

School Asthma Program

Childhood Asthma is a disease of school going children especially Primary schools. In countries like ours, where asthma is considered as a stigma or addiction like disease; often parents and teachers refuse to accept it as a common problem.

Asthma is also an environmental disease. Pollution, allergies and other triggers including travel, smoke or chalk dust are likely to aggravate a child's symptoms to precipitate an attack.

Children of parents with asthma/ allergy are likely to have this spectrum of disorders at different ages.

Asthma is also a chronic disease, with episodes of symptoms. Children suffering from it, need not always be breathless but also at times primarily sneezing or coughing too. Wheezing and breathlessness are late signs in asthma when urgent medical attention may be required for emergency therapy.

Even adequately managed asthma is likely to exacerbate without notice. In seasons or exposure to dietary or other environmental allergens, child may start getting symptoms of cough, sneeze or runny nose and at times breathless or wheezing.

Asthma is an important reason for school absenteeism. Child may not go to school due to cough, breathlessness or feeling of fatigue lethargy and day time sleepiness. Other way, a teacher may send a coughing child home or call the parents as the symptoms disturb in daily teaching learning schedule of other children too. At times, the symptoms if neglected can be life threatening.

For all above reasons, It is must for teachers and school staff to have basic knowledge of symptoms of asthma and its emergency care and therapy. In addition, the school needs to be equipped with emergency measure to tackle the same.

Ten point Program for schools to be “asthma friendly”

- 1. Have a written and dedicated asthma program with certification of all teaching staff regarding basic awareness and emergency therapy.**
- 2. Every child on admission to school and periodically; needs to be screened by a written questionnaire filled by parents; regarding any allergy or asthma related disease in family in last 3 years. Parents need to be informed about such program with consent to emergency therapy.**
- 3. Children suffering from asthma should have an identity card and if possible a rescue medicine with device in school bag; with written instructions of use and also contact numbers in emergency.**
- 4. Atmost precautions be observed avoiding contact with dust, dusting, duster, chalk powder, flowers, pollens and colours. As a rule smoking to be banned in and around schools. If needed child’s seating arrangement may need to be changed.**
- 5. There should be a dedicated open to air space where a symptomatic child can relax, breath comfortably and can be administered rescue medicines.**
- 6. Extra availability of rescue medicine and spacers; at least 2 sets with periodic check on expiry date needs to be observed. Empty inhalers and damaged spacers should promptly be discarded.**
- 7. Class teacher will closely observe note and notify if any respiratory symptoms while taking daily attendance and inform the same to parents in a note or to school pediatrician if any. Repeated coughs, sneezes, or clucks, should promptly be notified to the parents to take early therapy or rest at home as a doctor may advice.**
- 8. Its good habit to have loud prayers or tables or songs sung by the whole class before attendance so that teachers can pick up any discomfort or reduced breath count of a child easily.**
- 9. Obvious wheezing, breathlessness needs urgent rescue therapy with spacer and blue inhaler; till the care taker of pediatrician is arranged for.**
- 10. Parents of children having repeated absentees need to be counseled for reproaching the doctor for probable change in plan of therapy. Also such parent support groups with 3 monthly meet with a pediatrician may be planned.**

