Trewirgie Junior School
Asthma Policy

Aims:

- To positively welcome all pupils with asthma
- To encourage pupils with asthma to achieve their potential in all aspects of school life
- To ensure that asthmatic children attending Trewirgie Junior School are able to participate fully in school life in the knowledge that they can do so safely.
- To develop the potential of these children both academically and emotionally.

Objectives:

- To have a clear policy that is understood by all school staff and pupils.
- To provide staff with a clear statement of support from the Health Community
- To ensure all supply teachers and new staff are also made aware of the policy
- To ensure all staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

What is Asthma and how is it treated?

Asthma is an inflammatory condition of the lungs. The airways become overly sensitive to certain stimuli or triggers causing spasm and narrowing of the airways, leading to the signs and symptoms of asthma i.e. coughing, wheezing and breathlessness.

Known common trigger factors found in the school environment

- Viral infections (common cold)
- House dust mite
- Fumes
- Pollens and spores
- Animal dander
- Exercise
- Cold air
- Emotional upset or excitement

Asthma Symptoms

- Coughing
- Tightness in the chest
- Wheezing
- Difficulty breathing
Treatments for Asthma

The majority of children with asthma will be taking regular inhaled therapy. This most commonly consists of a steroid inhaler which usually will be kept at home. Examples of these are Becotide, Pulmicort and Flixotide. These inhalers will not be effective once an attack has started.

The inhalers which should be in school are relievers, usually coloured blue, which work by relieving muscle spasm thereby opening up the airways. They can also be used before exercise, if advised by a doctor, to prevent asthma symptoms in susceptible children. Examples of these are Ventolin, Salbutamol and Bricanyl.

There are many different kinds of inhaler devices available and each individual child should be able to use the device prescribed by their doctor. The most commonly used is the metered dose inhaler which is often used with a spacer.

Asthma medicines

- Immediate access to reliever medicines is essential. Pupils 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.
- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The school will hold this separately in the first aid cabinet case the pupil’s own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child’s name by the parent/carer.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the academy when acting in agreement with this policy.
- All school staff will let pupils take their own medicines when they need to.

Record keeping

At the beginning of each school year or when your child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their home school agreement form. All parents/carers of children with asthma are consequently sent an Asthma UK School Asthma Card to give to their child’s doctor or asthma nurse to complete. Parents/carers are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. School Asthma Cards are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the card for a new one if their child’s medicines, or how much they take, changes during the year.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school
are aware of which pupils have asthma from the school's asthma register. Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. PE staff should ensure that each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. Classroom teachers follow the same principles as described above for games and activities involving physical activity. If children **DO NOT** have their inhaler in school they must check with the office if they have a spare **BEFORE** the child participates. If not parents must be contacted to bring in their inhaler.

**Out-of-hours sport**

There has been a big emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in afterschool clubs.

- PE teachers, classroom teachers and out-of-hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and sports coaches have received appropriate training.
- This information is also provided on the Asthma UK Out There & Active poster, which is displayed around the school. The poster helps to encourage pupils with asthma to be active and get more involved in PE and exercise and has tips to help them do this

**What a child needs to do in an attack:**

1. Take two puffs of your reliever inhaler (usually blue)
2. Sit up and loosen tight clothing
3. If there is no immediate improvement during an attack, continue to take one puff of the reliever inhaler every minute for five minutes, or until symptoms improve
4. If your symptoms do not improve within five to ten minutes—or if you are in doubt—call 999 or a doctor urgently
5. Continue to take one puff of your reliever inhaler every minute until help arrives.

**Asthma – signs and symptoms**

Asthma affects the airways which are almost always swollen and inflamed. The inflammation is normally kept under control with medications which need to be taken daily. However, symptoms do occasionally occur. The usual symptoms of a person with asthma are:-

- Coughing
- Wheezing
- Shortness of breath
- Tight chest
These symptoms are not necessarily there all the time and will vary with different people. They often get worse after contact with a trigger, with exercise or with colds. Usually all that is needed is two puffs from a reliever inhaler such as Ventolin, Salbutamol or Bricanyl to control with symptoms.

Occasionally however, the symptoms become so bad that the child will need urgent treatment and may have to be admitted to hospital. This can be preceded by a recognisable period of deterioration over a number of days.

**Signs of deteriorating asthma:**
- Increased breathlessness in the morning
- Needing to use the reliever inhaler more often than usual and/or the inhaler does not seem to work as well and/or the effects do not last as long as usual
- Becoming more breathless with exercise

If any of these are happening the asthmatic person should contact their GP or Asthma Nurse for advice. Sometimes patients have written Asthma Action Plans which will tell them what to do in the event of worsening asthma.

If any school staff notice any of these signs, they should inform the parents as soon as possible.

**THE FOLLOWING SIGNS INDICATE AN ACUTE ATTACK AND SHOULD BE TREATED AS AN EMERGENCY FOLLOWING THE INSTRUCTIONS GIVEN IN THE FLOW CHART BELOW.**

- EXTREME BREATHLESSNESS AND/OR COUGHING
- RELIEVER MEDICATION DOES NOT WORK
- THE CHILD HAS DIFFICULTY WITH TALKING AND/OR IS UNABLE TO TALK IN SENTENCES WITHOUT TAKING A BREATH IN THE MIDDLE
- THE CHILD IS BECOMING EXHAUSTED OR DISTRESSED
EMERGENCY TREATMENT FOR CHILDREN WHO ARE KNOWN TO HAVE ASTHMA

The asthma first aider for Trewirgie Junior School is Mrs. Dann

Give reliever inhaler

A reliever inhaler (usually blue) should quickly open up narrowed airways. If the child’s inhaler is not with them a spare one if provided by parent will be in the first aid cabinet.

Stay calm and reassuring and help the child to breathe

Do not put your arm around the child’s shoulder as this can be very restrictive.
Sit the child upright and encourage slow deep breathing.

Child responds well to reliever inhaler

When the child has recovered, he/she can return to normal school activities.

IF ANY OF THE FOLLOWING CIRCUMSTANCES APPLY, GIVE A FURTHER TWO PUFFS OF THE RELIEVER INHALER, DIAL 999 AND CALL PARENTS:

- If there is no improvement after 5-10 minutes
- If the child is distressed and/or unable to talk
- If the child is becoming exhausted
- If you have any doubts at all about the child’s condition

Inform the parents at the end of the day if their child has had an asthma attack.

While waiting for medical help, up to ten puffs of the reliever inhaler can be given if necessary.