

# **ASTHMA AT PRIMROSE HILL**

Asthma is a physical condition, not an emotional illness. It affects at least one in every ten children, although most children can expect to lead a normal life if medicines are taken properly and used regularly. An attack is caused by a sudden narrowing of the air passages making it difficult to breathe. Asthma can be controlled by, firstly avoiding known irritants, and secondly, by inhaling specific drugs. These drugs can be self-administered by the child concerned.

## **Known irritants are:-**

Viral infections (especially the common cold).

Exercise.

Cold weather or strong winds.

Prolonged laughter.

Fumes such as glue, paint, tobacco smoke, strong perfume and air fresheners.

## **Allergies including:-**

House dust mites.

Grass pollen.

Furry or feathery animals.

Certain foods.

Sudden changes in temperature.

Other allergic symptoms include itching and redness of the skin, watery eyes and a runny nose and sneezing.

## **The management of asthma**

There are two main groups, one to prevent attacks and the other to relieve attacks once suffered. Preventors (usually brown) include products such as Intal, Becotide or Pulmicourt and relievers (usually blue) include Ventolin, Salbutamol or Atrovert.

Staff should be responsive to the individual needs of pupils. Individual children are affected by their asthma in different ways. One child may occasionally experience minor coughing bouts and breathlessness; while another is unable to participate in games and is sometimes forced to stay off school. Sometimes a cough can be the only symptom of asthma.

## **Primrose Hill Primary School:-**

- Encourages and helps children with asthma to participate fully in all aspects of school life.
- Recognises that asthma is an important condition affecting many school children.
- Recognises that immediate access to inhalers is vital.
- Ensures that the school environment is favourable to children with asthma, eg. no animals in the classroom.
- Ensures that other children understand asthma so that no stigma is attached to the condition. If another child who does not have asthma uses an inhaler, it will not be harmful. It will simply dilate the airways and will not have an adverse affect on a child who does not have asthma.
- Has a clear understanding of what to do in the event of a child having an asthma attack. A poster is present in each classroom to assist staff.

- Works in partnership with parents, school governors, health professionals, school staff and children to ensure the successful implementation of a school asthma guidance.

### **Yearly we ask our parents:**

- To update us with current asthma needs and treatment where necessary.
- Ask parents to inform the school office if their child develops the condition.
- Allow the children easy access to their medication: do not lock it away. Even the slightest delay can cause unnecessary stress and can be dangerous.

### **What about P.E. and Swimming?**

- The aim of full participation should be the goal of all but the most severely affected child with asthma.
- Make sure that everyone involved in P.E. is aware of the needs of children with asthma.
- Allow children with asthma to use their blue inhaler before swimming or P.E.
- Make sure that children take their inhalers to swimming and P.E.
- Do not force children who become wheezy to continue to exercise.

### **Current School Practice**

Parents are asked if their child has any medical problems on admission. Asthma is noted on the child's information sheet and parents are asked to complete this if their child has asthma. This information is passed up to the child's next teacher on transfer to the next year group. An asthma register has been compiled and is updated as required. Each member of staff has a copy or has access to a copy of the Asthma emergency procedures. Children have easy access to their own inhaler; it is not kept by a teacher. Before every PE lesson or off-site visit, checks are made to ensure that children with asthma have their inhaler with them.

### **COVID UPDATE 2020**

The below is written following the advice of: <https://www.asthma.org.uk/back-to-school>

'This year, many children will be returning to school after the longer break caused by the coronavirus pandemic. When children get COVID-19, their symptoms are generally milder than when adults get COVID-19. It's unclear if COVID-19 could be a trigger for asthma attacks. What we do know is that COVID-19 is a respiratory infection and that other respiratory infections, such as colds and flu, can trigger an asthma attack. Children with asthma could be at higher risk of serious illness if they catch COVID-19, particularly if they have severe asthma. This is why it's very important for children to manage their condition as well as possible. This includes taking their preventer medicines as prescribed and following their asthma action plan.'

At Primrose Hill, all children have access to their inhaler quickly. Our children have direct access to their inhalers in the classroom. Some children may need help to take their inhaler. All staff have accessed the free online accredited training on 'Supporting Children with Asthma' through Education for Health.

**PLEASE SEE OVERLEAF FOR OUR ONE PAGE ASTHMA  
ATTACK GUIDE**

# WHAT TO DO DURING AN ASTHMA ATTACK

Asthma attacks can be frightening and dangerous experiences. They can happen when symptoms get worse over a number of days or hours or can happen suddenly, even when someone is taking their medication and avoiding their triggers.

**If a student has an asthma attack or you suspect they are having an attack, you should take immediate action.**

## HOW DO I KNOW IF IT'S AN ASTHMA ATTACK?

If someone is having an asthma attack you will have one or a combination of any of the symptoms below:

- Cough
- Wheeze
- Shortness of breath
- Chest tightness
- Too breathless to finish a sentence
- Too breathless to walk, sleep or eat
- Lips turning blue.

## IF IT'S AN ASTHMA ATTACK FOLLOW THE 5 STEP RULE

- Take two puffs of reliever inhaler (usually blue), one puff at a time
- Sit up and stay calm
- Take slow steady breaths
- If there is no improvement, take one puff of reliever inhaler every minute: Adults and children over six years can take up to ten puffs in ten minutes, Children under six years can take up to six puffs in ten minutes
- Call 999 if symptoms do not improve after ten minutes or you are worried. Repeat Step 4 if an ambulance does not arrive within ten minutes.

**(Not designed for people using a Symbicort Inhaler on the "Symbicort Smart Regime" Please speak to your doctor/Nurse if this is the case.)**

## DURING AN ASTHMA ATTACK

- Use a spacer if possible
- Don't lie the student down or put your arm around them
- Don't leave the student on their own
- Don't worry about giving too much reliever- Extra puffs of reliever are safe
- Contact the student's guardian immediately after calling an ambulance
- Ensure that an adult accompanies a student to hospital and stays with them until a guardian arrives.
- You should not take students to hospital in your own car if possible; however if it is necessary another adult should accompany you.