



Pennoweth Primary School

Asthma Policy

Reviewed by: Mr R Adams (Headteacher)

Agreed by the Full Governing Body: 3rd October 2018

Next Review Date: October 2019

This policy is written with guidance from the Department for Education and deals specifically with the responsibilities of the school and class teachers with asthma. In particular, deal with the smooth and effective support of children with asthma conditions as well as clarify how children can easily access their inhaler.

Members of staff need to read the following documents:

Asthma published by Asthma UK

Asthma in Schools and Early Years by Cornwall and Isles of Scilly Community Health Services

What is Asthma?

Asthma is a long term medical condition that affects the airways. Children and young people with asthma have airways that are almost always red and sensitive. Asthma triggers (see Asthma UK Triggers) then irritate these airways, causing them to react.

When a child or young person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airway tighten, the airways become inflamed and a sticky mucus can be formed. These reactions lead to the symptoms of asthma.

Signs and Symptoms.

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Sometimes young children will express feeling tight in the chest as a tummy ache

Asthma varies in severity from person to person. While some children will experience an occasional cough or wheeze, others will have severe symptoms. Some pupils may experience symptoms from time to time (maybe after exercise or during hay fever season) but feel fine the rest of the time.

Medication and Treatment

Asthma sufferers should have a reliever inhaler. The inhaler can be taken immediately when asthma symptoms start. Reliever inhalers come in all shapes and sizes but are usually blue in colour. Reliever medication is very safe and effective. Some children do get an increased heart rate and may be shaky if they have taken a lot. In an attack, it is better a child continues to take their inhaler until emergency help arrives.

There are two types of Inhalers. Firstly there is the reliever Inhaler (good for treating symptoms at school). Secondly there are the preventer inhalers. Preventers are usually prescribed for people who have been using their reliever inhaler three or more times a week. Pupils should not need to take a preventer inhaler during school hours. Preventers should be taken during the morning and evening.

School Arrangements for Treatment

- As soon as a child is mature enough, children need to keep their inhalers with them at all times and are therefore responsible for them. Children are regarded as being mature enough by the age of seven (Year 3) but there are younger children who are regarded as mature enough but this will need to be agreed with parents.
- Children with asthma will need to bring in a spare inhaler. This can be kept in an unlocked clearly labelled receptacle in each class.
- All inhalers will need to be clearly labelled with the child's name clearly visible.
- Expiry dates of all asthma medication needs to be clearly labelled and checked every six months. It is the parent's responsibility to ensure the children and the school has up to date medication. A named member of staff should be responsible for checking the expiry dates three times a year.
- If after discussion between parents and school, it is believed that a child is too young to carry their own inhaler, it should be kept in an easily accessible place or when the children are working away from the classroom or the school (e.g. PE) the inhalers need to be kept in a central container.
- Teachers need to talk to their children regularly about the need to have up to date relievers, medication that is in date and where they can access their 'spare' inhaler.

It is not harmful if a pupil without asthma misuses another pupil's inhaler. They may have an increased heart beat or feel a little shaky but there will not be any long term affects.

Managing the Condition

Children and young people can usually control their asthma effectively by avoiding their known triggers and by taking the appropriate medication with the correct technique. Children need to be given the confidence to recognise the symptoms and know they have the authority to administer their own medication when required.

Asthma sufferers have regular meetings with their doctor to monitor their asthma symptoms, medication and management. This should take place every six to twelve months. The doctor should offer each child/parent a written personal asthma plan.

The following process needs to be followed:

1. At the beginning of each year the school needs to send out a form on which parents can add the child's name and details of treatments. Parents to complete and sign the Asthma Care Plan and consent form. (Appendix 1)
2. School to create asthma register and circulate it to all class teachers.
3. Parents to supply 'spare' inhalers that will be kept in an accessible place in each classroom. Parents will label inhalers clearly with the name of their child and the expiry date.
4. Teachers will talk through with all the children the location of 'spare' inhalers and their responsibility to manage their symptoms and medication and responsibility to keep their inhaler with them at all times. Young children will be supported with this.
5. 'Spare' Inhalers will be checked at the beginning of each term to ensure they are in date.
6. At the end of the academic year, teachers need to return all inhalers to the children.
7. Parents must always be informed if their child has had an asthma attack.

Exercise and Physical Activity

Exercise and physical activity is good for everyone, including asthma sufferers. The majority of pupils with asthma should be able to take part in any sport, exercise or activity as long as their asthma is under control.

- If exercise is the trigger for an asthma attacks, ensure the child has their reliever inhaler with them and use their reliever inhaler before they warm up.
- Always start a session with warm up exercises.
- End a session with a warm down.
- If children are going off site for sport, children need to be checked to ensure they have taken their inhaler with them.

Emergency Procedures

First action:

- Help the child to take their usual dose of reliever inhaler.
- Sit the child upright
- Get them to take slow steady breaths
- Keep calm and reassure them
- Do not leave them alone

The condition is serious if:

- They are not responding to the inhaler
- Difficulty in speaking, playing, feeding
- Symptoms getting worse
- Lips are blue

Call an ambulance if:

- The pupils symptoms do not improve
- The child does not start to feel better after taking the reliever inhaler.
- The pupil is too breathless or exhausted to talk.
- The pupils lips are blue
- YOU ARE IN ANY DOUBT.