

Asthma is a very common condition, which varies in severity from child to child.

Asthma is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air both in and out as you breath. The symptoms of asthma occur when the muscles around the airways tighten and the lining of the airway becomes inflamed and start to swell; this leads to a narrowing of the airways.

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)

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler (see below)
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate 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
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives

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

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

Children who are diagnosed with the condition often have preventative medication which is taken at home, under the supervision of parents/guardians.

Generally the child will carry a reliever inhaler for when an asthmatic episode occurs, to relieve their symptoms. It is the responsibility of parents to ensure that their child has a functioning, in date inhaler in school. Every asthmatic child should carry their own inhaler in school, wherever possible, especially during PE, and on school trips.

There may be times, however, that an inhaler has been forgotten or has run out. For this reason Cholsey School has, in accordance with DfE guidelines, purchased two salbutamol inhalers and two spacers.

This has been done to alleviate symptoms, and possibly save life in the event of a severe asthmatic event.

The school's inhaler can only be administered by a child diagnosed with asthma, who has been prescribed an inhaler, AND, if a child's parent/guardian has given permission to use one of school's inhalers in the event of their child's being unavailable.

The inhaler must be used with a spacer.

Recording

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. The child's parents must be informed in writing so that this information can also be passed onto the child's GP.

Care of the Spacer Devices

After use they should be washed in warm soapy water, and allowed to dry naturally in the air. The spacer device once dry they should be stored carefully.