

ASTHMA POLICY



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HAYDON SCHOOL ASTHMA POLICY AND GUIDELINES

Aims

- A** To enable all pupils with asthma to participate fully in all school activities.
- B** To ensure that all staff are able to deal with a child who has an asthma attack.
- C** To enable all pupils to take responsibility for their own medication.
- D** To help all parents, pupils and staff to be well informed about asthma and to adopt a responsible attitude in its treatment.

1. What is asthma?

Asthma is a disorder of the lungs. Underlying sensitivity and inflammation causes air passages or bronchial tubes to become narrowed, making it difficult to breathe in and out. Sudden narrowing produces what is usually called an attack of asthma.

2. How does asthma affect children?

Children with asthma may develop episodes of attacks of breathlessness and coughing during which wheezing or whistling noises may be heard coming from the chest. Tightness felt inside the chest is sometimes frightening and may cause great difficulty in breathing.

Individual children are affected by their asthma in different ways. One child may have very occasional, brief and mild attacks, while another may be forced to stay off school, be unable to participate in games and need regular treatment every time they catch a cold.

3. What causes attack of asthma?

Asthma is a physical disorder of the lungs in which the air passages become sensitive to a variety of common stimuli. It is not an infectious disease. Nor is it a nervous or psychological disease, although strong emotions may lead to symptoms.

4. Collecting information on pupils with asthma

All parents of asthmatic pupils attending the school will be notified of the Asthma Policy and asked to respond should they require any further details.

All staff will be have access to the Asthma Policy.

A register will be kept of all pupils who suffer from asthma, this register will be kept in the Medical Room and copies displayed in the staff room and the PE office.

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5. Staff Awareness

The school has a responsibility to advise its entire staff on asthma management. Staff should share with their colleagues or in particular the Welfare Assistant any information or concern about a particular child's asthma. Posters detailing what to do in the case of an asthma attack will be displayed in the staffroom and changing rooms.

The leaflet 'Asthma at School - A guide for teachers' will be available for all staff as well as being given to all P.E. staff, Science Technicians, staff who run field trips and all First Aiders. A copy will be kept in the Staff Development Room and the Medical Room

The Asthma Policy will be included in the staff handbook.

6. Types of Inhalers**a) Preventive Inhalers**

These are usually brown in colour and contain steroids. They are taken regularly to reduce the sensitivity of the air passages so that attacks no longer occur or are only mild. Children will usually take this medication at home before coming to school and last thing at night. On rare occasions pupils may need a further dosage at lunchtime.

This type of inhaler does not help when the child is having an asthma attack.

b) Relief Inhalers

These are generally blue in colour and are used to relieve pupils when breathless, coughing or wheezing.

Pupils may also take these inhalers before exercise.

7. Use of Inhalers in School

Parents should send a spare inhaler to school. It should be clearly labelled with the pupil's name and kept in the Medical Room in case of emergencies. All pupils are encouraged to have their own-labelled inhaler with them at all times. They must also take the inhaler with them into the Gym, onto the sports field and on any school trip or journey.

8. The Asthma Attack - What To Do

If a pupil becomes breathless and wheezy or coughs continually:

- * Keep calm. It's treatable.
- * Let the pupil sit down in the position they find most comfortable. Do **NOT** make them lie down.
- * Encourage slow and deep breathing. Loosen any tight clothing.
- * Ensure that the reliever medicine (usually a blue inhaler) is taken promptly and properly.
- * Wait 5 - 10 minutes.
- * If the symptoms disappear, the pupil can go back to what they were doing.
- * If the symptoms have improved, but not completely disappeared, inform the Welfare Assistant. If she is not available contact a qualified First Aider and phone the parents. Give another dose of the relief inhaler while waiting for the parents to arrive.

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- * If the pupil's inhaler is not in school contact the Welfare Assistant who will contact the parents.

9. Signs of a Severe Asthma Attack

ANY of these signs mean severe.

- * Normal relief medication does not work.
- * The pupil is breathless enough to have difficulty in talking normally.
- * Blue tingeing around the mouth.
- * The pulse rate is 120 per minute or more.
- * Rapid breathing of 30 breaths per minute or more.

10. The Severe Asthma Attack - What to Do

- * Contact the Welfare Assistant if she/he is not available arranges for the pupil to be taken to the casualty department of the local hospital. (Warn them beforehand). An adult should accompany the pupil for reassurance.
- * Keep trying the relief inhaler every 5 - 10 minutes. Do NOT worry about possible overdosing.
- * Call the parents or emergency contact and tell them what has happened and arrange for the parents to meet you at the hospital.

USEFUL ADDRESSES**National Asthma Campaign:**

Asthma Helpline - staffed by nurses with additional asthma training.
For advice and information on asthma,

Ring 0345 010203 (Mon-Fri 1pm - 9pm)
All calls are charged at local rate.

For general information on living with Asthma

National Asthma Campaign
Providence House
Providence Place
London N1 0NT

For local advice:

Alison Summerfield
Hillingdon Children's Asthma Group
Hillingdon Hospital
Pield Heath Road
Hillingdon
Uxbridge
Middlesex UB8 3NN
Telephone 01895 279721

This document has been compiled from advice given by the National Asthma Campaign and the Headteachers Associations.

Document History

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