Our Lady of Lourdes Catholic Primary School

ASSISI CATHOLIC TRUST 'Start doing what's necessary then do what's possible and suddenly you are doing the impossible'

Asthma Policy			
Date	**Review Date**	**Coordinator**	**Nominated governor**
January 2019	January 2021	James Green	

Mission statement

Loving like Mary
Serving like Mary
Learning like Mary
Believing like Mary

Policy Statement

We recognise that asthma is a condition affecting many children; we encourage and support children with asthma to participate fully in all aspects of school life.

Aims and Objectives

- To recognise that immediate access to reliever inhalers is vital.
- To ensure the school keeps records of pupils with asthma and the medication they take.
- To ensure the school environment is favourable to pupils with asthma.
- To ensure staff have an understanding of what to do in the event of a pupil having an asthma attack.
- To work in partnership with pupils, parents, health professionals, governors and school staff to ensure the successful implementation of a school asthma policy.
- To ensure that all pupils understand asthma so they can support their friends; and so that pupils with asthma can avoid the stigma sometimes attached to this chronic condition.

What is asthma?

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.

People with asthma have airways which are almost continuously inflamed (red and swollen) and are therefore very sensitive to a variety of common stimuli. It is not an infectious, nervous or psychological condition, although stress may sometimes make symptoms worse.

Asthma is not an emotional illness, it is a physical condition. Doctors often use the words *mild*, *moderate* and *severe* to describe asthma.

Mild: Coughs and wheezes but plays happily and feeds well; sleep undisturbed by symptoms.

Moderate: Waking at night, can't run around or play without coughing or wheezing.

Severe: Too restless to sleep, unwilling to play at all, too breathless to talk or feed, lips going blue.

Asthma Treatment

There are two kinds of asthma inhalers: *relievers* and *preventers*.

Preventers: These include steroid inhalers and are taken daily to make the airways less sensitive to triggers such as cigarette smoke, cold air and pollen. They must be taken regularly even if the child seems well and are usually taken at home. They take about 7 days to become effective. Other preventative medication taken at home may be taken in the form of tablets or granules. Once the symptoms are under control, doctors may possibly suggest reducing the treatment to a lower level.

Relievers: These medicines, sometimes called Bronchodilators, quickly open up the narrowed airways and help the child's breathing difficulties. Generally speaking relievers are blue in colour (although the slow acting, long lasting relievers are green and there is a combination inhaler which is white). Reliever inhalers are crucial for the successful management of asthma. Delay in taking reliever treatment, even for a few minutes, can lead to a severe attack and in rare cases has proved fatal.

Currently, the best way of taking asthma medicines is to inhale them. Children need to use their inhalers properly to ensure that their correct dosage of medication reaches their lungs.

Some young children and those with co-ordination problems need to use a large plastic chamber called a spacer into which the aerosol spray is released. Spacers should be available for all children. This ensures the medicine reaches the lungs rather than landing on the throat or in the mouth. A few children with the most severe asthma may use an electrically powered device called a nebuliser to help them inhale asthma medicines effectively; however taking medication through a spacer is as effective as a nebuliser in all but the most severe asthma attacks.

Modern asthma medicines are remarkably safe. They are almost impossible to overdose on and have hardly any side effects. It's always better to give the drug than risk the child's condition worsening and him or her being rushed to hospital.

If another child gets hold of an inhaler and uses it, it will not cause any damage to that child.

	Trade name	General name	A	B
Preventers	Clenil/qvar	beclomethasone	*	
	Pulmicort		*	
	Flixotide	budesonide	*	
	Seretide	fluticasone	*	
	Singulair	Combination inhaler	*	
		montelukast	*	
				*
Relievers	Atrovent	ipratropium bromide	*	
(Bronchodilators)	Bricanyl	terbutaline	*	
	Ventolin	salbutamol	*	
Longer acting	Serevent	salmeterol		*
relievers				*
			*	

A = Aerosol, puffer or dry powder inhaler
B = Tablet and/or syrup

This is not a comprehensive list of asthma treatments and is not meant to replace instructions from the parent or doctor. Doses are not shown because they vary from one child to another.

Children with asthma may need to take their medicine during school hours and school staff can help by making sure it is taken correctly. If treatment is not taken properly and regularly, severe asthma may develop and the child may have to be sent home or even to hospital.

Asthma and the School Environment

Inflamed airways are quick to react to certain triggers (irritants) that do not affect other children without asthma. Asthma triggers vary from child to child; most children will be affected by several. Common triggers include:

- Viral infections (especially common colds)
- Allergies (for example grass pollen and house-dust mites)
- Exercise
- Cold weather, strong winds or sudden changes in temperature
- Excitement or prolonged laughing
- Numerous fumes such as glue, paint and tobacco smoke
- Chemicals e.g. cleaning fluids

Common allergies

- House-dust mites which live in soft furnishings and beds. School cushions need to be washed in temperatures of 60° to kill the dust mites (they need to be washed/cleaned regularly). Curtains should be vacuumed regularly.
- Furry or feathery animals. If an animal is being brought into the classroom, parents of asthmatic children should be notified so they can take any necessary actions.
- Grass pollen. Grass pollen can cause severe attacks from late May to the end of July. Grass pollens are highest on hot, sunny days. Most pollen is released from the grass in the morning and rises into the air with the heat of the day.
- In rare cases, foods such as milk and eggs can trigger an attack.

We can support asthmatic children by:

- avoiding grass that has been freshly cut;
- avoiding areas of long grass;
- keeping windows closed, especially mid-morning and late afternoon;
- by allowing them to wear dark glasses when necessary;
- keeping windows near them shut on journeys such as school trips;
- contacting parents if you feel a child is suffering from hayfever/or you feel they are not taking treatments such as antihistamines;
- covering cushions in school with ‘allergy free’ covers.

It can be very difficult to avoid pollen at some times of the year. Children should not be stopped from playing outside, but playing in long grass, or outside when the pollen count is high, could cause problems. This might mean the child has to increase the dose of preventer during the pollen seasons.

Exercise and asthma

Exercise is a common trigger and when the symptoms of asthma (coughing, wheezing, chest tightness or breathlessness) follow exercise this is either called exercise-induced asthma, or exercise asthma.

<u>Total normal activity</u> should be the goal for all but those with the most severe asthma.

Nearly all children with asthma become wheezy during exercise. After a 5-minute run a child can get a severe attack of wheezing and coughing which can last half an hour or more if it is not treated.

One important cause seems to be the temperature and the moisture content of the air. Breathing large amounts of cold or dry air can trigger exercise induced asthma, whereas warm, moist air is less likely to cause problems.

The type of sport and the weather conditions are often critical:

- Wheezing due to asthma is usually worse on cold, dry days than when the air is moist and warm.
- Prolonged spells of exercise are more likely to induce asthma than short bursts.
- Exercising with the arms or legs alone is less likely to trigger an attack than exercise using both.

Swimming is an excellent form of exercise for children with asthma and seldom provokes an attack unless the water is very cold or heavily chlorinated.

Preventing the symptoms

- Several 30-second sprints over five to ten minutes before vigorous games may protect the lungs for an hour or so.
- Taking medication a few minutes before exercise can reduce symptoms. Two puffs from a reliever inhaler before exercising (normally the reliever inhaler is only used when asthma symptoms appear). If this does not prevent the coughing and wheezing, then the reliever inhaler may be used again.
- It is important that teachers encourage children with asthma to take part in sport, to take their medication beforehand and to keep it with them during the class.
- Children should be given adequate time to properly execute warm up exercises, prior to starting a particular activity. Children who are forced into inactivity may become psychologically and socially isolated and a child who is physically fit is probably better able to cope with an asthma attack.
- Children who have lost confidence in their ability to participate should be encouraged to take part in active sports. It may help them to know that people with asthma do succeed in competitive careers.

No child should be forced to continue games if they say that they are too wheezy to continue.

How can we ensure that all children understand asthma?

All children and staff are aware that inhalers are kept centrally in a labelled container in the classroom.

When possible, asthma is discussed as part of the children's learning about keeping healthy each year. Office staff and Learning Support Assistants are available to support the children when necessary.

What to do in the event of a child having an asthma attack

Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry out the correct emergency treatment. Some children in our school community have specific IHCPs for their asthma. Asthma varies from child to child and it is impossible to give rules that suit everyone; however, the following guidelines may be helpful.

1. **Ensure the reliever medicine is taken promptly and properly** – 2 puffs of their reliever inhaler should quickly open up narrowed air passages; try to make sure it is inhaled correctly. Preventer medicine is of no use during an attack; it should be used only if the child is due to take it.

2. **Stay calm and reassure the child** - attacks can be frightening, so stay calm and do things quietly and efficiently. Listen carefully to what the child is saying and what he or she wants; the child has probably been through it before. Try tactfully to take the child's mind off the attack. It is very comforting to have a hand to hold, but don't put your arm around the child's shoulder as this can be very restrictive. Let them sit down in the most comfortable position for them.

3. **Help the child to breathe** - In an attack people tend to take quick and shallow breaths, so encourage the child to breathe slowly and deeply. Most people with asthma find it easier to sit fairly upright or leaning forwards slightly. They may want to rest their hands on their knees to support the chest. Leaning forwards on a cushion can be restful, but make sure the child's stomach is not squashed up into the chest. Lying flat on the back is not recommended.

In addition to these three steps, loosen tight clothing around the neck and offer the child a drink of warm water because the mouth becomes very dry with rapid breathing.

If the child continues to cough, wheeze or be breathless after 2 minutes - give 2 more puffs blue inhaler.

If the child continues to cough, wheeze or be breathless after another 2 minutes contact the parents and give 2 more puffs blue inhaler.

Call an ambulance urgently if:

- the reliever has no effect after 5-10 mins (the inhaler can be used at regular intervals during this time);
- the child is either distressed or unable to talk;
- the child's lips turn blue;
- the child is getting exhausted;
- the child's pulse rate is faster than 120 beats per minute;
- the child loses consciousness;
- you have any doubts at all about the child's condition.

After the attack

Minor attacks should not interrupt a child's concentration and involvement in school activities. Although parents of the child should be called after an asthma attack, as soon as the attack is over, encourage the child to continue with normal school activities.

It is important that children and staff are able to recognise if an attack is imminent.

- The child's lips may darken.
- If a child says, *"My chest is tight."*
- The child has been in contact with trigger factors.
- Coughing.

It is important to recognise the signs of poorly controlled asthma or initial signs of asthma.

- Repeated attacks of wheezing and coughing, usually with colds.
- A cough that won't go away or keeps coming back.
- Restless nights due to wheezing and/or coughing.

- Wheezing and/or coughing between colds, especially after exercise or excitement, or on exposure to cigarette smoke and allergic triggers such as dust, pets, pollens or feathers.

For many young children, a dry, irritating cough may be the only symptom of asthma, even though most people think that wheezing is the only asthma symptom. Healthy children do not cough.

At any point when an inhaler is given, the Medication Log must be completed. This is kept with the inhaler at all times.

When a child with asthma joins your class...

- Check they are included in the register of medical conditions on SIMS.
- Check the child's Permission to Administer form is completed and kept in the school office file. If any issues, contact the AHT.
- Check the child's inhaler is still in date (this information is held in the whole school drive under Inclusion>medical).
- Ask the parents about their child's asthma and current treatment.
- Reassure the child that you are there to help them if they are at all worried.
- Make sure the child is shown where the inhalers are kept.
- If the child has severe asthma it may be helpful for teachers to consult either the school nurse and doctor or the child's own GP.
- Allow the child easy access to their medication. Each class has a medication tray which must be easily accessible and brought to the office at break and lunch times.
- Let the school nurse know if a child is absent a lot with chest problems.
- Some children need a discreet reminder to take medication (especially before exercise); it is worth remembering that some children are shy of taking medication in front of others.
- Remember to take medication on school trips
- Ensure that medication is taken out during PE

Presented to staff and governors: **January 2019**

Review date: **January 2021**