

Rhws Primary School

Achievement for All * Llwddiant i Bawb

Asthma Policy

1. Background

A child's educational years are the greatest opportunities for investment in the next generation. For years schools and teachers have worked to ensure all children have an equal opportunity in their educational environment. Many issues remain within the sole remit of education. However, key areas which impact on a child's ability to get the most from school, such as health lie outside the remit of education.

The impact of many medical conditions on a child in the classroom can be significant. Some conditions can be severe and are rare such as epilepsy and diabetes. Others, particularly asthma, are common. Asthma UK (2009) states asthma is the most common long-term childhood medical condition, affecting 1.1 million children in the UK. One in 10 children has asthma.

2. Asthma in the Classroom

Asthma is a common condition, but its severity varies considerably. People can be affected to greater and lesser degrees. For any one individual the occurrence of the condition can be episodic. This means that children can be well for long periods of time and then have sudden acute, and at times severe relapses.

The major principle underlying the policy is immediate access for all children to reliever medication.

Therefore every asthmatic child should carry their own inhaler, wherever possible, both in school at Physical Education (PE) and on school trips. For Foundation Phase (and for some KS2 pupils) this is not practical.

There should therefore be a system in school that teachers, parents and children know about and to allow for safe and ready access. In Rhws Primary School we have a box stored on the teacher's desk where inhalers (clearly labelled with names) are kept. In the event of an inhaler being lost parents/carers are asked to bring in a spare which will have the child's name clearly marked.

3. Asthma Symptoms

Asthma is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air both in and out as you breath. The symptoms of asthma occur when the muscles around the airways tighten and the lining of the airway becomes inflamed and start to swell; this leads to a narrowing of the airways. The usual symptoms of asthma are:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children will express the feeling of tightness in the chest as a tummy ache.

The symptoms however are rapidly reversible with appropriate medication. Only when symptoms fail to be reversed medical attention must be sought (See Section 7 management of an acute asthma attack).

3.1 Types of Treatment

There are two types of treatment for asthma:

a) 'Relievers'

Every child with asthma should have access to a reliever in school. The reliever inhaler is commonly blue, but may come in different colours, and they come in different shapes and sizes. It is the parents' responsibility to provide the correct reliever inhaler. These treatments give immediate relief and are called bronchodilators because they cause the narrowed air passages to open up by relaxing the airway muscle. They do not however reduce the inflammation.

b) 'Preventers'

Preventers are a group of treatment that are designed to prevent the narrowing and inflammation of the airway passages. The ultimate objective is to reduce asthma attacks of any kind. These medicines should be taken regularly usually morning and evening. There is therefore no indication for them to come to school with the child. Even if they are taken during an attack, they will not have an immediate effect. **THIS POLICY REFERS ONLY TO RELIEVERS.**

The best way for people to take their asthma medication is to inhale them directly into the lungs. There are a variety of devices available and the asthma medication needs to be breathed in steadily and deeply. For young children and those with co-ordination problems, other devices are sometimes used. These devices are breath activated so that the device fires automatically when the child is breathing in. Some younger children use a spacer device to deliver their aerosol inhaler, this may be a volumatic or aerochamber. The aerosol is pressed into the spacer and the child breaths slowly and steadily for approximately 10 seconds. If the child is using an aerochamber and it whistles they are inhaling too quickly. Spacers are very useful for those who have difficulty co-ordinating their breathing and inhaler. The spacer device is also very useful in the case of an acute asthmatic attack. (See section 7 on managing an acute asthmatic attack)

Irrespective of the type of device, the medicine being delivered is a **reliever**.

All children who need their relievers should have them in school and readily available at all times. For all children in KS2, the child must carry their reliever inhaler with them at all times. The administration of the reliever to children should be on their own perception of whether or not they need it.

Some children may need more help and encouragement with taking their reliever. Inhalers should be kept in an easily accessible place where either child or teacher can reach it with the minimum of difficulty.

When a primary school child needs a dose of their reliever, it is recommended that this is noted in the ongoing class notes and the parent is informed. If a child is using their inhaler three or more times a week, the teacher should inform the parent/carer as the child's asthma care may need reviewing.

It remains the responsibility of the parent to seek medical attention and to liaise with the school on the frequency with which inhalers are taken.

4. The Physical Environment

Many environmental aspects can have a profound effect on a child's symptoms at anytime. The four key points for schools are:

a) Materials

The school should as far as possible avoid the use of art and science materials that are potential triggers for asthma.

b) Animal Fur and Hair

Some children can have marked acute and chronic symptoms if they are exposed to animals including, mice, rabbits, rats, guinea pigs, hamsters, gerbils, chinchillas and birds. Consideration should be given to the placement of school pets in the classroom, and special vigilance may be needed on trips to farms and zoos where children handle animals.

c) Grass Pollen

Grass pollens are common triggers in provoking an exacerbation of asthma. Consideration should be given to grass being cut in school time. Children may require extra vigilance.

d) Sport

Children with asthma should be encouraged to participate in sports however teachers need to be mindful that exercise may trigger asthma. Children should effectively warm up before exercise and cool down following exercise. Reliever inhalers should be taken in to P.E. lessons and when the children are playing outside sports the P.E teacher may hold them.

5. Access to Reliever Medication

1. Asthmatic children must have immediate access to reliever inhalers at all times. If the child does not carry their device (Foundation Phase and some KS2 pupils) it must be immediately accessible if required and school staff and teachers should know where the device is. In Rhws Primary this is in a box stored on the teacher's desk.

2. Children in KS2 should all carry their own devices where possible and self-administer their reliever medication. They should also have a reliever that is stored in a box somewhere accessible that all parties are aware of in case they forget to bring it to school (this would usually be in a box on the teacher's desk).
3. At the start of each school year a child should bring in a new reliever device and spacer clearly labelled with his/her name. It is the responsibility of the parent/carer to ensure that medication provided in school is in date. This device remains the property of the school for the school year. It can be returned to the child on the last day of the summer term.
4. In addition to the reliever device held by the school every child should have their own reliever that they keep with them.
5. All staff must know where the reliever devices are kept.

6. What to do if a Child has an Asthma Attack

If an asthmatic pupil in your class becomes breathless or wheezy or starts to cough:

1. Keep calm, it's treatable. If the treatment is given at an early stage the symptoms can be completely and immediately reversible.
2. Let the child sit in a position they find most comfortable. Many children find it most comfortable to sit forwards with their arms crossed on the table.
3. Ensure the child has 2 puffs of their usual reliever.

If the pupil has forgotten their reliever inhaler or their device is out of date or empty then:

- i) Give 2 puffs of the school reliever inhaler provided by the parents, preferably via their spacer or aerochamber.
- ii) **STAY WITH THE CHILD.** The reliever should work in 5 – 10 minutes
- iii) If the symptoms disappear, the pupil can return to the lesson as normal.
- iv) If symptoms have improved but not disappeared then:
 - * give 1 puff of the reliever inhaler every minute for 5 minutes
 - * stay with the child.

IF THE CHILD HAS WORSENEDED:

7. Management of a Severe Asthma Attack.

HOW TO RECOGNISE A SEVERE ATTACK

- The reliever has no effect after 5-10 minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts about the child's condition

STAY WITH THE CHILD

- 1) Call 999 or send someone else to call 999 immediately - Inform them the child is having a **SEVERE ASTHMA ATTACK AND REQUIRES IMMEDIATE ATTENTION.**
- 2) Using the child's reliever and spacer device give one puff into the spacer. Allow the child to breathe the medicine from the spacer. If the spacer device is an aerochamber and it whistles ask the child to breathe more

slowly and gently. After one minute give another puff and allow the child to breathe the medicine. Repeat at not more than one minute intervals until the ambulance arrives.

3) Contact the parents and inform them what has happened.

4) If you are concerned and need emergency advice ring the Accident and Emergency department

8. Special Areas for Concern

1. Many teachers are concerned that an unsupervised child with an inhaler may result in the medication being taken by the peer group. This does not pose a danger to the health of other children.

2. Many teachers are concerned that using the device of another child will leave them vulnerable to legal action or criticism. Teachers are reminded they have a duty of care to the children in school. Taking no action, or not using another device could be interpreted in a failure of that care.

3. Reliever inhalers and spacer devices should always be taken to swimming lessons, sports, cross country, team games and educational visits out of schools, and used according to need. Children with known exercise induced asthma will need to take their reliever immediately prior to exercise.

4. Self administration of the reliever is the usual and best practice. Any concerns about inappropriate use or abuse of the devices should be reported to the Head Teacher or the parents/guardian.

5. In an event of an uncertainty about a child's symptoms being due to asthma, TREAT AS FOR ASTHMA. This will not cause harm even if the final diagnosis turns out to be different.

9. Information to Parents and Guardians and Carers.

The school will need a Metered Dose Inhaler reliever and spacer prescribed by the child's GP to be kept in school. All parents of children entering the school will receive a routine questionnaire including information about asthma . All opportunities should be taken to promote the policy to parents so they can participate. The school prospectus, open days, etc. are all good opportunities.

10. Pupils with Special Educational Needs

It is possible that for any of the children who have asthma they may also have special requirements to ensure that they take their asthma medication appropriately and that they are appropriately treated in the event of an acute attack.

11. Care of the Spacer Devices

After use they should be washed in warm soapy water, and allowed to dry naturally in the air. The spacer device once dry they should be stored carefully.

