



Asthma Policy

RATIONALE

Approximately 10% of children suffer from Asthma to a greater or lesser degree. Whilst staff are not expected to diagnose or treat any medical conditions, it is essential for staff to be aware of the symptoms of Asthma, since the condition may influence pupils' performance and achievements, and vital for staff to be aware of what to do when a child has an attack.

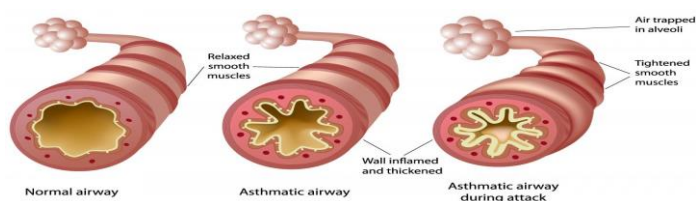
PURPOSE OF POLICY

This policy aims

- i To give guidelines regarding asthma symptoms and treatment.
- ii To clarify the roles and responsibilities for the storage and administration of inhalers.
- iii To identify practical measures for dealing with asthma in emergency situations.

GUIDANCE

Asthma is an inflammatory/narrowing condition of the airway:



It is difficult to say with certainty what causes asthma but it is likely to be a family history of asthma together with environmental factors.

Symptoms:

- *Coughing.*
- *Shortness of breath.*
- *Tightness in chest.*
- *Wheeze*
- *Being unusually quiet/sitting out.*
- *Sometimes younger children will describe feeling tight in their chest as a tummy ache.*

Aggravating Factors/Triggers

- Viral infections (e.g., colds and flu).
- Chalk dust.
- House-dust mites.
- Cigarette smoke.
- Mould and damp.
- Pollen and grass cuttings.
- Furry and feathery animals.
- Stress and emotion.
- Scented deodorants and perfumes.
- Latex gloves.
- Dust from flour and grain.
- Chemicals and fumes (e.g., those found in science lessons, cleaning and gardening products, woodwork chemicals).
- Wood dust.
- Weather and air quality.
- Exercise – this is one trigger to “manage” rather than avoid.

Management of Treatment

Management of Asthma requires a partnership between the child and the family, health professionals, School and other adults caring for the child. Since Asthma is a chronic disease, it is important the child understands their condition, and is able to identify their triggers so that the School can help them reduce unnecessary symptoms and have better control of their asthma. Children diagnosed with asthma will be given a detailed asthma plan by their GP/hospital which details their prescribed medication and action to be taken in the event of an asthma attack. For all children diagnosed with asthma, the school will request the parent/carer complete a Healthcare Plan (Form F01) and attach a copy of the child's asthma plan. The original copy of the documents will be kept centrally in the School Office and a copy given to the Class Teacher for reference.

For infants;

Parents are asked to complete a Request for School to Supervise/Administer Medication Form (F01d) and a record (F01c) must be kept of all occasions when the child uses their inhaler for reference purposes*.

For Juniors;

Parents are asked to complete a permission form for children to carry their own inhalers (F02a). A record (F01c) must be kept of all occasions when the child uses their inhaler for reference purposes.*

*(This information can be very valuable to parents/medical professionals when managing or assessing changes in the child's condition)

CHILDREN IN YEAR R, 1 & 2 (Infants)

It is very important that young children in school have access to their reliever inhaler at all times. Inhalers will be held in the teacher's desk/cupboard and should be labelled clearly by the parent with the child's name. Many young children can use their own inhalers and the responsibility of the teaching staff is to support and supervise the self-administration of the inhaler.

CHILDREN IN YEARS 3, 4, 5 & 6 (Juniors)

In general children junior age children should be able to self-administer their inhalers and to keep them on their person. Individual teachers will, however be aware of the varying abilities of children and if there is any doubt about the ability of the child to cope they will wish to apply the procedures as per infants above.

FOR ALL CHILDREN

It is essential for the child to have immediate access to his or her inhaler at all times including when away from the classroom setting e.g. local walks, sports field. If physical activity is a trigger, it is particularly important that the inhaler treatment is taken 10 minutes before exercise whether PE, sport or swimming.

Inhalers

Medication:

Relievers (usually blue) – essential for treating asthma attacks.

Preventers (usually brown, beige, orange, purple or red and white).

How to use inhalers

There are many types of inhalers, these include: Metered dose inhaler (aerosol), Easi-breathe, Acchuhaler, Turbohaler.

Many children will also have a “spacer” to assist administration of their inhaler.

Visit www.asthma.org.uk for an interactive demonstration on how to use the above inhalers and spacer.

Most school age children should be able to use their own inhaler, and understand the difference between relief inhalers.

The relief inhalers contain very small amounts of active drug and such inhalers have to be used excessively to cause any side effects.

The preventative inhalers provide anti-inflammatory action over a long period and do not have any immediate side effects. Many children need preventative inhalers to reduce symptoms, improve quality of life, and reduce the amount of relief inhaler required.

Staff should be conscious of the potential stigma of using an inhaler and will wish to engender a culture where users do not feel stigmatised or threatened.

It is the responsibility of the parents to inform the school of those pupils who have been diagnosed as Asthmatic. The parent is also responsible for monitoring their child's inhaler to ensure the inhaler is charged, working correctly and in date.

IMPORTANT

All staff should be aware of the emergency procedures,

Common symptoms of an asthma attack:

- *Coughing.*
- *Shortness of breath.*
- *Wheezing.*
- *Tightness in chest (NB: Younger children may describe this as a tummy ache).*
- *Being unusually quiet.*

SERIOUS IF:

- ***Not responding to inhaler.***
- ***Difficulty in speaking, playing, eating.***
- ***Symptoms are getting worse.***
- ***Lips are blue.***

CALL 999 URGENTLY if:

THE PUPILS SYMPTOMS DO NOT IMPROVE IN 10 MINUTES, THEY ARE TOO BREATHLESS TO TALK, THEIR LIPS ARE BLUE, OR IF YOU ARE IN ANY DOUBT.

Date adopted by Governing Body: XXX

Date to be reviewed by the Governing Body: XXX