

# Ash Grove Academy

---



Belgrave Road  
Macclesfield  
Cheshire  
SK11 7TF

Policy for

**Asthma**

---

Agreed by Policies Committee	Ratified by full Governing Body	Signed	Renewal Date (3 year cycle)
		----- Chair of Governors	

Ash Grove Academy will work in partnership with all agencies including academy governors, staff, school nurse, parents/carers and children to ensure the policy is planned, implemented and maintained successfully.

### **Asthma Medicines**

Immediate access to reliever medicines is essential. Children with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. Before this time, reliever inhalers will be stored in the classroom and readily accessible in agreement with parents/carers.

Parents/carers are requested to ensure that Ash Grove Academy is provided with a spare inhaler. Spare inhalers are kept safely with first-aiders in case the child's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer.

Academy staff are not required to administer asthma medicines to children (except in an emergency/with an agreed health care plan in place/in the Foundation Unit).

All academy staff will let children take their own medicines when they need to.

### **Record Keeping**

At the beginning of each academic year, or when a child is registered at the academy, the parent/carer is asked on their enrolment form if their child has any medical conditions, including asthma.

If a child has a known asthma condition the parent/carer will be asked to complete an Asthma Care Plan detailing treatment needed.

A record central is kept of all children with asthma and the medicines they take. A reminder is issued to parents every February and September.

### **Exercise and Activity PE and Games**

Children with asthma are encouraged to participate fully in all PE lessons.

### **Academy Environment**

The academy does all that it can to ensure its environment is favourable to children with asthma. The academy does not keep furry or feathery animals (unless a risk assessment has been carried out) and operates a 'no smoking' policy on the academy premises. As far as possible our academy does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

### **When a Child is falling behind in lessons**

If a child is absent for periods of time or tends to become tired because their asthma is disturbing their sleep at night, the class teacher will initially talk with the parent/carer to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and SENCo about the pupil's needs.

Ash Grove Academy recognises that it is possible for children with asthma to have special educational needs due to their asthma.

### **Asthma Attacks**

All staff who come into contact with children with asthma know what to do in the event of an asthma attack (refer to Procedures).

In the event of an asthma attack, the academy follows a clear procedure visibly displayed in all classrooms.

### **Training**

Training of staff in the recognition of an asthma attack and effective asthma management will be provided where this is considered necessary.

### **First Aiders:**

**Mrs. Susan Tucker (Foundation Stage Unit)**

**Mrs. Paula Rutter (Midday Supervisor and After School Club Manager)**

**Mrs S Baggaley (Pastoral Lead)**

**Mrs K McKeith (Pastoral Care and Breakfast Club)**

**Mrs F Burgess (Teaching Assistant)**

# Procedures

## How to Recognise an Asthma Attack

Common signs of an asthma attack are:

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest [younger children may express this as tummy ache]
- Being unusually quiet
- Having difficulty speaking in full sentences

## Action to be taken

If a child suddenly collapses or has difficulty breathing with a possible asthma attack:

### a) Children with a known asthma condition:

Staff will follow the agreed plan of action for the child for the emergency treatment of an asthma attack as detailed in the Asthma Action Plan.

If the Action Plan is NOT available, staff should immediately commence the standard asthma emergency protocol detailed below:

#### Step 1

Sit the child upright and remain calm to reassure them.

#### Step 2

Without delay, shake a blue reliever puffer (inhaler) and give x4 separate puffs through a spacer. Use one puff at a time and ask the child to take x4 breaths from the spacer after each puff.

#### Step 3

Wait x4 minutes. If there is no improvement, repeat Step 2.

#### Step 4

If still no improvement after a further x4 minutes, notify a member of staff to call an ambulance immediately (999), stating clearly that the child is "**having an asthma attack**" (an adult to remain with the child at all times).

Continuously repeat Steps 2 & 3 whilst waiting for the ambulance.

In an emergency, the blue reliever puffer used may be the child's own, or borrowed from another child.

## **b) Children who staff are not aware have pre-existing asthma:**

In this situation, staff will:

### **Step 1**

Call an ambulance immediately (999), stating that the child is “**having breathing difficulty**”.

### **Step 2**

Administer x4 separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take x4 breaths from the spacer after each puff.

### **Step 3**

Keep giving x4 separate puffs of a blue reliever puffer every x4 minutes until the ambulance arrives.

This treatment could be life-saving for a child whose asthma has not been previously recognised and it will **not** be harmful if the collapse or breathing difficulty was not due to asthma. Reliever medication is extremely safe, even if the child does not have asthma.

## **Calling for help**

In any instance, call an ambulance or doctor urgently if:

- the child's symptoms do not improve in 5-10 minutes
- the pupil is too breathless or exhausted to talk
- the child's lips are blue
- you are in any doubt.

Ensure the child takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

## **Cleaning of Devices**

Devices (puffers and spacers) from the First Aid Kit must be thoroughly cleaned after each use to prevent cross-infection. In most cases, a child will use his/her own puffer and spacer. Devices can be easily cleaned by following the following steps (NHMRC Infection Control Guidelines 2003):

- Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into two parts.
- Wash devices thoroughly in hot water and kitchen detergent.
- Do NOT rinse.
- Allow devices to 'air dry'. Do NOT rub dry.
- When dry, wipe with a 70% alcohol swab (e.g. Medi-Swab), paying particular attention to the inside and outside of the mouthpiece of the devices.

- When completely dry, ensure the canister is replaced into the puffer container and check the device is working correctly by firing one or two 'puffs' into the air. A mist should be visible upon firing.
- If any device is contaminated by blood, dispose of it safely and replace the device.