



CALLINGTON COMMUNITY COLLEGE (FOUNDATION COLLEGE)

ASTHMA POLICY

Rationale

The college:-

- ❖ Recognises that asthma is a widespread, serious but controllable condition and the College welcomes all students with asthma.
- ❖ Ensures that students with asthma can and do participate fully in all aspects of college life, including Art lessons, PE, Science, visits, outings or field trips and other out of hours college activities.
- ❖ Recognises that students with asthma need immediate access to reliever inhalers at all times.
- ❖ Keeps a record of all students with asthma and the medicines they take.
- ❖ Ensures that the whole college environment, including the physical, social, sporting and educational environment, is favourable to students with asthma.
- ❖ Ensures that all students understand asthma.
- ❖ Ensures that staff (including supply teachers and support staff) who come into contact with students with asthma know what to do in an asthma attack.
- ❖ Understand that students with asthma may experience bullying and has procedures in place to prevent this.
- ❖ Will work in partnership with all interested parties including the College's Governing Body, all college staff, college nurses, parents/carers, doctors, nurses and students to ensure the policy is planned, implemented and maintained successfully.

Asthma medicines

Immediate access to reliever medicines is essential. Students with asthma are encouraged to carry their own reliever.

Parents/carers are asked to ensure that if a child needs to use an inhaler regularly in college, a second one should be obtained from their doctor so that one may be left at college. All spare inhalers must be labelled with the child's name by the parent/carer.

Parent/Carer responsibilities

At Callington Community College we work in a partnership with parents and carers.

We therefore ask them:

- ❖ To inform the college if a child suffers from or develops asthma;
- ❖ To ensure that the child is provided with appropriate medication, to notify us of this medication and the appropriate action for its use;
- ❖ To notify the college of any change in medication or condition.

Procedure in the event of an asthma attack in college

- ❖ The First Aid Team will endeavour to remove the child from the source of the problem, if known.
- ❖ The First Aid Team will ensure that the child's reliever medicine is taken promptly and a second dose taken if necessary.
- ❖ The First Aider will stay calm, reassure the child and listen carefully to what the child is saying.
- ❖ We help the child to breathe by encouraging slow and deep breaths.
- ❖ We encourage others around to carry on with their normal activities.
- ❖ We encourage the child to sit upright and lean slightly forward - hands on knees sometimes helps; we do not allow the child to lie down.
- ❖ We loosen tight clothing, offer a drink of water and open windows or doors to give a supply of fresh air.
- ❖ We encourage a return to gentle activity when the child is recovered.

We will call a doctor urgently if:

- ❖ The reliever has no effect after five to ten minutes;
- ❖ The child is either distressed, unable to talk or very pale;
- ❖ The child is getting exhausted;
- ❖ The condition is deteriorating;
- ❖ We have any doubts at all about the child's condition.

At this point we will also notify the parent or carer, or contact the emergency number if the parent or carer is unavailable. If a doctor is unobtainable, we will call an ambulance. We will repeat doses of reliever as needed while awaiting help, being aware of the possibility of overdosing.

Asthma and Sport in College

Full participation in all sport for all asthma sufferers is our aim, unless the student is a very severe sufferer and we are notified as such by the parents/carers.

We bear the following in mind when planning sports lessons, with asthma sufferers in mind:

- ❖ If a child has exercise induced asthma, they may take a dose of medication before exercise.
- ❖ Inhalers need to be speedily available when the child is out of the college building.
- ❖ Any child complaining of being too wheezy to continue in sport, will be allowed to take reliever medication and to rest until they feel better.
- ❖ We aim to ensure a warm-up period before full exercise.
- ❖ We realise that we can help to identify undiagnosed asthma by spotting children who cough or wheeze a lot after exercising.
- ❖ We realise that long spells of exercise are more likely to induce asthma than short bursts and that exercise with arms or legs alone is less likely to trigger an attack than exercise using both.

Some implications of implementing our Policy

We are aware that, if medication is to be readily available in classrooms, there is always the possibility of another child, perhaps a non-sufferer, taking a dose. Since the medication simply dilates the airways, we understand this would not be harmful, though we would discourage the practice.

We would also discourage one child from using another child's inhaler, for reasons of hygiene and possible unsuitability. However, in an emergency, we regard it as more appropriate to use another child's inhaler, rather than none, despite the disadvantages.

This Policy was formulated by the following combination of methods :

- ❖ reference to National Asthma Campaign literature;
- ❖ consultation with staff especially trained First Aiders at Callington Community College;
- ❖ individual evaluation and adoption by staff of Policy;
- ❖ ratification by Governing Body.