



St Louise de Marillac Primary School

Drumfinn Road, Ballyfermot

Dublin 10

Managing Chronic Health Conditions at School

ASTHMA

Definition of Asthma

Asthma is a long term condition that affects the airways – the small tubes that carry air in and out of the lungs.

Children and young people with asthma may have airways that are sensitive and inflamed. Triggers can irritate these airways.

The muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced.

These reactions lead to the symptoms of asthma.

Signs and symptoms

Not every student with asthma has every symptom.

The usual symptoms of asthma are:

- Coughing (in some cases a cough may be the only symptom of asthma)
- Coughing after exercise and/or at night
- Shortness of breath
- Wheezing
- Tightness in the chest – sometimes younger children will express feeling tight in the chest as a tummy ache.

Asthma varies in severity from person to person. While some children and young people will experience an occasional cough or wheeze, others will have severe symptoms. In some cases a cough may be the only symptom of asthma. Some students may experience symptoms from time to time (maybe after exercise or during the hay fever season) but feel fine the rest of the time.

However, a student should visit their doctor or asthma nurse if experiencing any of the following:

- Regular or frequent daytime symptoms
- Night-time symptoms resulting in poor sleep and daytime tiredness
- Frequent time off school due to their asthma
- Exercise tolerance is reduced.

Any of the above can be a sign that a student has poor asthma control. This can be for a variety of reasons including:

- They have not been prescribed the right medication for their needs
- They are not using the correct inhaler technique
- They are not taking their medication as prescribed
- They are not avoiding or are unable to avoid their asthma triggers
- They have a cold or an infection.

Triggers

Cold and Flu

- Remind parents of students with Asthma to ask their healthcare professional about the flu vaccination at the start of the school year.

Chalk dust

- Use damp dust chalk boards or use white boards

House-dust mites

- Ensure rooms are regularly damp dusted and cleaned to reduce dust and house mites
- Vacuum all areas frequently. Vacuum cleaners should have good suction and a filtered exhaust that does not scatter dust.
- Limit the number of soft furnishings and soft toys in the classroom.

Mould

- Ensure classrooms are well aired, well ventilated and avoid condensation. Remove any damp and mould in the school grounds.
- Ensure piles of autumn leaves are kept in areas away from students and regularly removed from the school grounds.

Pollen and grass cuttings

- Avoid keeping pollinating plants in the classroom or playground areas
- Avoid mowing playing fields and grass areas during school hours

- Students with pollen allergies should have the option of remaining indoors on high pollen days (this includes during PE and games/activities). This will require making arrangements for appropriate supervision to be provided.

Stress and emotion

- Aid students with their time management and help them in learning relaxation techniques to help avoid and manage stress especially at exam time
- Be aware of students whose asthma is triggered by extreme emotion or fits of laughter.

Furry and feathery animals

- Do not keep furry or feathery pets in the classroom or anywhere in the school
- Be aware that symptoms could be triggered from the clothing of other students with pets at home.

Scented deodorants and perfumes

- Be aware of students whose asthma is triggered by scented deodorants and perfumes
- Encourage staff and students not to wear strong perfumes and encourage the use of unscented and non-aerosol products across the school
- Do not use room deodorisers or air fresheners.

Latex Gloves

- Use non latex gloves in all areas at school

Dust from flour or grain

- Be aware of students whose asthma is triggered by dust from flour and flour grain and avoid spreading dust from flour and grain in cooking activities

Chemicals and fumes

- As far as possible avoid chemicals and fumes that trigger students asthma in science and craft lessons

- Be aware of students with asthma and their triggers. If certain chemicals or fumes are known to trigger student's asthma, ensure that the room is well ventilated, discreetly offer them the option of using their reliever inhaler.

Cleaning and gardening products

A review of the cleaning routine may need to be considered as some chemicals and cleaning products may be a trigger for some students with asthma. Here are some guidelines to help:

- Rather than sprays, use solid or liquid alternative cleaning products where possible
- Avoid using furniture polish, floor cleaners, carpet cleaners and oven cleaners in school hours. Ensure there is good ventilation
- Minimise use of cleaning products by damp dusting where possible
- Only use lawn weed and insect sprays outside of school hours

Weather and air quality

- Avoid leaving windows open during thunderstorms – thunderstorms can release large quantities of pollen into the air which trigger attacks
- Give students with asthma the option of remaining indoors on days when pollution levels are high or during the very hot or cold days. This includes PE and games/activities.

Exercise and physical activity

Exercise and physical activity is good for everyone, including children and young people with asthma. The majority of students with asthma should be able to take part in any sport, exercise or activity they enjoy, as long as their asthma is under control. For some children and young people, exercise is their only trigger (often known as exercise-induced asthma) while for others it is one of many triggers. However, as

exercise is part of healthy living, it is one asthma trigger that should be managed, not avoided.

PE, school sport, games and activities

- Students with asthma should be encouraged to participate in all PE and activity-based lessons and to become involved in after-school clubs and sports activities

Tips for supervising exercising with asthma

- If exercise and physical activity makes a child or young person's asthma worse, always ensure that they use their reliever inhaler (usually blue) immediately before they warm up.
- Always start a session with warm up exercises
- Always make sure the student has their reliever inhaler with them
- Try to avoid asthma triggers during exercise (e.g dust, cold air, smoke, pollen and cut grass)
- Swimming is generally thought to be an ideal activity for students with asthma, however the chlorine or temperature changes may initiate asthma symptoms. If chlorine or temperature changes are a trigger for a student's asthma it may be necessary for the student to take their reliever inhaler 5-10 minutes before swimming
- If a student has asthma symptoms while exercising, they should stop, take their reliever inhaler and wait at least five minutes or until they feel better before starting again
- Always end a session with warm down exercises.

PE teachers and sport coaches should also

- Make sure they know which students they teach/coach have asthma and what triggers their asthma
- Understand how to minimise potential asthma triggers during exercise
- Encourage the use of unscented and non-potential products in changing rooms at swimming pools

- Ensure that each student's inhaler is labelled and kept in a box at the site of the lesson. If a student needs to use their inhaler during a lesson they should be encouraged to do so
- Speak to the parents if they are concerned that a student has uncontrolled asthma. These students may need to have their asthma reviewed by their doctor or asthma nurse
- Make time to speak to parents to relieve concern or fears about their children with asthma participating in PE
- Ensure if a student needs to sit out for five minutes, try to keep them involved as much as possible, for example by asking them to take notes on the match or getting them to do some ball work (if they are feeling well enough to do so).

Classroom teachers should follow the same principles as described above for games and activities involving physical activity. A small minority of children and young people with difficult to control asthma may find it difficult to participate fully in exercise because of the nature of their asthma. However, there have been changes to PE and exercise in schools and there are now opportunities to try alternative ways of exercising, enabling more children and young people to get involved.

School policy

In St. Louise de Marillac school it is policy that the following people are responsible for certain actions with regards to asthma:

Responsibility of Board of Management

- Promote a supportive learning environment for students with asthma
- Develop school guidelines for asthma during school and school outings
- Identify all staff members who have responsibility for the student with asthma
- Delegate a staff member to maintain the school chronic conditions register

- Alert all school-related staff members who teach or supervise a student with asthma. Ensure that they are familiar with emergency procedures. This includes substitute personnel.
- Include asthma awareness as part of health education
- Learn about asthma and be able to recognise the symptoms of how to respond to an asthma attack (5 minute rule)
- Support and implement the Emergency Asthma Plan (5 minute rule) agreed by the school and the student's parents
- Support and implement the plan agreed for storage of asthma medication.

Responsibility of Teachers/SNAs

- Be prepared to recognise the triggers, respond to the signs and symptoms of an asthma attack and know what to do in an emergency (5 Minute Rule)
- Maintain effective communication with parents including informing them if their child has become unwell at school
- Provide a supportive environment for the student to manage their asthma effectively and safely at school. This may include avoiding triggers and taking their inhaler medication when required
- Learn about asthma by reviewing the material contained in this guide and attend asthma management training if necessary
- Treat the student with asthma the same as other students except when meeting medical needs
- Provide alternative options for unplanned vigorous physical activity and ensure that students with asthma warm up and pre-medicate as necessary
- Ensure that the inhaler and spacer device is stored in a safe place in the classroom and available to the students in the event of an asthma attack
- Ensure that the student with asthma has appropriate medication with them during an exercise and are allowed to take it when needed.

Responsibility of the Parent

- Inform the school principal and their child's teacher that their child has asthma
- Meet with the Principal and request permission for administration of medication
- Provide specific information about their child's asthma including medication, spacer devices and the 5 Minute Rule – the Emergency Plan outlining what to do in an asthma attack
- Provide accurate emergency contact details and an up-to-date Healthcare Plan for their child
- Inform school staff of any changes in their child's health status
- Provide the school with necessary equipment to treat an asthma attack: inhaler medications, spacer devices, 5 Minute Rule poster or asthma attack cards (available from the Asthma Society of Ireland)
- Ensure their child's inhaler and spacers are labelled with their child's full name. Ensure all necessary medication is within the expiry date.

Emergency Procedure – The 5 Minute Rule

Common signs of asthma attack

- Coughing • Shortness of breath • Wheezing
 - Feeling tight in the chest • Sometimes younger children express feeling tight in the chest as a tummy ache
 - Being unusually quiet • Difficulty speaking in full sentences
 - Requesting use of the blue reliever inhaler
 - Opting out of exercise
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EMERGENCY PROCEDURE

THE FIVE MINUTE RULE

Do.....

- Keep calm, attacks can be frightening and it is important to stay calm and reassure the student
- Encourage the student to sit up and slightly forward – do not hug them or lie them down
- Encourage the student to breathe slowly and calmly and ensure tight clothing is loosened
- Make sure the student takes their reliever inhaler (usually blue) immediately – preferably through a spacer: Two puffs if MDI (metered dose inhaler) / evohaler, one puff if turbohaler

If there is no immediate improvement

Continue to make sure the student takes the reliever inhaler every minute for five minutes or until their symptoms improve

Call an ambulance or a doctor urgently if the:

- Student's symptoms do not improve in 5 – 10 minutes
- Student is too breathless to talk
- Student's lips are blue or if you are in doubt

Ensure the student continues to take one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

Resources/ Information

www.asthmasociety.ie

Asthma Adviceline: Call Save 1850 44 54 64, 10am – 1pm Monday – Friday

How to use your inhaler, Spacer Device and Peak Flow

Video demonstrating the correct techniques for using these devices available to view at: www.asthmasociety.ie/inhaler/index.html

Asthma Attack card

A pocket sized card to inform people with asthma and those around them about what to do in an asthma attack.

Poster: What to do if a student has an asthma attack

A poster detailing the Five Minute Rule – what to do in an asthma attack, should be displayed in classrooms to help teachers/staff in an emergency situation.

Reach Your Peak Pack

A poster, DVD, and top tips leaflet packed with information on exercising safely with asthma – a useful tool to encourage students with asthma to take part in exercise and to help coaches, teachers and other students to understand the condition.

All of these resources are available to download from our website or in paper format by contacting our office.

Asthma Society of Ireland
42-43 Amiens Street
Dublin 1

Phone: 01 817 8886
Call Save: 1850 445464
Fax: 01 8178878

Email: office@asthmasociety.ie
Website: www.asthmasociety.ie

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