

Policy



Management of Asthma Policy

*Nurturing today's young people,
Inspiring tomorrow's exemplary citizens*



Al-Jamiatul Islamiyah, Darul Uloom, Willows Lane, Bolton, Lancashire, BL3 4HF, UK.

Admin Office Tel: 01204 62622 – Email: info@boltondarululoom.org.uk – Website: www.boltondarululoom.org.uk

Document Control

Date of Last Review	APRIL 2021
Reviewed By	Mr Irfan Ibrahim
Approved by	Trustees
Review Period	1 Year or as and when required
Version	2
Date of Next Review	APRIL 2022

Contents

SECTION 1	INTRODUCTION	PAGE 3
SECTION 2	WHAT IS ASTHMA?	PAGE 3
SECTION 3	TREATMENTS	PAGE 4
SECTION 4	RELIEVERS	PAGE 4
SECTION 5	PREVENTERS	PAGE 4
SECTION 6	OTHER MEDICINES	PAGE 4
SECTION 7	WHAT TO DO WHEN A CHILD WITH ASTHMA JOINS DARUL ULOOM	PAGE 4
SECTION 8	ASTHMA MEDICINES IN SCHOOL	PAGE 4
SECTION 9	PE AND ACTIVITIES	PAGE 5
SECTION 10	OUT OF HOURS SPORT, P.E	PAGE 5
SECTION 11	DAY VISITS	PAGE 5
SECTION 12	WHEN A YOUNG PERSON IS FALLING BEHIND IN LESSONS	PAGE 5
SECTION 13	THE SCHOOL ENVIRONMENT	PAGE 5
SECTION 14	GENERIC POLICY FOR ASTHMA CARE	PAGE 6
SECTION 15	APPENDIX IV: GUIDELINES FOR STAFF	PAGE 7

SECTION 1 – INTRODUCTION

This policy has been written in line with information provided by Asthma UK, the Department of Education. All recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. We positively welcome all pupils with asthma and encourage pupils with asthma to achieve their potential in all aspects of school life.

SECTION 2 – WHAT IS ASTHMA?

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 feeling short of breath. Each child or young person with asthma may have different symptoms. Children and young people with asthma have airways that are almost always red and sensitive (inflamed). These airways can react badly when children and young people with asthma come into contact with an asthma trigger. A trigger is anything that irritates the airways and causes asthma symptoms. Common triggers include colds, viral infections, house-dust mites, pollen, and cigarette smoke, furry or feathery animals, exercise, outdoor air pollution, laughter, excitement and stress. Everybody's asthma is different, and everyone will have different triggers, most have several. It is important that children and young people with asthma get to know their own triggers and try to stay away from them or take precautions.

SECTION 3 – TREATMENTS

There are two main types of asthma inhalers – Relievers and Preventers and they work in different ways.

SECTION 4 – RELIEVERS

Relievers help to relieve breathing difficulties when they happen. Relievers are usually blue inhalers, e.g. Salbutamol, Salamol, Salbulin, Pulvinal, Ventolin, Airomir and Asmasal.

SECTION 5 – PREVENTERS

Preventers help protect the lining of the airways from inflammation and are usually taken twice daily, even when the child appears well. They make asthma symptoms less likely. Preventers usually come in brown, purple, red or orange inhalers, e.g. Symbicort, Serotide, Qvar, Flixotide, Pulmicort or Clenil.

SECTION 6 – OTHER MEDICINES

If a pupil's asthma worsens, the doctor may prescribe steroid tablets for a few days until the asthma is under control again, these will be administered from the Medical Centre.

SECTION 7 – WHAT TO DO WHEN A CHILD WITH ASTHMA JOINS DARUL ULOOM

When a child with asthma joins AJI, or a current pupil is diagnosed with the condition, the Medical Officer will request them to complete an IHP (individual health care plan) for asthma and may contact the parents to arrange a meeting with the pupil and parents – either during interviews or a specified day - to establish how the pupil's asthma may affect their school life. This should include the implications for learning, sport and physical activity, social development, and out of school activities. They will also discuss any special arrangements the pupil may require and assess any training needs.

SECTION 8 – ASTHMA MEDICINES IN SCHOOL

The school recognises the immediate access to reliever medicines is essential. Pupils with asthma are expected to carry and use their own labelled reliever inhalers. Parents are encouraged to provide the school with a spare reliever inhaler clearly labelled with the student's name, which will be kept in the medical room. It is the parent's responsibility to ensure all inhalers are in date and labelled with their child's name. Staff will encourage pupils to take their asthma medication whenever necessary. School staff are not required to administer asthma medicines to pupils (except in an emergency).

Others, such as prescribed shampoo and creams may be kept by the student for personal use.

SECTION 9 – PE AND ACTIVITIES

Taking part in sports, PE and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma, all teachers at the school are aware of which pupils have asthma and encourage pupils to keep inhalers with them during exercise. Games may trigger an asthma attack and, in such cases, pupils acting on their GP's advice, may need to use their inhalers before such activities take place. Relevant staff will take reasonable measures to remind pupils whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. Classroom teachers follow the same principles as described above for games and activities involving physical activity.

SECTION 10 – OUT OF HOURS SPORT P.E

Teachers, classroom teachers are aware of the potential triggers for pupils with asthma when exercising. Pupils need to remember to have their reliever inhaler with them and staff will take reasonable steps to remind them.

SECTION 11 – DAY VISITS

Pupils leaving the school premises on a day visit must ensure they take their inhalers/medication with them. The lead teacher must ensure a list of these pupils is made available to all staff participating in the trip. Pupils may not be allowed to leave school on a trip without their appropriate inhaler(s).

SECTION 12 – WHEN A YOUNG PERSON IS FALLING BEHIND IN LESSON

If a child or young person is missing a lot of time from school or is always tired because their asthma is disturbing their sleep at night, the teacher will initially talk to the medical officer to work out how to prevent their child from falling behind. The Medical officer will then talk to the parents about the pupil's needs. We recognise that it is possible for pupils with asthma to have special education needs due to their asthma.

SECTION 13 – THE SCHOOL ENVIRONMENT

We do all that we can to ensure the school environment is favourable to pupils with asthma. We do not keep furry or feathery animals and we have a definite no-smoking policy. As far as possible we do not use chemicals in Science and Art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school medical room if particular fumes trigger their asthma

SECTION 14 – GENERIC POLICY FOR ASTHMA CARE

If someone is having difficulty breathing the following action should be taken:

NEVER leave a person who is having breathing difficulty alone, or don't send them to the medical room

Keep calm and ask someone to call any member of the medical team

Sit the student down and try to help them relax

Encourage student to use their blue reliever inhaler

If symptoms worsen or do not disappear within 4 minutes seek medical attention by dialling 999

For example:

- If there is considerable breathlessness
- Severe coughing
- Wheezing
- Tightening of chest
- Discolouration of lips
- Difficulty in speaking
- The inhaler is making no difference to breathing

Stay with person and talk to them calmly while waiting for the ambulance or whilst breathing returns to normal. When emergency services are called try to note down how long the episode has been going on, any triggers or precipitating factors and give as much information to emergency services as possible and any treatment given

- Staff taking pupils on School trips **MUST** be aware of medical conditions such as adrenaline auto injector carriers and asthma sufferers
- Those pupils suffering from asthma who need to carry an inhaler must have at least one inhaler with them.
- Staff must know what to do in the event of an asthma attack or anaphylaxis episode

SECTION 15 – APPENDIX IV. ASTHMA: GUIDELINES FOR STAFF

Asthma is a serious and potentially life threatening condition. It is important that there is a common response to the condition from all teaching and support staff in AJI.

- A student showing any signs of difficulty breathing should **NEVER** be left unattended.
- A student who is known to have asthma should be given their **BLUE** inhaler immediately.



- If the student does not have their inhaler with them, send for an emergency inhaler from the office/medical room without DELAY.
- A blue inhaler is a DEMAND DRUG and can be used several times if necessary.
- If the student is not visibly recovered, able to speak without gasping within FOUR minutes, the student needs medical treatment; this maybe at our local GP's surgery or out of hours at the hospital.
- If, at any time, a student experiences severe breathing or prolonged breathing difficulties, call 999.
- A student who has had an asthma attack needs to be monitored after recovery.
- Any episode of breathing problems must be reported to the Medical officer so that it can be logged and the condition properly monitored.