puff of the reliever inhaler (usually blue) every 30 to 60 seconds, up to 10 puffs **(NHS guidance 31/10/2022)**

- help the child to repeat the use of the reliever inhaler (as required) until symptoms are relieved
- stay with child until attack is over
- if the child requires repeat medication within four hours allow them to do so, but always notify parents/guardians and advise the child is reviewed by their G.P./Practice Nurse the same day
- always inform parents/guardians if a child has needed to use their reliever inhaler excessively at school.

In the event of a severe asthma attack staff at St Michael's CE 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.

Whilst waiting for the ambulance to arrive school staff will:

- Stay calm and reassure the child
- Encourage the child to continue to take puffs of their (blue) inhaler as needed until symptoms resolve;
- Alternatively, if a spacer is available, give up to ten puffs into the spacer, one puff at a time every 30 to 60 seconds (**NHS guidance 31/10/2022**), shaking the inhaler between each puff
- Contact the child's parents/guardians.

SAFETY AND STORAGE OF ASTHMA INHALERS

- The medication used for the relief of asthma is kept safely in school
- 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
- Where appropriate pupils should be responsible for their own inhalers, which should be clearly marked with the child's name.
- Once in school, Early Years and Key Stage 1 inhalers will be stored accessibly in the classroom (children should know where they are stored). Where possible in Key Stage 2 children will be responsible for their own inhalers.

**IT IS ESSENTIAL THAT INHALERS ARE EASILY ACCESSIBLE WHEN REQUIRED
THESE ARE NORMALLY KEPT IN CLASS FIRST AID BAGS, CLEARLY LABELLED
WITH THE CHILD'S SPACER DEVICE**