



# Castle View Primary School

**Headteacher: Miss Claire Bright**

Keswick Road, Lancaster, LA1 3LE

Tel. 01524 67880

## Castle View Primary School Asthma Policy

### Introduction:

This school recognises that asthma is a common controllable condition, which can be serious, affecting many pupils in school. Therefore, asthma awareness should involve ALL members of the school community.

### The school:

- Encourages pupils to take responsibility for their asthma with support from family and staff.
- Ensures all staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, or field trips and other out-of-hours school activities.
- Recognises that pupils with asthma need easy and quick access to reliever inhalers at all times.
- Keeps a record of pupils with asthma and the medication they take.
- Ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma.
- Ensures that parents are informed of any severe asthma attacks in school.

### Explanation of the 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, wheezing.

SUDDEN, SEVERE narrowing of air passages may result in an 'Asthma Attack'.

### Identification of pupils affected:

At the beginning of each school year or when a pupil joins the school, parents/carers are asked if their child has any medical conditions - including asthma - on their Pupil Information Pack.

All parents/carers of children on roll must notify school of current treatment details and provide school with a copy of the Asthma Care Plan written by the GP surgery. Treatment details should be accessible at all times. These are recorded on the child's data sheet kept in the individual pupil records ('green files' in the school office).

### Asthma medicines

Parents/carers are asked to ensure that their child has their own inhaler in school. All inhalers must be labelled with the pupil's name, and prescribed dose. This can be done by the pharmacist. Pupils and parents/carers must ensure inhalers are in date and are not empty.

School staff are not required to administer asthma medicines to pupils (except in an emergency). All school staff will let pupils take their own asthma medicines when they need to. All staff should be made aware of this policy.

### 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, cigarette smoke, furry animals, cold weather, chemical paints – sprays and vapours, grass pollens and spores, extremes of emotion and exercise.

Treatment: consists of two main forms

Reliever inhalers (usually blue) and preventer inhalers (usually brown).

Pupils should have access to their relief inhalers (usually blue) at all times – these should be carried by the pupil or kept in their classroom. A reliever inhaler (usually blue) should be taken:

- If pupil recognises their own asthma symptoms.
- As prescribed before exercise.
- If the pupil is coughing, wheezing or breathless.
- If this is effective, the pupil can return to normal classroom activity.

What to do in the case of an ‘asthma attack’:

The main symptoms of an asthma attack are coughing continuously, wheezing and shortness of breath.

Remember

- Stay calm – it is treatable.
- Sit the pupil comfortably – do not let the pupil lie down.
- Speak quietly and calmly to the pupil– encourage slow deep breaths.

Send a message to the school office stating: “A pupil is having an asthma attack, please send another adult.”

- Get the child to take their usual dose of their reliever inhaler.
- Do not put your arms around the child’s shoulders – this restricts breathing.

A mild attack should ease within a few minutes. If it does not, the casualty may take one to two puffs from her inhaler every two minutes until they have had ten puffs.

Using the inhaler with a spacer device may be easier when the pupil is having an attack. Some pupils have their own or one is available in the school’s emergency equipment.

If this does not work, then the pupil may have a severe asthma attack

This constitutes an emergency situation.

An emergency situation is recognisable when the reliever (usually blue) inhaler does not work, the pupil is getting worse, becoming breathless or exhausted.

Plan of Action:

DIAL 999 – telephone for an ambulance. In the meantime, a blue inhaler can be given every 5 minutes. You cannot overdose the pupil by doing this. DO inform the paramedic how much inhaler has been used.

Monitor the pupil’s breathing, pulse and level of response until help arrives.

Date of Policy: November 2019