



Providing the keys to success for every child

Whole School Policy on:

Asthma (In-house Policy)

Head teacher: Mr M Cowell

Kent County Council

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1 Responsibility for Policy

The person responsible for this policy is: Miss D King (Health and Welfare Officer).

2 Introduction

Asthma is a physical condition that affects one in ten children. It is a common condition that is becoming more common. It can be so mild it is hardly noticeable, or it can come on suddenly and be so severe that the affected child may panic. Most cases are somewhere in between. Asthma is a 'self-help' condition, in which the affected child can do much to prevent attacks and when they do occur, they can usually be stopped fairly quickly.

3 Asthma – Background Information

An attack is caused by a sudden narrowing of the air passages, making it difficult to breathe. It causes symptoms of wheezing, shortness of breath and coughing. Sometimes the coughing is the main effect and it may not be realised that this is an asthma attack. During an attack, there is a feeling of tightness of the chest and the heart may be beating faster than usual. Asthma can be controlled by, firstly avoiding known triggers and secondly, by inhaling specific, prescribed drugs.

3.1 Triggers

There are many triggers to an asthma attack, including:

- Feathers, such as found in pillows
- Pets (animal skin flakes)
- House mites
- Tree or grass pollens
- Fungus spores
- Cigarettes smoke / smoke pollution
- Hair scales
- Tartrazine (a food additive)
- A change in the weather
- Strong smells
- Fumes of various kinds, including exhaust fumes
- Getting emotional / upset / anxious / stressed
- Cold in the head, runny nose, sore throat
- Some medicines, especially beta-blockers and aspirin
- Nuts
- Shellfish
- Some fruits



- Heavy exercise, especially when it's cold
- Bringing up acid from the stomach

3.2 Symptoms

The basic problem is an allergy, meaning that contact with many different things causes the body to produce irritating substances that make the air tubes (bronchioles) tighten and the lining of the tubes swell, making them so narrow that the flow of air becomes restricted.

Symptoms may be worse after exercise and can disturb sleep.

There may also be a history of eczema and/or hay fever as there is a connection between them. All three conditions are related to a single gene inherited from parents and therefore can run in families.

3.3 Warning Signs of an Asthma Attack

Warning signs of an attack are:

- Exhaustion and the inability to speak.
- Rapid breathing and a rapid pulse.
- Drowsiness and confusion.
- A silent chest.
- A blue tinge on the lips (cyanosis) that requires urgent hospital treatment.

Some children with asthma may never have a severe attack and only an occasional very mild one. These mild attacks may last a few years and then pass off altogether. Attacks may occur at night and these can prove to be the more severe ones.

4 Responsibilities

Parents/carers must fill in an Asthma Pump Permission Form (see Appendix 1) and obtain an Asthma Card from their child's G.P. Parents/carers are also responsible for the collection and cleaning of all inhalers/spacers at the end of each term and for returning them clean and in-date at the start of each new term.

Parents/Carers are Responsible for:

- Notifying the school if their child suffers from asthma.
- Supplying their child with a named inhaler.
- Notifying the school of any change in their child's condition or medication.
- Ensuring regular (6 monthly) check-ups with their G.P. or Asthma Nurse for dosage etc.
- Children 14 and under are advised to use a Spacer. Parents/carers are responsible for providing these.

Children who have been identified as having asthma should have an inhaler in school. If parents/carers do not consider it appropriate to supply their child with an inhaler, then this must be their responsibility.



Inhalers are kept in the Medical Room and can be accessed by first coming to the school office and telling the Health and Welfare Officer or a Secretary (all are First Aiders) or a member of staff of the need to use it. Usually the child is quite capable of administering the inhaler's contents him/herself, but the Health and Welfare Officer/Secretary or a member of staff will oversee the use of it and record it.

The School is Responsible for:

- Ensuring that all pupils with asthma are encouraged to participate fully in all aspects of school life.
- Providing an accessible, safe place for the storage of inhalers in school (i.e. the Medical Room).
- Ensuring that on school trips all accompanying staff are made aware of the children with asthma and that their inhalers are taken on the trip.
- Ensuring that staff have an understanding of what to do in the event of a child having an asthma attack.
- Calling an ambulance/seeking medical help if after treatment (i.e. use of the inhaler):
 - no relief is obtained within five minutes; or if
 - a child is distressed, unable to talk or is turning blue on the lips.

5 Policy Review

This policy will be reviewed bi-annually (every even year) during Term 3 or earlier if necessary.

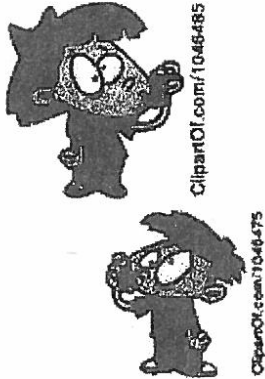
The next review of this policy is due: Spring Term 3, 2016.

6 Appendices

6.1: Asthma Pump Permission Form - page 4.



Appendix 6.1: Asthma Pump Permission Form



Permission for school to administer an inhaler

The school is only able to administer an inhaler prescribed by a Doctor once you have completed and signed this form.

Child's Name _____ Class _____

Inhaler Dosage and method _____

How often _____

Emergency procedures _____

I understand that an adult must deliver and collect the inhaler from the office at the beginning and end of each term and a new consent form must be completed at the start of each academic year.

Signed _____ Parent/Carer Date _____