

ASTHMA POLICY

Rationale

At Altham St James CE Primary School we adhere to the following principles:

- we welcome all pupils, including those who may suffer from asthma, recognising that asthma is a condition affecting many school children;
- we will encourage and help children with asthma to participate fully in all aspects of school life;
- we will be sensitive to the feelings of some asthma sufferers, who feel awkward about their condition and about taking medication;
- we recognise that immediate access to reliever inhalers is vital;
- we will do all we can to make sure that the school environment is favourable to children with asthma;
- we believe we encourage all staff, but especially our trained First Aiders, to have a clear understanding of what to do in the event of a child having an asthma attack;
- we aim to work in partnership with parents, governors, health professionals, school staff and children to ensure the successful implementation of this Policy;
- We will keep a register of all children with asthma, which is accessible to all school staff and supply staff, and which is updated regularly.

What is asthma?

We understand asthma to be a condition that causes the airways in the lungs to narrow, making it difficult to breathe. Sudden narrowing produces an attack.

Asthma sufferers have almost continuously inflamed airways and are therefore particularly sensitive to a variety of triggers or irritants. These include:

- viral infections (especially colds);
- allergies (e.g. grass pollen, furry or feathery animals);
- exercise;
- cold weather, strong winds or sudden changes in temperature;
- excitement or prolonged laughing;
- numerous fumes e.g. from glue, paint, tobacco smoke.

We are aware that psychological stress may sometimes make symptoms worse.

How are children affected?

We are aware that children with asthma may have episodes of breathlessness and coughing during which wheezing or whistling noises can be heard coming from the chest. They feel a "tightness" inside their chest, which can be frightening and may cause them great difficulty in breathing. We understand that different children have different levels of asthma and, therefore, may react differently.

Precautions to help prevention of asthma attacks in school

We believe in the principle of "prevention rather than cure". So, in school:

- we operate a no-smoking policy;
- we think carefully before allowing furry pets into classrooms;
- we have warm-up sessions at the beginning of PE and Games lessons;
- we are aware of the dangers of glues, spirit pens etc. and of the need for correct use and ventilation.

Treatment for asthma in school

We understand that treatment takes two forms: relievers and preventers - the former taken when needed and the latter taken regularly as a prevention. We are also aware that relievers need to be taken promptly.

We expect that all children needing reliever inhalers will have two on school premises. These are kept in a labelled container in the classroom stock cupboard or classroom or will be found with the child themselves. These containers are then convenient for trips or lessons held outside. We also have an inhaler 'grab bag' that is kept on a high shelf in the corridor. This is taken outside by duty staff at break and lunchtimes thus ensuring pupils have immediate access to their medication if required. All inhalers must be clearly labelled with the child's full name and date of birth.

We also undertake to inform parents/guardians if we believe a child is having problems taking their medication correctly. We will also discuss with parents/guardians if we feel that there are signs of poorly controlled asthma.

Parent/Guardian responsibilities

It is the responsibility of the parent(s) to:

- inform us if a child suffers from or develops asthma;
- ensure that the child is provided with appropriate medication and correct dosage, to notify us of this medication and the appropriate action for its use;
- ensure that there is sufficient medication in the inhaler(s) and that they are not being used beyond their shelf life;
- notify us of any change in medication or condition;
- inform us if sleepless nights have occurred because of asthma;
- take inhalers/spacers/nebulisers home regularly for cleaning and checking, especially inhalers that use powder capsules.
- Inhalers, if in date, stay in school. Parents are informed one month prior to the inhaler being out of date so that a new one can be brought into school and the out of date one can be returned home.
- All inhalers are returned to parents at the end of year 6 or if a child leaves the school.

Procedure in the event of an asthma attack in school

We expect that older children will be aware of what to do in the event of a threatened attack. However, we adhere to the following guidelines with all children:

- we will endeavour to remove the child from the source of the problem, if known;
- we will ensure that the child's reliever medicine is taken promptly and a second dose taken if necessary;
- we stay calm, reassure the child and listen carefully to what the child is saying;
- it may be comforting to hold the child's hand but we try not to put an arm round their shoulders as this is restrictive;
- we help the child to breathe by encouraging slow and deep breaths;
- we encourage others around to carry on with their normal activities;
- we encourage the child to sit upright and lean slightly forward - hands on knees sometimes helps; we do not allow the child to lie down;
- we loosen tight clothing, offer a drink of water and open windows or doors to give a supply of fresh air;
- we encourage a return to gentle activity when the child is recovered.

We will call for an ambulance if:

- the reliever has no effect after five to ten minutes;
- the child is either distressed, unable to talk or very pale;
- the child is getting exhausted;
- the condition is deteriorating;
- we have any doubts at all about the child's condition.

At this point we will also notify the parent or guardian. We will repeat doses of reliever as needed while awaiting help, being aware of the possibility of overdosing.

Asthma and Sport in school

Full participation in all sport for all asthma sufferers is our aim, unless the pupil is a very severe sufferer and we are notified as such by the parents/guardians.

We bear the following in mind when planning sports lessons, with asthma sufferers in mind:

- if a child has exercise induced asthma, they may take a dose of medication before exercise;
- inhalers need to be speedily available when the child is out of the school building;
- any child complaining of being too wheezy to continue in sport, will be allowed to take reliever medication and to rest until they feel better;
- we aim to ensure a warm-up period before full exercise;
- we realise that we can help to identify undiagnosed asthma by spotting children who cough or wheeze a lot after exercising;
- we realise that long spells of exercise are more likely to induce asthma than short bursts and that exercise with arms or legs alone is less likely to trigger an attack than exercise using both.

Some implications of implementing our Policy

We are aware that, if medication is to be readily available in classrooms, there is always the possibility of another child, perhaps a non-sufferer, taking a dose. Since the medication simply

dilates the airways, we understand this would not be harmful, though we would discourage the practice.

Agreed by Governors/implementation: 20th May 2014

Date of Next Review: May 2016

Reviewed by staff: September 2016

Agreed by Governors: