



Supportive, Cooperative, Adventurous

Asthma Policy

Equality and Diversity

Campfire Education Trust is committed to promoting equality of opportunity for all staff and job applicants. The Trust aims to create a supportive and inclusive working environment in which all individuals are able to make best use of their skills, free from discrimination or harassment, and in which all decisions are based on merit. We do not discriminate against staff based on age; race; sex; disability; sexual orientation; gender reassignment; marriage and civil partnership; pregnancy and maternity; religion, faith or belief (Equality Act 2010 protected characteristics). The principles of non-discrimination and equality of opportunity also apply to the way in which staff and Governors treat visitors, volunteers, contractors and former staff members.

Data Protection

Campfire Education Trust will process personal data of staff (which may be held on paper, electronically, or otherwise). Campfire Education Trust recognises the need to treat it in an appropriate and lawful manner, in accordance with the Data Protection Act 2018 (DPA).

Ratified	Version	Date
Adopted by Board of Trustees	2	9 February 2022
LGB		
Next Review Date:		9 February 2023

Asthma Policy

Contents

Rationale	3
What is asthma?	3
How are children affected by asthma?	3
Precautions to help prevent asthma attacks in school	3
Treatment for asthma attacks in school	4
Parent/Carer responsibilities	4
Procedure in the event of an asthma attack in school	4
Asthma and sport in school	5
Some implications of implementing our policy	5

Appendices

Contacting emergency services	6
Parent consent form – use of emergency salbutamol inhaler	7
Letter to inform parents of emergency salbutamol inhaler use	8
How to recognise an asthma attack	9
What to do in the event of an asthma attack	10

Rationale

At Campfire Education Trust (CET) we adhere to the following principles:

- We welcome all pupils, including those who may suffer from asthma, recognising that asthma is a condition affecting many school children.
- We will encourage and help children with asthma to participate fully in all aspects of school life.
- We will be sensitive to the feelings of some asthma sufferers, who feel awkward about their condition and about taking medication.
- We recognise that immediate access to reliever inhalers is vital.
- We will do all we can to make sure that the school environment is favourable to children with asthma.
- We will ensure that other children understand asthma so that they can support their friends; and so that sufferers can avoid the stigma sometimes attached to this condition.
- We believe we encourage all staff, but especially our trained First Aiders, to have a clear understanding of what to do in the event of a child having an asthma attack.
- We aim to work in partnership with parents/carers, governors, health professionals, school staff and children to ensure the successful implementation of this policy.
- We will keep a register of all children with asthma, added to our main allergy register, which is accessible to all school staff and supply staff, and which is updated regularly.

What is asthma?

We understand asthma to be a condition which causes the airways in the lungs to narrow, making it difficult to breathe. Sudden narrowing produces an attack.

Asthma sufferers have almost continuously inflamed airways and are therefore particularly sensitive to a variety of triggers or irritants. These include:

- viral infections (especially colds)
- allergies (e.g. grass pollen, furry or feathery animals)
- exercise
- cold weather, strong winds or sudden changes in temperature
- excitement or prolonged laughing
- numerous fumes e.g. from glue, paint, tobacco smoke

We are aware that psychological stress may sometimes make symptoms worse.

How are children affected?

We are aware that children with asthma may have episodes of breathlessness and coughing during which wheezing or whistling noises can be heard coming from the chest. They feel a 'tightness' inside their chest which can be frightening and may cause them great difficulty in breathing. We understand that different children have different levels of asthma and therefore may react differently.

Precautions to help prevention of asthma attacks in school

We believe in the principle of 'prevention rather than cure'. So, in school:

- we have white boards instead of blackboards to avoid the use of chalk
- we operate a no-smoking policy in the school grounds.
- we have warm-up sessions at the beginning of PE and Games lessons
- we are aware of the dangers of glues, spirit pens etc. and of the need for correct use and ventilation

Treatment for asthma in school

We understand that treatment takes two forms: relievers and preventers - the former taken when needed and the latter regularly as a prevention. We are aware also, that relievers need to be taken promptly.

To ensure speedy and correct action, we undertake:

- to store medication, labelled with the child's name, in an accessible place in the classrooms and duplicate medication in another suitable place (if needed).
- to ensure that medication is taken on school trips.
- to administer, or supervise self-administration of, medication.
- for the school to have at least one emergency inhaler kit which is maintained and readily available in an emergency situation (see template K).

We also undertake to inform parents/carers if we believe a child is having problems taking their medication correctly. We will also discuss with parents/carers if we feel that there are signs of poorly controlled asthma.

Parent/Guardian responsibilities

We believe in a partnership with parents and carers. We ask them:

- to inform us if a child suffers from or develops asthma.
- to ensure that the child is provided with appropriate medication, to notify us of this medication and the appropriate action for its use.
- to notify us of any change in medication or condition.
- to inform us if sleepless nights have occurred because of asthma.
- to take inhalers/spacers/nebulisers home regularly for cleaning and checking.

We request that parents of children who need to use an inhaler regularly in school should obtain a second one from their doctor so that one may be left at school.

Procedure in the event of an asthma attack in school

We expect that older children will be aware of what to do in the event of a threatened attack. However, we adhere to the following guidelines with all children:

- We will endeavour to remove the child from the source of the problem, if known.
- We ensure that the child's reliever medicine is taken promptly and a second dose taken if necessary.
- We stay calm, reassure the child and listen carefully to what the child is saying.
- It may be comforting to hold the child's hand but we try not to put an arm round their shoulders as this is restrictive.
- We help the child to breathe by encouraging slow and deep breaths.
- We encourage others around to carry on with their normal activities.
- We encourage the child to sit upright and lean slightly forward - hands on knees sometimes helps; we do not allow the child to lie down.
- We loosen tight clothing, offer a drink of water and open windows or doors to give a supply of fresh air.
- We encourage a return to gentle activity when the child is recovered.

We will call a doctor urgently if:

- the reliever has no effect after five to ten minutes.
- the child is either distressed, unable to talk or very pale.
- the child is getting exhausted.

- the condition is deteriorating.
- we have any doubts at all about the child`s condition.

At this point we will also notify the parent/carer or contact the emergency number if the parent/carer is unavailable. If a doctor is unobtainable, we will call an ambulance. We will repeat doses of reliever as needed while awaiting help, being aware of the possibility of overdosing.

Asthma and sport in school

Full participation in all sport for all asthma sufferers is our aim, unless the pupil is a very severe sufferer, and we are notified as such by the parents/carers.

We bear the following in mind when planning sports lessons, with asthma sufferers in mind:

- If a child has exercise induced asthma, they may take a dose of medication before exercise.
- Inhalers need to be speedily available when the child is out of the school building.
- Any child complaining of being too wheezy to continue in sport, will be allowed to take reliever medication and to rest until they feel better.
- We aim to ensure a warm-up period before full exercise.
- We realise that we can help to identify undiagnosed asthma by spotting children who cough or wheeze a lot after exercising.
- We realise that long spells of exercise are more likely to induce asthma than short bursts and that exercise with arms or legs alone is less likely to trigger an attack than exercise using both.

Some implications of implementing our Policy

We are aware that, if medication is to be readily available in classrooms, there is always the possibility of another child, perhaps a non-sufferer, taking a dose. Since the medication simply dilates the airways, we understand this would not be harmful, though we would discourage the practice.

We would also discourage one child from using another child`s inhaler, for reasons of hygiene and possible unsuitability. However, in an emergency, we regard it as more appropriate to use another child`s inhaler, rather than none, despite the disadvantages.

Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Parent consent form – use of emergency salbutamol inhaler

..... (insert school name)

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate).

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

.....

.....

.....

Telephone:

E-mail:

Letter to inform parents of emergency salbutamol inhaler use

Child's name:

Class: Date:

Dear.....,

This letter is to formally notify you that.....has had problems with their breathing today.

This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs. Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Headteacher

How to recognise an asthma attack

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- 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)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

What to do in the event of an asthma attack

WHAT TO DO IN THE EVENT OF ASTHMA ATTACK

- 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 puffs of salbutamol via the spacer
- 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. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs,
 - CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way