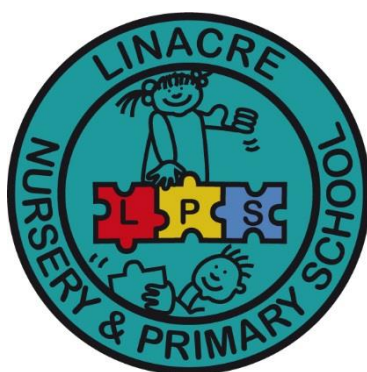


Linacre Primary School



Asthma Policy

2018 - 2019

Linacre Primary School Asthma Policy

Our school recognises that asthma is an important condition affecting many school children. We encourage children to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. Supply staff and new staff are made aware of this policy. All staff who come into contact with children with asthma are provided with regular training from our school nurse. Common day to day symptoms of asthma are

- Cough and wheeze (a whistle when breathing out) when exercising
 - Shortness of breath when exercising
 - Intermittent cough
- MEDICATION Immediate access to reliever medication is vital. Children are encouraged to carry their reliever inhaler as soon as the parents and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom. All inhalers must be labelled with the child's name by the parent. All school staff will let children take their own medication when they need to do so.

RECORD KEEPING

At the beginning of each school year or when a child joins the school, parents are asked if their child has asthma. All parents of children with asthma are given an asthma information sheet which they are asked to complete and return to school. From this information, the school keeps an asthma register which is available to all school staff. Information sheets are updated annually and parents are asked to inform the school if medication changes in between. PE Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their inhaler before lessons if this is what is advised. Each labelled inhaler will be kept at the site of the lesson. If the child needs to use their inhaler during the lesson, they will be encouraged to do so.

THE SCHOOL ENVIRONMENT

The school does all it can to ensure the school environment is favourable to children with asthma. The school does not keep furry pets and feathery animals. As far as possible the school does not use chemicals that are potential triggers for children with asthma. Children are encouraged to leave the room and sit in a supervised place if particular fumes trigger their asthma.

ASTHMA ATTACKS

Signs of an 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. All staff who come into contact with children with asthma need to know what to do in the event of an asthma attack. The school follows these procedures, which are made known to all staff.
- Ensure that the reliever inhaler is taken immediately as prescribed (or use the emergency inhaler – see below)
- Encourage the child to sit up and slightly forward
- Remain with the child while the inhaler is brought to them, then stay with them at all times.
- Help the child to take two separate puffs via the spacer (if appropriate)
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs or until their symptoms improve. Shake the inhaler between puffs.
- Stay calm and reassure the child
- Help the child breathe by ensuring that tight clothing is loosened If unsure follow the 'what to do in the event of an asthma attack' guidance which is available in every class.

AFTER THE ATTACK

Minor attacks should not interrupt a child's schooling. When they feel better they can return to school activities The child's parents must be told about the attack

EMERGENCY PROCEDURES

An ambulance will be called and the parents informed if:

- The reliever is not having any effect after five to ten minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- The child has a blue/white line around their lips
- The child is going blue
- The child has collapsed
- The school has any doubts about the child's condition

- The child stops breathing Under no circumstances will a member of staff drive the child to hospital in their own car.

Signed _____

Reviewed - November 2018