



# **THE ORATORY SCHOOL**

## **Asthma Policy**

## **Asthma Policy/Protocol.**

The Oratory School, in accordance with BTS/SIGN (Sep 2016) guidelines on the management of asthma, recognises the need for an understanding and knowledge of the condition, in order to safely meet the needs of the pupil with a diagnosis of asthma. The school welcomes pupils with asthma and endeavours to monitor the pupils control and management of symptoms, which will allow the pupil to achieve their full potential in all aspects of school life.

All relevant staff will be offered training on asthma management and will be expected to update their knowledge to deliver this care.

### **Asthma Management and Care**

- Each pupil with an asthma diagnosis will have a record and a asthma plan, held at the Medical Centre. This will be reviewed annually unless needed to be reviewed at an earlier date. The annual review will include assessment of symptoms, measurement of lung function, checking inhaler technique and adherence and changing personalised plan accordingly.
- All pupils are to have their own inhalers. Preventers can be left in their rooms or at home, however reliever inhalers must be carried at all times.
- The Medical Centre will store spare inhalers for individual pupils clearly named and stored in a labelled container.
- Staff will receive regular training and updates to ensure understanding of asthma and its management.
- Pupils will be encouraged to understand the condition to manage their own symptoms and to be able to assist fellow pupils if needed.
- A list of pupils with asthma will be produced every September and will be amended as needed throughout the school year. This will be available to school staff on SIMS

Asthma is a condition that affects the airways with more than one of the following symptoms present:

- Wheeze
- Tight chest
- Cough
- Breathlessness

These symptoms will be episodic and there will be periods of no symptoms.

The airways become hyper-responsive to triggers and cause airway inflammation.

### **Recognising the signs of an acute asthma exacerbation**

- The airways become tight and the pupil may wheeze and have difficulty breathing normally.
- The pupil may become agitated, anxious and exhausted and have signs of cyanoses around lips.

### **Acute severe**

- SpO<sub>2</sub> <92% , Peak flow 33-50% of best Pef or predicted Pef
- Cannot complete sentences in one breath or too breathless to talk
- Heart rate >125
- Respiratory rate >30 breaths a minute

### **Life threatening**

- SpO<sub>2</sub> < 92%
- Pef <33% of best or predicted
- Cyanosis
- Silent Chest
- Poor respiratory effort
- Hypotension
- Exhaustion
- Confusion

### **Management of acute asthma**

- Remain calm and reassure pupil.
- Loosen any tight clothing and keep the pupil in a seated position, leaning forward, resting arms onto a table or knees.
- Encourage slow deep breaths.
- Administer Blue reliever inhaler (salbutamol) 2 puffs via spacer monitor symptoms and repeat 1 puff of salbutamol every 5 mins via a spacer for up to 10 puffs in total. If symptoms haven't resolved or any of the acute severe or life threatening symptoms are present call 999
- Inform the parents as soon as possible.

### **The following clinical signs should be recorded:**

Pulse rate – increasing tachycardia denotes worsening asthma, a fall in heart rate is a pre terminal event.

Respiratory rate and degree of breathlessness.

Use of accessory muscles.

Amount of wheezing.

Degree of agitation.

Note some children with acute severe asthma do not appear distressed.

Oxygen therapy for pupils with SpO<sub>2</sub> of <94% should receive high flow oxygen via face mask to achieve saturation levels of above 94%.

If a pupil has been admitted to hospital he should be reviewed within two working days of discharge from hospital.

Date for review

October 2017