

Asthma

Introduction

What is Asthma?

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK.

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time.

However, in early years settings staff may not be able to rely on younger children being able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that early years and primary school staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for children with asthma when this happens. In Highfield Primary this is supported by working with parents/carers and regular training and support for staff. Parents/carers are requested to fill in a form if their child takes Inhaler and provide the school with Inhalers. If in future the child does not need the Inhaler parent should notify the school welfare and sign the form again.

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. Relievers (Blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. Whilst Preventers (brown, red, orange inhalers, sometimes tablets) which should be used out of school hours.

Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is a good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.

The signs of an asthma attack include:

- coughing
- being short of breath
- wheezy breathing
- feeling of tight chest
- being unusually quiet

When a child has an attack they should be treated according to their individual needs. If any concerns parent/carers should be called and in serious Asthma attack ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

For a child with **severe** asthma, the school requires two inhalers on the premises at all times; one will be kept safe but in easy access in the child's class and the other stored in the medical room.

It is important to agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken.

Any child that is diagnosed with Asthma and/or uses an inhaler at home **MUST** have access to an inhaler at school. It is the parents/carers responsibility to provide an inhaler for their child to access in school and work together with the school to provide this.

If medication for the child becomes lost then it is the parent's responsibility to go to the child's GP/Hospital and seek a replacement. The child will be asked to stay at home until the medication is replaced. The absence of this medication in school would present a serious Health & Safety risk to the child.

Use of emergency salbutamol inhaler

The school has an emergency salbutamol inhaler that will be kept in the medical room

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;
- AND for whom written parental consent for use of the emergency inhaler has been given.

This information will be recorded in a child's individual healthcare plan. A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler will still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life

The School:

- recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities
- recognises that pupils with asthma need immediate access to reliever inhalers at all times
- ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack

Immediate access to reliever medicines is essential. Highfield KS2 pupils with asthma are encouraged to carry their reliever Inhaler in KS2 School as soon as the parent/carers, doctor or asthma nurse and class teacher agree they are mature enough. The KS2 Inhalers will be with the child where it has been agreed as above or in the

welfare room The reliever inhalers of younger children – KS1 will be kept in their class rooms.

All inhalers must be labelled with the child's name & class by the parent/carer.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however, school staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

Record keeping

At the beginning of each school year or when a child joins the school, parents/carers must inform the school if their child has any medical conditions including asthma so that this information can be logged by the school. Parents/carers are asked to inform the school of any changes as necessary.