

## Policy for Asthma

### **INTRODUCTION**

Asthma, which is sometimes described as wheezing or wheezy bronchitis, particularly affects children. It causes the airways in the lungs to narrow, making it difficult to breathe. Sudden narrowing produces what is usually called an attack of asthma. Lesser or more persistent narrowing leads to less dramatic symptoms.

Although one in ten children in the UK have asthma, most children can expect to lead a normal life if medicines are taken properly and used regularly. Periodically, however, some children may experience attacks of asthma.

It is important that each teacher can respond positively to these questions:

1. Do you know which, if any, pupils have asthma in the classes that you teach?
2. Are you aware of the situations that can lead to an asthma attack?
3. Would you know what to do if this happened in one of your lessons?

### **IDENTIFICATION OF PUPILS WITH ASTHMA**

All parents have the opportunity to inform the school as to whether or not their child has asthma and will be required to complete **School Asthma Card and Plan** appendix 1 and appendix 2. Details of treatment and clear guidance on correct use of medication will be kept in the classroom alongside the inhalers.

### **MONITORING OF ADMINISTRATION OF INHALER**

To keep parents fully informed, if their child uses their inhaler over and above what has been specified in their plan, parents will be notified.

### **ACCESS TO INHALERS**

All children who need to have access to asthma medication should be encouraged to keep their inhaler/s with them so that it is accessible at all times, some pupils keep them in the medicines cabinet in the office and access them as needed.

Teachers should ensure that pupils have access to reliever inhalers at the swimming pool and on school trips.

### **EMERGENCY INHALERS**

The school has obtained two salbutamol inhalers to be kept in the medicines cabinet for emergency use if necessary. These emergency inhalers should only be used by children for whom written parental consent has been given, who have either been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as reliever medication.

After use, the inhaler will be cleaned in accordance with guidelines as follows:

The inhaler canister should be removed and the plastic inhaler housing and cap should be washed in warm running water and left to dry in a clean safe place.

## **IMPORTANT**

In order for pupils to have use of the emergency inhaler parental consent will be necessary and therefore the consent section on the asthma card will be required to be completed, signed and returned to school to be kept with the asthma register.

A text will be sent to inform parents of a pupil needing to use the emergency inhaler.

## **CURRICULUM SITUATIONS WHICH MAY LEAD TO AN ASTHMA ATTACK**

### **Physical Education**

Exercise is a common trigger for an asthma attack but this should not be the reason for children not to participate in PE or games. Prolonged spells of exercise are more likely than short spells to induce asthma attacks.

Teachers of PE should be particularly aware of pupils with asthma when working outside on cold, dry days or when there are strong winds.

Asthmatic pupils are commonly allergic to grass pollen so this should be considered, especially during the summer months.

Swimming is a good form of exercise for asthmatic pupils, who are unlikely to suffer an attack unless the water is very cold or heavily chlorinated.

Teachers should beware of competitive situations when pupils with asthma may over exert themselves.

### **Technology**

Teachers should be particularly aware of asthma sufferers during activities producing dust and fumes, e.g. glue, paint, varnish.

In food technology / home economics, allergic reactions to foods such as milk and eggs are possible, but rare.

### **Science**

Particular care needs to be taken in the production of irritant gases and when burning materials.

The issues relating to exercise apply in situations such as investigating the effect of exercise on pulse rate, measuring the power output of the body etc.

During field trips in science and other subjects, grass and other pollen can present difficulties for asthmatic pupils.

IF YOU HAVE AN ASTHMATIC CHILD IN YOUR CLASS, YOU MUST MONITOR AND **INFORM AL** IF YOU HAVE ANY CONCERNS SO THAT SHE CAN INFORM PARENTS

## **THE ASTHMA ATTACK - WHAT TO DO**

A pupil having an asthma attack will normally respond well and quickly to their reliever treatment.

However, severe attacks of asthma need urgent medical attention. In rare cases, asthma can prove fatal and so it must never be underestimated.

**All school staff need to know how to help in an attack and what to do in an emergency.**

## **HOW TO DEAL WITH A SEVERE ATTACK**

1. Help pupil to sit upright, leaning on a table or chair if necessary
2. Help pupil to use their reliever inhaler. This can be repeated every few minutes if the attack does not ease. Do not worry about overdosing.
3. Be calm and reassure child to take their mind off the attack.
4. If the attack is prolonged – **AFTER 5 mins**, severe, appears to be getting worse, or if the pupil is becoming exhausted:

**CALL 999/112 for EMERGENCY HELP**

5. Inform parents
6. Do not take the child outside for fresh air – cold winter air can make an attack worse.
7. Keep the child upright – even if they become too weak to sit up on their own. Only lay down if they become deeply unconscious

Further information available at: <https://www.asthma.org.uk/advice/understanding-asthma>  
<https://www.asthma.org.uk/advice/child/life/school>

Reviewed Feb 23 AL/KC

**Asthma Policy**

All staff please read and sign below: