Review date – December 2027

Asthma Policy

Rationale:

At Saint Mary's CVA New Mills, the welfare of all students is paramount.

As a school, we are aware that a number of children may be affected by asthma; either due to a pre-existing condition or for the first time and, therefore, staff need to know the appropriate action to be taken in an asthma attack.

Asthma is a condition that affects the air tubes of the lungs.

An asthma attack occurs when a 'trigger factor' causes the air tubes to overreact and narrow in some people, so that breathing is difficult.

These 'trigger factors' can vary from person to person but may include colds, flu, chest infections, exercise, pollens, dust, dust mites, temperature change and / or cigarette smoke.

Symptoms of asthma include:

- difficulty in breathing or breathlessness
- wheezing or coughing
- tightness in the chest
- difficulty in speaking.

These symptoms are particularly likely to occur during or immediately after exercise.

Asthma Medication:

There are four main groups of asthma medications: relievers, preventers, symptom controllers and combination medications.

Reliever medications:

These medications should be easily accessible at all times to students who suffer from asthma. Common brands include: Ventolin, Airomir, Asmol, Epaq and Bricanyl.

Preventer medications:

These medications help reduce and prevent inflammation in the lining of the air tubes. These include, but are not restricted to: Intal, Intal Forte, Tilade, Becotide, Becloforte, Respocort, Qvar, Pulmicort and Flixotide. Preventer medications do not relieve an asthma attack.

Symptom controllers:

These medications are long lasting relievers, used in combination with reliever and preventer medications.

Combination medications:
These medications combine a preventer and a symptom controller in one device, e.g. Seretide and Symbicort.
Symptom controllers and combination medications do not relieve an asthma attack and are not usually used at school.

Aims:

- To provide a policy of Asthma Management, which focuses upon prevention as the priority.
- To provide a process for the proper Asthma Management of students and staff within the school.

Implementation

Parent/Guardian Responsibilities

- Parents/guardians are responsible for ensuring that their children have an adequate supply of the appropriate medication at school. They are advised that a spacer be at school for their child, where appropriate. A spacer assists in the administering of medications, making sure that the inhaled medication gets to the airways.
- Where a child is deemed to have asthma, the parents/guardians must supply an Asthma Management Plan to the school on an annual basis. This plan can only be developed and completed by the child's medical practitioner.(please refer to the Asthma Action Plan in the appendix(Asthma UK)

RECORD KEEPING

- When children enrol at school their parents/carers are asked if they have any medical conditions. This is updated annually with a Data Collection sheet being sent out for any amendments to be made.
- There is an expectation that parents inform school as soon as possible of any changes to their child's medical needs.
- Any child who is registered as having asthma is sent an asthma plan at the beginning of the year. A copy of this personal asthma plan is given to the child's class teacher, and one is kept in the school office. Parents/carers are also asked to update school if their child's asthma plan needs to be updated for example if their medication or the amount taken changes.
- If a child uses their inhaler in school it will be recorded and any irregularities are reported to parents/carers, for example if their child needs to take their asthma relief more than is usual for them.
- The school has a register of children who have been diagnosed with asthma or prescribed a reliever inhaler
- Most staff have received training on the use of inhalers

Emergency inhaler

This can be used when a pupil's inhaler is broken or empty. (refer to guidelines in staffroom – What to do in the event of an asthma attack)

- An emergency inhaler and spacer will be kept in the Head teacher's Office.
- A copy of the register of pupils who have been diagnosed with asthma or prescribed a reliever inhaler will be kept with the inhaler.
- Written parental consent for the use of an emergency inhaler will be included within the register
- If and when the inhaler is used parents will be informed and recorded within the register.

Storage and care of the inhaler

- Each month the named first aider will check the inhaler and spacers-sufficient doses available, all present and working order.
- They will also ensure replacement inhalers are obtained when expiry dates approach.
- The inhaler will be stored below 30c and protected from direct sunlight.
- An inhaler will be primed first before use(spray 2 puffs)
- The housing of the inhaler must be cleaned and dried after use.
- The inhaler can be reused
- The plastic spacer should not be reused by another child(send home with the child who has used it)
- Spent inhalers should be returned to the pharmacy to be recycled. The school is registered as a lower –tier waste carrier.

BACKGROUND This policy has been written with Guidance on the use of emergency salbutamol inhalers in schools.