

2019

# Rush Green Primary School

Asthma Policy



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## **Asthma Policy**

This Policy has been written using guidance from the Department of Health.

Asthma is the most common chronic condition for children. Even if you only have occasional symptoms you can still have a serious Asthma attack. Common Asthma triggers at school include pollen, animals, cold, viral infections, dust, pollution and cold weather.

Rush Green Primary School have a responsibility to be prepared about what to do when a pupil has an Asthma attack while at school. We will make sure that when a child has an attack everything possible is done to ensure they receive the best care as quickly as possible.

Being part of a school community which is Asthma-aware and understands our children's needs, will help them to reach their full potential.

It is the parent's responsibility to ensure new and in date inhalers, in original packaging are in school at all times.

Rush Green Primary School support Asthma in school by:

- . Holding a Central Asthma Record which is managed by Miss Konis, who is responsible for checking the dates of inhalers, informing parents when they require renewing and arranging for the disposal of those that have expired. An Asthma pump audit is completed at the start of each half term. The school's Asthma pump register includes child's name, class, type of pump, expiry date, notes on medication administration and date of medical form completed by parents/carer.
- . All children have immediate access to their inhalers via a designated adult. Children's Asthma pumps are held in class, in individual named bags, stored in one class box. At lunchtimes the Asthma pump boxes move to the children's allocated first aid station.
- . As a school we know how important it is to ensure excellent home/school communication and record keeping. It is important that we are kept informed of any changes in a child's Asthma management.
- . It is the responsibility of the Teacher and Teaching Assistant to ensure the Class Asthma Record Book is completed and a Record of Asthma Pump Administration Form is sent home to parents/carers.
- . From 1 October 2014, all schools can choose to keep a spare inhaler in school for use in an emergency (if the child's own inhaler is not immediately accessible). This is not mandatory and should not replace the requirement that parents arrange for children to have their own inhaler. We hold four emergency inhalers, which are located in the school office, with the Midday supervisor and the two first aid emergency points.
- . All school staff have read and understand The Asthma Policy and Appendix so that they have the skills to support pupils/students.

Appendix: How to recognise and what to do in the event of an Asthma attack

**Date: February 2019**

**Review Date: February 2022**

## **How to Recognise an Asthma Attack**

- . Persistent cough (when at rest)
- . A wheezing sound coming from the chest (when at rest)
- . Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- . Nasal flaring
- . Unable to talk or complete sentences. Some children will go very quiet
- . May try to tell you that their chest “feels tight” (younger children may express this as tummy ache)

## **What to do in the event of an Asthma Attack**

- . Keep calm and reassure the child
- . Encourage the child to sit up and slightly forward
- . Use the child’s own inhaler – if not available, use the emergency inhaler
- . Remain with the child while the inhaler and spacer are brought to them
- . Immediately help the child to take two separate puffs of inhaler (use spacer if they have one)
- . If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- . Stay calm and reassure the child again. Say with the child until they feel better.
- . If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call an ambulance
- . Continue to give puffs

## **Call an ambulance without delay if the child**

- . If the child does not feel better after inhaler or if you are worried at ANYTIME
- . Appears exhausted
- . Has a blue/white tinge around lips
- . Is going blue
- . Has collapsed

*Guidance given by the Department of Health, 2015*