This document is a statement of the aims, principles and strategies for provision of children at Constantine Primary School. LA guidelines have been taken into consideration in the formulation of this policy. It has been developed through a process of consultation between all members of the school teaching staff, and Governors. It was agreed by the Governing Body on October 22\textsuperscript{nd} 2013. Review of this policy is on-going but will be subject to formal review as per the School Development Plan.

**Introduction**

Asthma is one of the commonest chronic diseases of childhood, affecting approximately 1.5 million children aged 2 - 15 years in the UK. This means that there are likely to be 4 - 5 asthmatic children in most school classes. Children spend a large part of each day in school. It is important therefore that teachers are aware of the asthmatic children in their care and be able to support them to lead a normal school life and achieve their full potential. Teachers and other school staff should also be able to deal with the emergency situation should it arise.

Asthma cannot be cured but can be controlled by regular medication, usually in the form of inhalers. However, school staff have no obligation to either administer medication regularly or to supervise children taking medicines. The ideal situation is for children to keep their own inhalers and take control of their own asthma management. Realistically, this is not always possible. Schools are advised that the use of an inhaler that does not belong to an individual child has been withdrawn since September 2013. The full Cornwall Asthma Policy with appendices is available on the CYPF website.

**Policy aims and objectives**

1. To ensure that asthmatic children in Constantine School are able to safely take part in a full school life and to develop their potential both academically and emotionally.
2. To ensure that all school staff are “asthma aware”.
3. To provide a framework for the school to follow in managing asthmatic children.
4. To provide the school with clear instructions on how safely to manage an acute asthma attack.

**ASTHMA MANAGEMENT POLICY**

**Application of policy:**

1. Once the school has been informed, add the child’s name and details of treatments to the school asthma register.
2. Parent or legal guardian to complete and sign the school Asthma Care Plan and Consent Form.
3. Inform the child’s class teacher and ensure teacher has copy of asthma policy document including the practical management advice (pages 3, 4 and 5 of the new policy).
4. In the case of a child developing asthma after initial admission apply steps 1-3.
5. Carry out a review of any changes and update the register at least annually.

ALL PUPILS SHOULD HAVE INSTANT AND EASY ACCESS TO THEIR ASTHMA MEDICATION AT ALL TIMES

All children with asthma should have their asthma medications labelled clearly with their name.
Some pupils may need to take their reliever medication before activity.
Parents/pupils should ensure they have an adequate supply of asthma medication at school at all times and for school visits.
Adults in school may need to help children take their medication and/or remind them especially with the younger age groups.

School Nurse: Carol Hiley contact number 01326 434782
School asthma link person: Rozelle Micklem.

Asthma – signs and symptoms

Asthma affects the airways which are almost always swollen and inflamed. This makes them very sensitive to triggers such as viral infections (common cold), house dust mite, fumes, pollens and spores, animal dander, exercise, cold air, emotional upset or excitement. The inflammation is normally kept under control with medications which need to be taken daily. However, symptoms do occasionally occur.

The usual symptoms of a person with worsening asthma are:
• Coughing
• Wheezing
• Shortness of breath
• Tight chest

These symptoms are not necessarily there all the time and will vary with different people. They often get worse after contact with a trigger, with exercise or with colds. Usually all that is needed is two puffs from a reliever inhaler such as Ventolin, Salbutamol or Bricanyl to control the symptoms.
Occasionally however, the symptoms become so bad that the child will need urgent treatment and may have to be admitted to hospital. This can be preceded by a recognisable period of deterioration over a number of days.

**Signs of deteriorating asthma:**
- Waking at night with coughing, wheezing or breathlessness
- Increased breathlessness in the morning
- Needing to use the reliever inhaler more often than usual and/or the inhaler does not seem to work as well and/or the effects do not last as long as usual
- Becoming more breathless with exercise

If any of these are happening the asthmatic person should contact their GP or Asthma Nurse for advice. Sometimes patients have written Asthma Action Plans which will tell them what to do in the event of worsening asthma.

If any school staff notice any of these signs, they should inform the parents as soon as possible.

**The following signs indicate an acute attack and should be treated as an emergency following the instructions given in the flow chart.**

- **Extreme breathlessness and/or coughing**
- **Reliever medication does not work**
- **The child has difficulty with talking and/or is unable to talk in sentences without taking a breath in the middle**
- **The child is becoming exhausted or distressed**

**Emergency treatment for children who are known to have asthma**

The asthma first aider for your school is Rozelle Micklem

<table>
<thead>
<tr>
<th>Give reliever inhaler (2 puffs)</th>
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<tr>
<td>A reliever inhaler (usually blue) should quickly open up narrowed airways.</td>
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<tr>
<th>Stay calm and reassuring and help the child to breathe</th>
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<tr>
<td>Do not put your arm around the child’s shoulder as this can be very restrictive</td>
</tr>
<tr>
<td>Sit the child upright and encourage slow deep breathing</td>
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3
Child responds well to reliever inhaler
When the child has recovered he/she can return to normal school activities

Inform the parents at the end of the day if their child has had an asthma attack

IF ANY OF THE FOLLOWING CIRCUMSTANCES APPLY, GIVE A FURTHER TWO PUFFS OF THE RELIEVER INHALER, DIAL 999 AND CALL PARENTS:

- If there is no improvement after 5-10 minutes
- If the child is distressed and/or unable to talk
- If the child is becoming exhausted
- If you have any doubts at all about the child’s condition

While waiting for medical help, up to ten puffs of the reliever inhaler can be given if necessary

Policy Approval History:
14th April 2005
11th October 2011
22nd October 2013