



ASTHMA POLICY

Rationale

At Sacred Heart Primary School, 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.

The following background information is provided in support of the rationale of this policy.

Background Information

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, pollen, 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 and unexpired 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.

First Aid Supplies

The asthma first aid supplies at Sacred Heart Primary School include:

- a reliever puffer (a hand-held inhaler device such as Ventolin or Bricanyl – these are blue in colour),
- a large volume spacer,
- instructions on how to use the medications and devices, as well as steps to be taken in an acute asthma attack (individual and school Asthma Action Plans)
- alcohol swabs to clean devices after use.

Prevention, Assessment and Treatment

Exercise for students with asthma is encouraged, to improve cardiovascular fitness and general well being. However, exercise can bring on an attack and often occurs after the exercise, in the 'cooling down' period. Exercise-induced asthma can frequently be prevented by a simple warm-up period and taking a blue reliever puffer and/or other medication, as recommended by their doctor, immediately before the exercise. Exercise should immediately cease if symptoms occur, followed by rest and taking the blue reliever puffer. Exercise can continue if symptoms disappear but if they persist, worsen or reoccur, the attack needs to be managed and the student must not return to exercise.

The severity of asthma attacks can be classed as follows:

- **Mild** – coughing, soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences.
- **Moderate** – persistent cough, loud wheeze, obvious difficulty in breathing and able to speak in short sentences only.
- **Severe** – student is often distressed or anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

Emergency Treatment

All students judged to be having a severe attack require emergency medical treatment. The following procedure should be followed:

- Call an ambulance, stating clearly that a student is having an asthma attack. Carry out asthma first aid, whilst waiting for the ambulance to arrive. The parents/guardians will be contacted immediately after calling the ambulance and the incident recorded. The child should not be left alone even, if there is a complete recovery. If the student has an Asthma Action Plan, it should be followed.
- If no individual action plan is available, normal asthma protocols should be used.
- If the student's own reliever puffer is not readily available, a reliever puffer should be used from the First Aid kit or borrowed from another student/staff member. It does not matter if a different brand of reliever is used.
- Regardless of the severity of the attack, asthma first aid needs to commence immediately.

First Time Asthma Attacks

- In the situation of a first time asthma attack, a student is to be administered four separate puffs of a blue reliever puffer via a spacer and an ambulance is to be called immediately.
- Four separate puffs should be given every four minutes until the ambulance arrives.
- Reliever puffers are extremely safe, even if the student does not end up having asthma.
- The child's parents/guardians should be contacted immediately.

Evaluation

This policy will be reviewed as part of the review cycle and as required by the Asthma Foundation to maintain accreditation.

This policy was last updated March 2020 and is scheduled for review in 3 years.

