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Policy and protocol for Asthma

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Asthma

ASTHMA WHAT IS IT?

Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. Asthma symptoms include coughing, wheezing, a tight chest, and getting short of breath – but not every child will get all these symptoms. Children with asthma have airways that are almost always red and sensitive (inflamed). These airways can react badly when someone with asthma has a cold or other viral infection or comes into contact with an asthma trigger.

What is a trigger?

A trigger is anything that irritates the airways and causes the symptoms of asthma to appear. There are many asthma triggers. Common ones include colds, viral infections, house dust mites, pollen, cigarette smoke, furry or feathery pets, exercise, air pollution, laughter or stress. Everybody's asthma is different and everyone will have his or her own triggers. Most people have several. It is important that children with asthma get to know their own triggers and try to stay away from them or take precautions.

What happens to the airways?

When someone with asthma comes into contact with a trigger that affects their asthma, the airways do three things. The airway lining starts to swell, it secretes mucus, and the muscles that surround the airway get tighter. These three effects combine to make the tubes very narrow, which makes it hard to breathe in and out normally. When this happens asthma symptoms appear (cough, wheeze, a tight chest, and shortness of breath). This is called an asthma attack. It's at this point that the person with asthma will need to take a dose of their reliever medication.



Relievers.

These medicines, sometimes called bronchodilators, quickly open up the narrowed airways and help the child's breathing difficulties. Generally speaking, relievers come in blue containers. 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. A few children with severe asthma may use an electrically powered device called a nebuliser to deliver asthma medicines. If a child who does not have asthma "experiments" with another child's asthma medication, this will not be harmful. Relievers act simply to open up the airways and will not have an adverse effect on a child who does not have asthma.

Preventers.

These medicines are taken daily to make the airways less sensitive to the triggers. Generally speaking, preventers come in brown and sometimes white containers.

Policy Statement and Asthma Protocol

Federation of Trosnant Schools

- recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
- ensure that children with asthma participate fully in all aspects of school life including P.E.
- recognises that immediate access to relievers is vital
- keeps records of children with asthma and the medication they take
- ensures the school environment is favourable to children with asthma
- ensures that other children understand asthma
- ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack
- will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully.

How we will make the policy work.

In order for the policy to be successful it is necessary for everyone in the school to understand about asthma and how to deal with it. Training will be reinforced from time to time for support staff both in school based INSET and through Health Courses run by the Authority.

- New members of staff must be made aware of the policy.
- Copies of the policy to be freely available for all members of staff, governors and parents on the staff portal and on the school's website.

Federation of Trosnant Schools Asthma Protocol

1. The Headteacher will request notification from parents that their children have asthma (i.e. those children who have inhalers at home), using the schools "Medication Data Form" available from the school office.
2. Each child should have a supply of reliever medication in school labelled with the child's name, dose and expiration date. Dosage to be clearly specified on the medication form. It is the parent's responsibility that inhalers are sent to school and are replaced when they reach their expiry date.
3. All inhalers and spacers to be stored on a high shelf in the child's classroom in a labelled box with a list of medical needs for the class and an administration of Inhalers form to be completed every time a child uses their inhaler.

4. All supply teachers will be shown the box and made aware of the medical needs in the classroom on arrival.
5. Teachers and Sports coaches to be responsible to ensure inhalers are taken to PE lessons and returned to the classroom after the lesson
6. If a child reports that an inhaler is empty, parents must be informed **immediately by the office** and it is their responsibility to replace the inhaler as soon as possible.

7. **EMERGENCY TREATMENT**

If a child with asthma becomes wheezy or breathless:-

- **Keep calm**
- **Allow child to find comfortable position**
- **Do not lie them down**
- **Administer reliever inhaler.**
- **If child improves --- return to normal activities --- inform parents.**
- **If child improves but symptoms persist contact parents. Give Reliever regularly while waiting for them.**

WARNING SIGNS

- **If a child is too breathless or wheezy to talk.**
- **Lips going blue.**
- **Very distressed by wheezing or breathless.**

ACTION: In an emergency...

- Give stated dose of reliever into spacer device,
- Call ambulance,
- Inform parents.

7. If the child has required more medication than normal or has constant symptoms it is the teacher's responsibility to inform the office who will inform the parents.

8. **Inhalers should be made available for school trips.**