



Asthma Policy

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Asthma Policy

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1 Background

This policy has been written with advice from the Department for Education, Asthma UK, the Local Education Authority, local healthcare professionals and the Governing Body.

2 Aims and Objectives

Brookside Primary School

- Recognises that Asthma is a widespread, serious but controllable condition and the school welcomes pupils with Asthma
- Aims to ensure that all children with Asthma are given the opportunity to participate fully in all aspects of school life, including Physical Education (PE), Science, educational visits, outings, field trips and extracurricular activities. This is in line with our Special Educational Needs and our Equality, Diversity and Inclusion Policies.

3 What is Asthma?

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

3.1 Asthma Triggers

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

- Viral infections (especially cold)
- Allergies (e.g. grass, pollen, furry or feathery animals)
- Exercise or physical activity
- Cold weather, strong winds or sudden changes in temperature
- Excitement or prolonged laughing
- Numerous fumes (e.g. glue, paint, tobacco smoke)

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

4 How are Children Affected?

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.

5 The Treatment of Asthma in School

The treatment of Asthma is by the use of reliever (blue) inhalers and preventer (usually brown, red or orange) inhalers – the former is taken when needed and the latter regularly as a prevention. Reliever (blue) inhalers need to be taken promptly.

Reliever (Blue) Inhaler

All children should have a reliever (blue) inhaler in school and when used as prescribed, it should give relief to the child within approximately five minutes by opening the airways.

Preventative (Usually Brown, Red or Orange) Inhaler

Preventative (usually brown, red or orange) inhalers are for use at home. They should not be used during an Asthma attack and are therefore not needed in school.

All inhalers have an expiry date and any that are kept in school must have an expiry date beyond the end of the school year.

Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.

6 Access to Inhalers

- All staff must know where inhalers are kept
- Inhalers should be kept in clearly named zipper bags in the child's classroom
- It is important that all children with Asthma keep a labelled reliever (blue) inhaler and a spacer device, if needed, in school and have access to it at all times

- It is important that staff check that all children with Asthma have their reliever (blue) inhaler with them whenever they leave the school site

We are aware that, if inhalers are 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, although we would, of course, discourage the practice.

7 Roles and Responsibilities

7.1 Brookside Primary School

- Will keep records of children with Asthma and their medication requirements
- Recognises that immediate access to inhalers for the relief of Asthma is vital
- Will ensure that all members of staff know what to do in the event of a child having an Asthma attack
- Will ensure that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with Asthma
- Will be sensitive to the feelings of some Asthma sufferers, who feel awkward about their condition and about taking medication
- Will ensure that all pupils are aware of Asthma so that they can support their friends; and so that sufferers can avoid the stigma sometimes attached to this condition
- We undertake to inform Parents / Carers if we believe a child is having problems taking their medication correctly. We will also discuss with Parents / Carers if we feel that there are signs of poorly controlled Asthma or if inhalers are being used excessively
- Will work in partnership with all school staff, parents / carers, Governors, doctors and nurses to ensure that the Asthma Policy is implemented and reviewed regularly to ensure that it meets the needs of those with Asthma

7.2 Parents / Carers

We work in partnership with Parents / Carers and ask that they:

- Inform us if a child suffers from or develops Asthma

- Notify us of required medication and the appropriate action for its use
- Ensure that the child is provided with appropriate medication which is well in date (for inhalers, the expiry date should be beyond the school year)
- Notify us of any change in medication or condition
- Notify us of any specific triggers (as described in Section 3.1 above) so that these can be avoided or managed correctly
- Inform us if sleepless nights have occurred because of Asthma
- Take inhalers / spacers / nebulisers home regularly for cleaning and checking
- Are responsible for renewing out of date and empty inhalers

We request that Parents / Carers of children who need to use an inhaler regularly in school should obtain a second one from their doctor so that one may be left at school.

7.3 Staff

All school staff:

- Should receive advice and training in Asthma care from the school nurse when required
- Should be aware of the children with Asthma in their class and how they are affected
- Should be aware of where inhalers are kept and have easy access to them

8 Asthma and Sport in School

Full participation in all sport for all pupils with Asthma is our aim, unless the pupil is a very severe sufferer and we are notified as such by the Parents / Carers.

We bear the following in mind when planning sports lessons, with pupils with Asthma 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 (blue) inhaler 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

9 Equality, Diversity and Inclusion

At Brookside School, we aim to ensure that no member of the school community experiences harassment, less favourable treatment or discrimination within the learning environment because of their age; any disability they may have; their ethnicity, colour or national origin; their gender; their religion or beliefs.

We value the diversity of individuals within our school and do not discriminate against anyone because of 'differences'. We believe that all our children matter and we value their families too. We give our children every opportunity to achieve their best by taking account of our children's range of life experiences when devising and implementing school policies and procedures.

10 Policy Review

This policy will be regularly reviewed by the Governing Body and updated in line with Policy Schedule set out by Equals Trust.

11 Appendix 1 – Action Plan for an Asthma Attack

11.1 Signs and Symptoms

- Difficulty breathing
- Wheezing (whistling noise from chest)
- Difficulty speaking
- Distress and anxiety
- Blueness of lips and skin
- Coughing

11.2 Treatment and Action

- Keep calm and do not panic
- Endeavour to remove the child from the source of the problem, if known
- Administer the reliever (blue) inhaler immediately to open up the airways
- During an attack, give one puff of the reliever (blue) inhaler every minute for five minutes or until symptoms improve
- Help the child to stay calm and encourage them to breathe deeply and slowly
- Make sure that the child is sitting upright or leaning slightly forward – hands on knees sometimes helps; do not allow the child to lie down
- 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
- Loosen tight clothing, offer a drink of water and open windows or doors to give a supply of fresh air
- Encourage others around to carry on with their normal activities

11.3 Emergency Situations

CALL 999 IMMEDIATELY, IF:

- The reliever (blue) inhaler has no effect after 5-10 minutes
- The child looks blue or very pale
- The child is either distressed or unable to talk
- The condition is deteriorating
- The child collapses / loses consciousness
- You have any concerns or doubts about the child's condition

11.4 Following an Asthma Attack

As soon as the child feels better, they can resume normal activities.

Parents / Carers must be informed when a child has had an Asthma attack.