

Oakley Vale Primary School Asthma Guidance

INTRODUCTION

Oakley Vale Primary School acknowledges that asthma is the most prevalent condition of childhood and recognises that many pupils on roll in this school will have the disease.

Asthma sufferers should not be isolated by their condition; therefore, asthma awareness should involve ALL members of the school community.

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, Oakley Vale Primary School recognises the need to support younger children in the administering of asthma treatment up to the end of KS1.

EXPLANATION OF CONDITION

- People with asthma have sensitive air passages, which are quick to respond to anything that irritates them (triggers).
- This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out.
- Narrowing of air passages produces ONE or ALL of the following:- coughing, breathlessness and wheezing.
- SUDDEN, SEVERE narrowing of air passages may result in an “asthma attack”.

IDENTIFICATION OF PUPILS AFFECTED

- All parents of pupils on roll must notify school of current treatment details.
- Treatment details should be accessible at all times.

TREATMENT

- Reliever inhalers (usually BLUE) and preventer inhalers (usually BROWN).
- Pupils should have access to their relief (usually BLUE) inhalers at all times.

PREVENTION

It is important to be aware that many factors provoke narrowing of the air passages. Some of these factors are avoidable within the school environment. Therefore, appropriate steps should be taken.

Trigger factors include:-

- Coughs and colds.
- Furry animals.
- Cold weather.
- Chemical paints – sprays and vapors.
- Grass pollens and spores.
- Extremes of emotion and exercise.

TREATING WORSENING SYMPTOMS OF ASTHMA

A reliever (BLUE) inhaler should be given:-

- (a) If requested by the pupil.
- (b) If the pupil is coughing, wheezing or breathless.

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

RESPONSIBILITIES - SCHOOL STAFF:

School Staff are not required to administer Asthma medicines (except in an emergency)

All school staff have a responsibility to:

- understand the school asthma policy
- know which pupils they come into contact with have asthma
- know what to do in an asthma attack
- allow pupils with asthma immediate access to their reliever inhaler
- tell parents/carers if their child has had an asthma attack
- tell parents/carers if their child is using more reliever inhaler than they usually would
- ensure pupils have their asthma medicines with them when they go on a school trip
- at KS1 staff will support children who may need help in taking medication and to supervise the child and in both situations record when they have had their inhaler on the asthma log.
- At KS2 pupils are responsible for taking their own asthma spray when needed but staff need to supervise and countersign a child's asthma log.

RESPONSIBILITIES - PUPILS

- know how to gain access to their medicine in an emergency
- know how to take their own asthma medicines
- fill the chart (KS2) when inhaler taken and ask an adult to observe and counter sign

RESPONSIBILITIES - Parents/Carers

- tell the school if their child has asthma
- ensure the school has a complete and up-to-date school medical form for their child including details of how the medication is to be administered.
- inform the school about the medicines their child requires during school hours
- inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
- tell the school about any changes to their child's medicines, what they take and how much
- inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name
- provide the school; with a spare reliever inhaler labelled with their child's name
- ensure that their child's reliever inhaler and the spare is within its expiry date
- keep their child at home if they are not well enough to attend school
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)
- ensure children know how to take own asthma medicine

WHAT TO DO IN THE CASE OF AN "ASTHMA ATTACK"

The main symptoms of an asthma attack requiring medication would be when a pupil coughs continually, wheezes or is short of breath.

1. Support the pupil to inhale once or twice with the BLUE inhaler. Wait for five minutes – the inhaler should have been effective. Using the inhaler with a spacer device may be easier when the pupil is having an attack.

But Remember

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

If this does not work, then the pupil is having a severe asthma attack. THIS CONSTITUTES AN EMERGENCY SITUATION.

AN EMERGENCY SITUATION IS RECOGNISABLE WHEN:

- BLUE inhaler does not work.
- The pupil has difficulty speaking and can only say two or three words before taking a breath.
- The pupil is breathing quickly.
- Pupil can look pale – lips can turn blue.

PLAN OF ACTION

- *Dial 999* – telephone for an ambulance, in the meantime a BLUE inhaler can be given every five minutes.
- *You cannot overdose the pupil by doing this.*
- Do inform the Paramedic how much inhaler has been used.
- Do contact the parents/carers and advise of them of current situation

USE OF EMERGENCY INHALER

The emergency salbutamol inhaler will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. It will be used if the pupils prescribed inhaler is not available (for example, because it is broken, or empty). This is based on the 'Guidance of the use of emergency salbutamol inhalers in schools, March 2015.)

- The emergency inhaler will be stored in the office and checked as part of the medical audits on a regular basis.
- The inhaler and spacer will be obtained from a pharmacy using a signed letter from the Principal.
- If the inhaler goes out of date it will be returned to a pharmacy to be disposed of.
- A letter of consent will be sent home to all pupils who are identified as needing an inhaler and consent will be kept with the emergency inhaler.
- The emergency inhaler will only be used by those with asthma with parental written consent for its use.
- A record will be kept of the use of the emergency inhaler and parents/carers will be informed that they have used the emergency inhaler.
- If the inhaler and spacer is used it will be cleaned so it can be reused. The plastic housing and cap should be washed in warm running water and left to dry in the air in a clean, safe place.
- This will be monitored by the named medical lead in the school.

POLICY REVIEW

School encourages discussion and reflection from staff, parents and pupils and this guidance will subsequently be reviewed at the end of each academic year, or at the pupil's Annual Review, if he/she holds a Statement of Special Educational Needs.

Reviewed March 2019