



Everyone matters, every day counts

ASTHMA POLICY

Policy created:

Policy first adopted: September 2012

Signed chair of Governors:

Re-adopted & signed: consultation with School Nurse, Sally Worsfold-Gwyn and teacher in Animus, Sharon Burt. Re-adopted February 2016.



Asthma Policy

Asthma is a long-term medical condition which affects the airways. An asthma attack may result when a sufferer comes into contact with a trigger causing their airways to narrow. IT CAN BE A SERIOUS AND POTENTIALLY LIFE THREATENING CONDITION.

Common triggers may include:

- Tobacco smoke
- Dust
- Moulds
- Colds and Flu
- House dust mites
- Cleaning and gardening products
- Scented deodorants and perfumes
- Chemicals and fumes
- Pollen and grass cuttings
- Animals and birds
- Latex gloves
- Weather and poor air quality
- Exercise
- Stress or anxiety
- Laughter

Triggers are individual and may not be known to the sufferer

Usual signs and symptoms of an asthma attack may include:

- Coughing
- Shortness of breath
- Wheezing (this may not always be heard without a stethoscope.)
- Tightness in the chest
- Being unusually quiet or difficulty in speaking

At this point please initiate student's asthma SOS plan.

Symptoms will vary in severity from person to person but will usually be alleviated by the use of a reliever inhaler.

- Students must always have access to their reliever inhaler. They must never be kept in a locked area.
- Inhalers should be taken with the student to all areas of the school and to any offsite activity.
- Inhalers should be clearly named.

- The expiry date should be checked regularly.
- Parents / carers should provide a spare inhaler (to be kept in school) in addition to the one carried by the student.

Signs of worsening asthma/wheeze:

- Not responding to reliever (blue inhaler)
- Breathing faster than usual
- Difficulty in speaking
- Difficulty in walking /lethargy

Seek medical advice, call an ambulance and begin emergency treatment as stated below.

Emergency Treatment

- Give **6 puffs of the blue inhaler via a spacer**, reassess after 2 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler straight away.**
- **RELIEVER INHALER MUST BE USED WITH A SPACER**
- **1 puff of inhaler to 10 breaths through the spacer (shake inhaler first and after every 2 puffs)**
- Reassess after a 5 minutes

- **While waiting for an ambulance, continue to give 10 puffs of the reliever inhaler through the spacer every 5 minutes.**