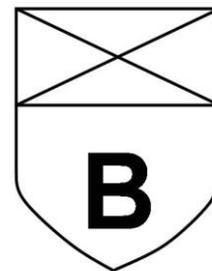


Policy

Bradfield CE Primary School



Asthma

Statement of Intent

Bradfield CE Primary School welcomes children with asthma and will try to create a safe environment for them. Children with asthma are encouraged to take responsibility for the management of their condition and to join in all aspects of school life. The school staff will offer support and understanding.

Causes of Asthma Attacks

People with asthma have airways that narrow as a reaction to various triggers. Triggers vary between individuals but common ones include viral infections, cold air, pollen, animal fur and house dust mites. Exercise and stress can also provoke asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and asthma symptoms appear, such as a cough, wheezing, a tight chest and shortness of breath. Symptoms can be eased by treatment (usually a reliever inhaler).

Medication and Inhalers:

Relievers (sometimes called bronchodilators) quickly open up narrowed airways and generally come in **BLUE** containers. This is the inhaler that children need to use immediately when asthma symptoms appear. In the event of a severe asthma attack relievers can be given in higher doses using a metered dose aerosol inhaler and larger volume spacer.

Preventers make the airway less sensitive to asthma triggers. Preventer inhalers usually come in **BROWN** containers (some containers are also white, orange, red or grey and white). Children with asthma may take regular, twice daily, preventative treatment at **home**. Occasionally children are prescribed extra doses to be taken during the day such as on long outings or when the asthma has become troublesome.

Spacers make inhalers easier to use and more effective. They allow more of the medication to be breathed straight down into the lungs.

School Arrangements for Pupils with Asthma

1.0 School Environment

- The school has a “No Smoking “Policy.
- Cleaning of the school is undertaken out of school hours.
- Staff are aware that various irritants might trigger an asthma attack; such as grass pollen, animals, certain foods, exposure to high winds, fumes from glue or paint, exercise, laughter or stress.

2.0 Inhalers

- Generally speaking older children should take responsibility for their own inhalers. They should keep them in their classroom at all times. However for younger children, the inhaler will be stored in the low cupboard in the office in a clearly labelled (by class) container, and the child will be supervised whilst using the inhaler. Inhalers should be clearly marked with the child's name.
- Children will have access to their relief inhaler at all times, access must never be restricted.
- Staff must ensure that children's inhalers (and spacers) are taken on all school trips and off site activities.

3.0 Practical Help and Training:

- The school nurse will give training to the staff at regular intervals. Written instructions of what to do in the event of an asthma attack are displayed in the staffroom and the medical room.

4.0 Physical Activity:

- All children will be encouraged to participate in the whole variety of physical activity available in school. The need to use inhalers and the requirement to rest will be dealt with sensitively and sensibly by staff. Staff will ensure that those children who need to do so take their appropriate inhaler before and after exercise. (See medical information in each classroom). Inhaler class containers will be taken outside during outdoors PE lessons.

5.0 Asthma Awareness in School:

- School staff are well placed to make observations that may help in recognising asthma and in monitoring its severity. They should be aware that there are three principal symptoms or any combination of them, which are:
 - wheezing;
 - breathlessness;
 - coughing.
- If staff note symptoms that suggest that a child might have asthma they will inform the parents of what they have observed. *It is not the responsibility of school staff to diagnose.* If any difficulties arise the school nurse should be consulted.
- If an asthmatic child is seen to have an increase in symptoms or use the blue inhaler more frequently parents will be informed.

6.0 Documentation:

- When parents tell the school that their child has asthma they will be given forms asking for the following information: Details of medication to be used in school.
- Contact telephone numbers for use in an emergency.
- Name and telephone number of their child's GP.
- Completion of a consent form for emergency treatment.
- The letter will ask the parents to ensure that the inhalers are clearly marked with dosage and the child's name. It will also ask the parents to let the class teacher know if there is any change in their child's condition or treatment.
- A record will be kept in school of all children with asthma.

Records will also be kept of:

- Any emergency treatment that is given in school.
- When parents, or a GP are informed of a worsening of a child's asthma in school a record of this should be signed and kept.

7.0 In conclusion:

- All the children at the school will be encouraged to understand the needs of fellow pupils with asthma. In school we will work in partnership with the children, the school staff, parents, school governors and health professionals, to make sure this policy works.

APPENDIX

Dealing with an Asthma Attack

Asthma varies from child to child so it is impossible to make rules that suit everyone, but the following guidelines should be helpful.

Mild-Moderate Attack:

A child feels breathless, you may be able to hear a wheeze or cough. They look quite well and can speak normally.

Response:

- Make sure that the usual dose of reliever inhaler (blue) is used. You can repeat this if necessary.
You should stay calm and reassure the child. Listen carefully to what the child is saying. Do not put your arm around the child's shoulders, this is restrictive.
- Encourage the child to breathe slowly and deeply and to sit upright. (Lying flat is not recommended). Loosen tight clothing around the neck and offer the child a drink of water.
- This response should produce an improvement in about 15 minutes.
- Minor attacks should not interrupt a child's involvement in school activities as soon as they feel better.
- If a child has frequent attacks the information should be recorded and the parents informed.
- If you are unsure what to do phone either the parents or the child's GP for advice.

Severe Attack:

Some children become ill very quickly and action must not be delayed. Emergency treatment will be needed if:

- The reliever has no effect after 5 to 10 minutes
- The child is either distressed or unable to talk because of difficulty in breathing
- The child is getting exhausted
- The child has a blue tinge around their lips
- If you have any doubts at all about the child's condition, (having checked that there is no other reason for the symptoms such as peanuts allergy, bee sting)

You Will Need To Take The Following Action:

- **Ask another member of staff for help**
- **Dial 999 for an ambulance, state that the child is having a severe asthma attack requiring immediate attention**

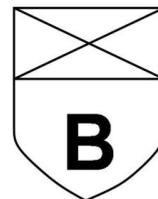
Whilst waiting for the ambulance:

Make sure that a member of staff is with the child all the time

- Make sure that the child continues to take their reliever inhaler every few minutes until help arrives;
- Contact the child's parents/guardians to inform them of the situation and the action being taken.
- If you are concerned about your ability to help the child while waiting for the ambulance to arrive you should contact the nearest GP and request immediate assistance or advice.

Please note: The child will not overdose on the reliever medication, it is extremely safe.

Parent letter



Dear Parent / Carer

The Governors have put in place a policy for the management of asthma in Bradfield Primary School. This policy is based on the recommendations of the National Asthma Campaign, The Department for Employment and Education, the Local Authority and the School Health Service. We would be grateful if you would fill in the two forms overleaf and return them to the school as soon as possible. You might need to ask your child's GP or the Practice Nurse to help with this. These forms will be kept in school as a record of your child's asthma treatment. Please let us know if your child's regular treatment is changed at any time. It is important that you tell us so that our records can be updated.

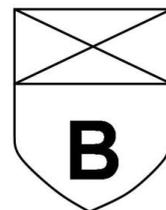
If your child is likely to need asthma treatment while at school, please ensure that your child has their inhaler at school at all times, including school trips. The inhaler must be clearly marked with their name and its expiry date. Your child will be allowed to keep the inhaler on their person at all times while at school (***in the case of younger children the inhaler will be stored in the school office***).

Poorly controlled asthma can interfere with a child's school performance. Please let your child's class teacher know if your child's asthma is more troublesome than usual, especially if their sleep is being disturbed.

Should you have any problems regarding this letter or the forms, please get in touch with the office, who will be able to help you or to put you in touch with the School Nurse.

Yours sincerely

Jenny Slade-Nowell



Emergency Treatment Consent Form

I am the parent/guardian of

I understand that I am responsible for ensuring that my child is provided with their asthma medication in school.

I consent to the school calling an ambulance should my child have a severe asthma attack and does not respond to the usual dose of reliever inhaler after the recommended five to ten minutes. I understand that I will be informed of the situation and the action taken by the school as soon as possible.

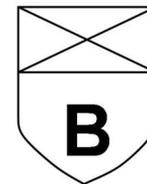
I understand that I shall be informed if my child's asthma appears to be deteriorating in school, so that I can inform the GP or Practice Nurse.

Signed:.....parent/guardian

Name: (printed).....

Date:.....

Asthma Medication Form



Name of Child:

Date of Birth:

Please state which inhalers/medicines are likely to be needed in school and the likely indications for use. (Such as: Relievers, before Games/going out in the cold. Preventers: child needing to use certain number of times a day)

Inhaler/ Medicine:
.....
.....

Likely reasons for use:
.....
.....

Has your child got a self-management plan? Yes/No

Please give **TWO** contact numbers in the case of an emergency:

Name:..... Tel.No.

Name:Tel.No.

Name of GP:Tel.No.

GP Practice Asthma Nurse: Tel.No.

Signed:parent/guardian

Name (printed)

Date: