

## **Asthma Policy**

### **Background**

Flipside Dance School recognizes that asthma is a widespread, serious but controllable condition affecting many young people. The school positively welcomes pupils with asthma. This school encourages pupils with asthma to achieve their potential in their dance classes by having a clear policy that is available to staff and pupils.

### **Aims;**

- To enable all pupils with asthma to participate fully in all aspects of their dancing and ensure they are not disadvantaged by their condition.
- To ensure that all staff have a clear understanding of how to deal with a pupil having an asthma attack.
- To encourage all pupils to take responsibility for their own medication.
- Pupils, parents, staff and asthma professionals to work together for a greater understanding of the effect of asthma and to adopt a responsible attitude to its treatment.

### **Record Keeping**

Pupils with asthma are identified from the Medical Questionnaire on admission to Flipside Dance School. Flipside Secretary to liaise with the parents to ascertain the full extent of the condition and will request a Personal Medical Action Plan to be completed and returned to Flipside Dance.

Parents are expected to update or exchange the plan if their child's medication, or how much they take, changes throughout the time at Flipside Dance.

Newly diagnosed pupils are added upon diagnosis.

All students with Asthma to have a care plan completed outlining emergency procedures. Parental permissions for administering emergency medications and parents contact details.

### **Asthma medicines**

Immediate access to reliever inhalers is essential. Pupils are expected to take responsibility for their asthma and are always expected to carry their own medication/ inhalers in school to treat symptoms and for use in the event of an asthma attack.

Students are expected to carry their inhalers and medication with them during lessons as well as when in the theatre or at competitions.

Parents must provide a spare, named inhaler to be kept in the Medical/First Aid Kit in the cupboard. The spare kit is to be kept in the Medical Kit and transported when Flipside is working in the theatre. It will be kept at the front desk. Expired drugs cannot be administered, and it is the parents' responsibility to ensure a valid inhaler is kept at Flipside.

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Following a change in legislation in October 2014 (Human Medicines (Amendment No.2.) Regulations 2014) schools may now choose to hold salbutamol inhalers, without a prescription, for emergency use, if they wish. The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be

administered inappropriately to a breathless child who does not have asthma. It is essential therefore that the inhaler is only used by children who have asthma, or who has been prescribed an inhaler as reliever medication, and for whom written parental consent has been given.

...will monitor expiry dates and are responsible for the disposal of expired or used stock. The kit contents (Appendix 1) include a list of pupils who are permitted to use the emergency inhaler.

### **Dance Lessons**

All teachers should be aware of which children in their class have asthma.

Pupils should always have their reliever (blue) inhaler available. Pupils should take their reliever medication 10-15 minutes prior to the session. It is important to ensure that they always warm up and down thoroughly. If pupils experience symptoms during exercise they should stop, take their reliever inhaler, take a short rest (around 5 minutes) and get back to the activity when they feel able. (Adapted from Asthma.org.uk 2022)

### **Asthma attacks and training**

All staff who encounter pupils with asthma should know what to do in the event of an asthma attack. In the event of an attack the school follows the procedures outlined by Asthma UK in its School Asthma Pack.

All Flipside Dance staff have a full First Aid training course every 3 years. Refresher courses are provided yearly.

## **ASTHMA POLICY GUIDELINES FOR FSD STAFF**

### **Asthma Treatment**

There are two types of treatment:

**Preventers** – these inhalers are usually taken twice daily, morning and evening and are often (but not exclusively) in a brown container. When taken regularly they make the air passages less sensitive to the triggers that can start an attack. They take 10-15 days to work. This inhaler does not help an acute asthma attack.

**Relievers** – these are the inhalers used in an acute attack to relieve the symptoms of asthma, commonly in a blue container.

If a pupil becomes breathless and wheezy or coughs continually:

- Keep calm. It is treatable. Call the nurse, stating the pupil's name and their
- condition. Reassure the pupil.
- Let them sit down in the position they find most comfortable.

- Loosen any tight clothing.
- Encourage them to take slow, steady breaths.
- They should not lie down.
- Ensure the reliever inhaler (usually blue container) is taken promptly and properly. Immediately help the child take two puffs of Salbutamol (via a spacer if required)
- If no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs – if the child does not feel better or you are worried ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE

### **Signs of a severe asthma attack**

Any of these signs means 'severe'.

- Normal reliever inhaler does not work
- The pupil cannot speak normally/in full sentences
- Blue tingeing around the mouth
- Pulse rate of 120 per minute or more
- Rapid breathing of 30 breaths per minute or more

If in ANY doubt, call an ambulance.

### **What to do in a severe asthma attack**

- Keep calm.
- Keep using the reliever inhaler (usually blue) -1 puff every 30-60 seconds up to 10 puffs (maximum) until symptoms improve. Use spacer if possible. Do not worry about possible over-dosing.
- Call an ambulance and arrange for a member of staff to accompany the pupil to hospital.
- Contact the pupil's parents to meet at the hospital.
- Continue to reassure the pupil.
- Have Asthma Card/ care plan ready to give to ambulance crew.
- Try to make note of time of start of attack and all symptoms to tell ambulance crew.



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## **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)

Signs of a severe asthma attack include:

- wheezing, coughing and chest tightness becoming severe and constant
- being too breathless to eat, speak or sleep
- breathing faster
- a fast heartbeat
- drowsiness, confusion, exhaustion or dizziness
- blue lips or fingers
- fainting

CALL AN AMBULANCE (999) 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

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