

**St. Gregory's Catholic Primary School have adopted East Cheshire's
NHS Trust School Asthma Policy**

Our school's aims for children with asthma are:

- To minimise symptoms, encourage normal activity and full school attendance
- To avoid trigger factors wherever possible
- To deal with any asthma attacks promptly and effectively
- To ensure other children understand asthma and so support their friends, avoiding the stigma sometimes attached to this chronic condition

Prevention:

1. Avoidance of trigger factors:
 - Ensure pupils are not exposed to the dangers of passive smoking while in school
 - Ensure as far as possible that school pets are housed away from classrooms
 - Avoid the accumulation of dust, such as old carpets
 - Use fume cupboards in science lessons
 - Discourage use of aerosol deodorants and perfumes in changing rooms
2. Correct use of Prevention Medication:

There are two types of treatment for asthma: **preventers** which are taken regularly each day and **relievers** that are taken for symptoms.

Children with chronic asthma symptoms will often be prescribed **Prevention Therapy**. This is usually either a medicine called Cromoglycate ("Intal, Cromogen") or a steroid. Both are usually taken by inhalation. Steroid therapy is usually taken twice daily and so can be organised at home. Cromoglycate is taken three or four times a day, so a couple of doses may be needed during school hours.

If children are on this regime it is important that they are able to take their medication correctly.

MANAGEMENT OF ATTACKS OF ASTHMA

1. Wheezing or coughing associated with physical exercise:
 - Allow the child to take a reliever inhaler promptly and to rest until they feel ready to continue
2. Symptoms at other times:
 - Children need access to their reliever at once if they develop worsening symptoms. Prompt use can avert a serious attack, delay can be dangerous and the child may also become very frightened if therapy is not available quickly.
 - Do not cause delay by locking up a child's inhaler in a room away from the child
 - As soon as possible, allow children to keep their inhalers with them. This could be junior age children and above
 - A spare reliever inhaler, marked with the child's name, should be kept for use if the child has either forgotten to bring their inhaler to school or it has run out. This should be returned at the end of the school year for the parents to renew as appropriate.
 - If they are too young to keep the inhalers themselves then they should be easily and rapidly available including lunch hours and break times.
 - Teachers need not worry that a child may overdose on their own medication through an inhaler or that if other non-asthmatic children play with their friend's inhalers that they will come to any harm.
 - Keep a record of each child's medication. This should include clear instructions about the treatment to be given if the child has an attack. The information should be kept up to date if any treatment changes.
 - Make sure inhalers and written instructions are always taken on school trips - add this to the check list for trip organisers.

Some children may show one or more of these problems:-

- Symptoms during exercise
- Seem tired all the time
- Have persistent cough
- Inability to concentrate well
- Needing frequent doses of Reliever Inhaler

In these cases, report to the school nurse and parents. Suggest to parents that they may need to inform their GP.

Adjustments in treatment regimes can often reduce such symptoms.