



## Asthma Policy

### Danes Hill School

#### Aims

- To enable all pupils with asthma to participate fully in all school activities and to ensure they are not disadvantaged by their condition.
- To assist with immediate access to reliever inhalers, which is vital.
- To ensure that all staff have a clear understanding of what asthma is and how to deal with a pupil having an asthma attack.
- To request that all medical information is supplied and updated as necessary by parents to the Medical Centre.
- To hold emergency salbutamol inhalers according to the Human Medicines (Amendment) (No.2) 2014 Regulations, alongside asthma registers.

#### Definition of Asthma

Asthma attacks all age groups but often starts in childhood. It is a disease characterized by recurrent attacks of breathlessness and wheezing, which vary in severity and frequency from person to person. In an individual, they may occur from hour to hour and day to day.

This condition is due to inflammation of the air passages in the lungs and affects the sensitivity of the nerve endings in the airways so they become easily irritated. In an attack, the lining of the passages swell causing the airways to narrow and reducing the flow of air in and out of the lungs.

#### Managing Asthma at School

Pupils with Asthma are identified from Medical Forms completed by parents when starting at Danes Hill. We ask that any change in medical history is supplied by parents to the Medical Centre. Medical information is kept on SIMS and/or in the Bevendean office and parents are asked to ensure they keep this information up-to-date by informing the School Nurses of any changes.

Pupils are encouraged to take responsibility for their asthma from an early age. Reliever inhalers are kept in the classroom and/or sports bags. If parents and/or teachers agree they are mature enough, children are encouraged to carry their own inhalers. These should be clearly labelled with the child's name and form.

Teachers in charge of school trips and sports fixtures during school hours must ensure that pupils have their inhalers with them. A list of known medical conditions, including asthma, is given to staff ahead of trips. Parents must supply medication for weekend fixtures and residential trips. For safety reasons, pupils who do not have a valid inhaler on their person will not be allowed to take part on school trip.

Parents may provide the Medical Centre with a spare, in date, inhalers (and spacer if prescribed) The School also hold **emergency salbutamol inhalers** which should only be used by children:

- who have either been diagnosed with asthma and prescribed an inhaler;
- OR have been prescribed an inhaler as reliever medication.

There is a list of all the children on the asthma register kept with each emergency inhaler. The inhaler can be used if the pupil's prescribed inhaler is not available for whatever reason.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

The emergency inhalers are held in the Medical Centre, Sports Office and Swimming Office at the Main School and Bevendean Office.

### **Asthma and Sport**

Exercise has proven health benefits to people with asthma. The School seeks to involve all pupils in sport with support and guidance from the School Nurses to the PE staff as appropriate.

Pupils with asthma are encouraged to have their reliever medication available should they need it during a sports lesson and should not leave it in the changing room. Labelled relief inhalers can be given to the teacher in charge at the start of the lesson for safekeeping.

### **Asthma Treatment**

There are two types of treatment:

**Preventers** –these are usually taken twice daily to prevent symptoms from developing. The type of drug commonly used in a preventer is a steroid. They are usually in a brown, red or orange container. They take 10-15 days to work. This inhaler does not help an acute asthma attack and should not be kept at school, unless a prescribed dose is required during the school day.

**Relievers** – these are the inhalers used in an acute asthma attack. They are often (but not always) blue in colour and are used to relieve the symptoms of asthma by relaxing the muscle in the airways. The two main reliever drugs are Salbutamol (Ventolin) and Terbutaline. It is recommended that spacer devices are used with aerosol inhalers.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise).

## What to do in an Asthma Attack

### Signs of asthma attack include

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue/white tinge around the lips
- Going blue.
- Sometimes younger children express feeling tight in the chest as a tummy ache

### What to do

- Keep calm
- Call the School Nurse
- Encourage the child to sit up and slightly forward – do not hug or lie them down
- Make sure the child takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child

### If there is no immediate improvement

Continue to make sure the child takes two puffs of reliever inhaler every 2 minutes for 5 minutes or until their symptoms improve. They can take up to 10 puffs; do not worry about possible over dosing. The inhaler should be shaken between puffs.

### Call 999 or 112 if:

- The child's symptoms do not improve in 5 – 10 minutes
- The child is too breathless or exhausted to talk
- The child's lips are blue
- You are in doubt

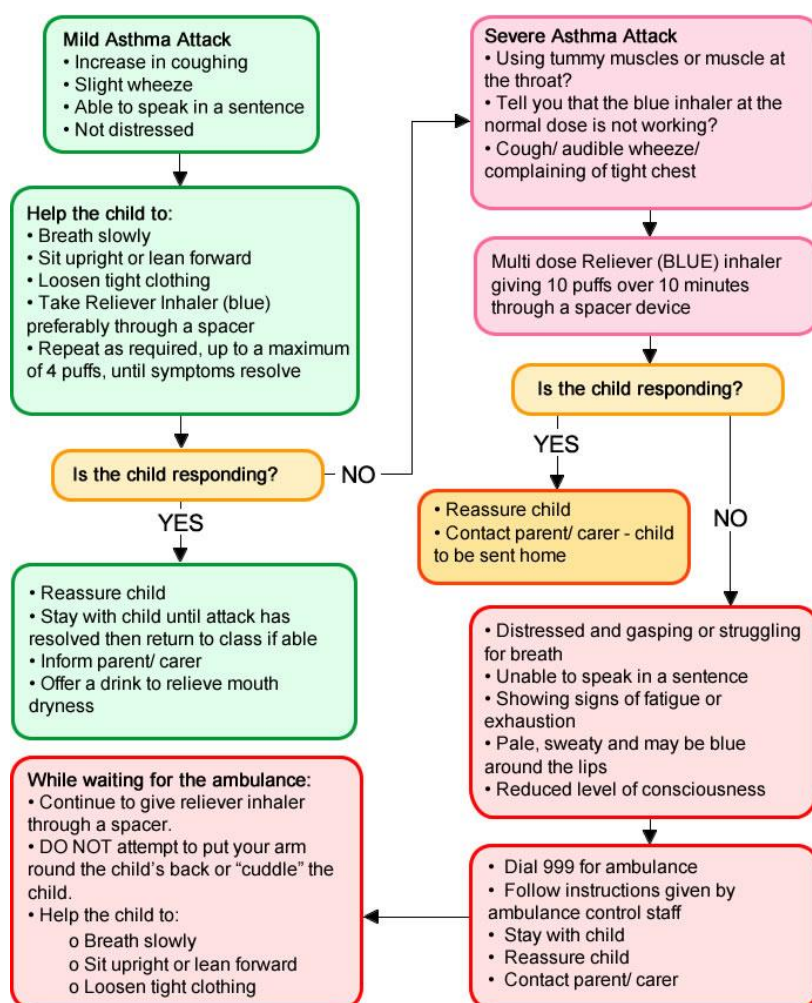
Ensure the child takes two puffs of their reliever inhaler every 2 minutes until the ambulance arrives.

### After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma at school. When a pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack

## Important things to remember

- Never leave a pupil having an asthma attack
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to find it and/or call the Nurses. Emergency inhalers are held in the Medical Centre, Sports Office and Swimming Office at the Main School and the Reception Office at Bevendean.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonable prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Contact the pupil's parents or carer immediately after calling the ambulance.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parents or carer arrives.
- Staff should not take pupils to hospital in their own car.



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