



**Asthma Policy**

**June 2024**



## Asthma Policy

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| <b>This policy will be reviewed annually</b> |                                  |
| Policy reviewed:                             | June 2024 by S.Lisk & A Morrison |
| Next review:                                 | June 2025 by S.Lisk & A Morrison |

### 1. Background

The school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. Full participation in all school activities and sports is the goal for all but the most severely affected pupils.

**Pupils with asthma must never be left unattended if they complain of breathing difficulties or present with any other symptoms associated with asthma. Immediate access to reliever inhalers is vital in such circumstances.**

**Call a first aider or call an ambulance if you are concerned about a pupil's condition.**

### 2. First Aid Treatment

- **Ensure that the reliever inhaler is taken immediately.** This is usually blue in colour and contains Ventolin which opens up the narrowed air passages. Make sure the pupil takes two initial puffs one minute apart of reliever inhaler. If symptoms continue, then every minute for five minutes or until their symptoms improve.
- **Stay calm and reassure the pupil.** Attacks can be frightening, so stay calm. It is very comforting to have a hand to hold but do not put your arm around the pupil's shoulders as this is restrictive.
- **Help the pupil to breathe.** Encourage the pupil to breathe slowly and deeply. Most pupils find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended. Ensure tight clothing is loosened and offer the pupil a drink of water.

#### After the attack

Minor attacks should not interrupt a pupil's involvement in school. As soon as they feel better they can return to normal school activities. Pupil's parents must be informed about the attack.

#### Emergency situation

**Call the ambulance immediately if:**

- The reliever has no effect after ten to fifteen minutes
- The pupil's lips are blue
- The pupil is either distressed or unable to talk
- The pupil is getting exhausted
- You have any doubts at all about the pupil's condition

**Continue to give reliever medication every few minutes until the ambulance arrives.**

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### 3. Support

Provide on-going support to the pupil and reiterate the importance of letting a member of staff know immediately if they have any difficulty in breathing or any asthma symptoms. Talk to the parents/guardians if their son is using more reliever inhaler than they usually would and if their son has had an asthma attack, however mild.

### 4. Record keeping

When your child starts school you will have completed the questionnaire to give consent for the use of the schools emergency inhaler in the event that their child's inhaler fails to work or is unavailable. Parents will also be asked to keep the school updated of any change in their child's condition or medication.

### 5. School staff

All school staff:

- know which pupils they come into contact with have asthma and inform temporary staff members.
- know that all asthma medication is kept in a locked cabinet on the ground floor by Pine class. **The emergency inhalers are kept in the accessible toilet.**
- know what to do in an asthma attack
- will send an Administering Medication slip home to inform parents/guardians if their child has needed their inhaler while at school.
- will ensure pupils asthma medicines are taken when they go on a school trip.
- will inform parents if their child has had an asthma attack on a school trip.
- to be aware that a pupil may be tired because of night - time symptoms

### 6. Parents/Guardians

Parents/guardians have a responsibility to:

- tell the school if their son has asthma
- inform the school of any changes to their son's asthma, for example, if their symptoms are getting worse or they are sleeping badly due to their asthma.
- complete all forms at the beginning of the school year.
- ensure their son's reliever/inhaler (and spacer where relevant) is in date and labelled with their name and class.
- dispose of expired medication.

### 7. Use of Emergency Salbutamol Inhaler

The emergency salbutamol inhaler is medication kept in school in case a child's own inhaler is broken or unavailable. It should only be used by children:

- who have been diagnosed with asthma and prescribed an inhaler
- who have been prescribed an inhaler as reliever medication
- when parents have given consent to administer the medication

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 pupils if their own inhaler is not accessible. It will still help to relieve their asthma and could save their life.

The emergency inhalers and a list of pupils permitted to use the inhaler are located in the medical cabinet.

## **8. Symptoms**

Asthma is a condition that affects the small tubes in the airways that carry air in and out of the lungs. When a pupil with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. All these reactions cause the airways to become narrower and irritated – leading to the symptoms of asthma.

A pupil who is having an asthma attack may present with:

- a cough
- a wheeze
- a tight chest. Sometimes younger children express feeling tight in the chest as a tummy ache
- a shortness of breath
- being unable to speak a full sentence
- being unusually quiet

## **9. Asthma triggers**

A trigger is anything that irritates the airway and causes asthma symptoms. Everybody's asthma is different and everyone will have different triggers. It is important that pupils with asthma get to know their own triggers and take precautions to stay away from them. Common triggers include viral infections (colds and flu), house-dust mites, pollen, and cigarette smoke, furry and feathery animals, exercise, outdoor air pollution and stress.

## **10. Asthma reviews**

Asthma is a long-term condition that needs to be treated on an individual basis. It is important that pupils with asthma have regular review appointments with their doctor or asthma nurse to monitor their symptoms.

## **11. Asthma Medicines**

### Preventers

Preventers protect the lining of the airways. Taking preventer medicines means that a pupil with asthma is less likely to react badly when they come into contact with an asthma trigger. However, not all pupils with asthma will need a preventer. Preventers are usually prescribed for pupils who use their reliever inhaler three or more times a week. Preventer inhalers are usually brown, orange, red or white. The protective effect of preventer medicines builds up over time, so preventers need to be taken every day (usually morning and evening), even if the pupil is feeling well.

### Spacers

A spacer is a plastic or metal container with mouthpiece at one end and an opening for an aerosol inhaler at the other. Spacers are used to help deliver medicine to the lungs and are helpful for younger pupils.

## **12. Exercise and activity: PE and games**

Full participation in PE and sports should be the goal for all but the most severely affected pupils with asthma. However, many pupils with asthma will experience symptoms during exercise.

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Teachers taking PE and sports activities classes have an important role in supporting and encouraging pupils with asthma. They should:

- make sure that they know which pupils have asthma
- ensure pupils have their reliever inhaler close by during activity or exercise and are allowed to take it when needed.
- remind pupils with asthma whose symptoms are triggered by exercise to use their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson
- allow a pupil who has asthma symptoms while exercising or who says that they need their asthma medication to take their reliever inhaler and rest until they feel better. Allow them to return to activity once they feel better (most pupils with asthma should wait at least five minutes).
- If PE is led by only one member of staff, 2 pupils should be sent with a star to the nearest member of staff if additional assistance is required.

**Call a first aider if concerned - never allow a pupil with asthma to sit or walk unaccompanied if they have breathing difficulty however minor it may seem.**

Pupils with asthma should not be forced to take part in activity if they feel unwell. Nor should they be excluded from activities that they wish to take part in if their asthma is well controlled.