



## SACRED HEART CATHOLIC VOLUNTARY ACADEMY

### ASTHMA POLICY

#### **AIMS**

1. To ensure the school creates a safe environment for the child with Asthma.
2. To raise staff awareness about Asthma, its causes, symptoms and treatments.

#### **OBJECTIVES**

1. To produce a register of children who suffer from Asthma. To be updated annually. To be easily accessed by staff.
2. To set up a system for parents to inform school of Asthmatic child - on entrance to school or during school life.
3. To ask parents to ensure that children have a relevant reliever inhaler to be kept at school and which will be taken on any journey.
4. To ensure all inhalers are marked with child's name.
5. To encourage self medication, except for very young children or children with 'Additional Needs' whereby the child may not be capable of self-medication
6. Younger children's inhalers to be kept in the class teacher's desk and easily accessible at break times.
7. To make sure all inhalers are always taken on school trips/swimming etc.
8. To ensure that all staff are familiar with the protocol for use of inhalers. This will include:-
  - Signs and symptoms of Asthma.
  - Instructions for treatment.
  - Monitoring of response to treatment.
  - When to seek help (emergency services).
  - How to seek help (dial 999).
  - Notification of attacks to parents.
  - Record keeping.
  - Inhalers to be labelled.

#### **ADDITIONAL INFORMATION**

##### **What is Asthma?**

This is a distressing condition in which the muscles of the air passages go into spasm and constrict, making breathing (particularly breathing out) very difficult.

Asthma attacks can be triggered by an allergy or nervous tension. The majority of these drugs act to dilate the air passages, easing breathing.

Teachers need not worry that a child may overdose on his/her medication - reliever medication will not be harmful however much is used - you cannot overdose on an inhaler.

### Signs and Symptoms

There may be one or several of the following:-

- Difficulty in breathing, with a markedly prolonged breathing-out phase.
- Tightness of chest.
- Wheezing as she/he breathes out.
- Distress and anxiety - she/he may only speak in whispers and with difficulty. □ Blueness of the skin.

### **TREATMENT**

#### Your aim is:

- ❖ To ease breathing.
  - ❖ To seek medical aid if necessary.
1. Ensure reliever inhaler (usually blue) medication is taken (this should quickly open up narrowed air passages).
  2. Reassure and calm the child.
    - Sit her/him down, leaning slightly forward and resting on a support. (DO NOT LIE THE CHILD ON HER/HIS BACK).
    - DO NOT PUT YOUR ARM AROUND THE CHILD'S SHOULDER as this is very restrictive - but hold her/his hand for comfort.
  3. Encourage the child to breathe slowly and deeply.
    - Loosen tight clothing around the neck and offer a warm drink.

#### After the attack

Minor attacks should not interrupt a child's involvement in school. As soon as they feel better they can return to school activities.

#### CALL AN AMBULANCE IF:-

- The reliever has no effect after 5-10 minutes.
- The child is distressed or unable to talk.
- The child is getting exhausted.

### **STORAGE**

All Asthmatic children are required to have an inhaler which is stored in the classroom and which is taken on any off-site visit.