

# Asthma Policy

## D.F.E.E. Guidelines: Supporting Pupils with Medical Needs

Buile Hill Visual Arts College Asthma Policy 2017

Written by V. Williams October 2017

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### Introduction

Buile Hill Visual Arts College acknowledges that asthma is the most prevalent disease of childhood and recognises that many pupils on roll in this school will have the disease.

Their disease should not isolate asthma sufferers; therefore asthma awareness should involve ALL members of the school community.

### Explanation of the disease

- people with asthma have sensitive air passages which are quick to respond to anything that irritates them (triggers).
- when triggered the air passages of the lungs become narrow, making it difficult to breathe in and out.
- narrowing of the air passages produces ONE or ALL of the following: coughing, breathlessness, wheezing.
- SUDDEN, SEVERE narrowing of the air passages may result in an **Asthma Attack**.

### Identification of Pupils Affected

- it is the responsibility of parents or guardians to notify school if their child has asthma
- at the beginning of each school year or when a child joins the school parents/carers will be asked to complete an enrolment form which includes medical conditions
- treatment details should be given to school and accessible by staff at all times

### Treatment comes in two main forms

- reliever inhalers (usually blue) and preventer inhalers (usually brown)
- only BLUE inhalers need to be used in school
- staff are not required to administer inhalers except in an emergency as pupils at high school are able to use their own inhalers

- students should carry an inhaler at all times and they also need to bring a spare one into school to use if they should forget/lose or run out of their own

## **Prevention**

It is important to be aware that many factors provoke narrowing of the air passages. Some of these factors **are avoidable** within the school environment; therefore appropriate steps should be taken to avoid asthmatics coming into contact with them wherever possible. Trigger factors include coughs and colds, cigarette smoke, furry animals, cold weather, chemical paints, sprays and vapours, grass, pollens and spores, extremes of emotions and exercise.

## **Treating Worsening Symptoms of Asthma**

A student must be allowed to use his/her blue inhaler if they ask to, or if they are coughing, wheezing or breathless. The student should be able to do this by him/herself but if he/she asks for help please assist him/her.

**If using the blue inhaler is effective, the student can return to normal classroom activity.**

If a student has lost/forgotten/run out of his/her inhaler he/she should be sent to **Vicky Williams (Main Office)** with another student to get his/her inhaler **if you feel that he/she is well enough to do this**. If Vicky is not at her desk for some reason someone else in the office will be acting in place of her. Vicky (or the person who is deputising for her) will have access to the spare inhalers. If a spare inhaler has not been provided by parents the pupil will need to use one of the school spare inhalers. Letters will be sent out to parents of all asthma sufferers requesting their permission for their child to be allowed the use of a school inhaler, should their own not be available for any reason.

***What to do in the case of an ASTHMA ATTACK where you feel that the student is not well enough to go for help***

The main symptoms of an **asthma attack** are coughing continuously, wheezing or shortness of breath.

If the pupil has an inhaler the pupil should use this once or twice and you should send someone immediately to get **Vicky Williams or whoever is deputising for her** from the **Main Office (1310)**. If Vicky is not present the Main Office will automatically contact a first aider ASAP and whoever is deputising for Vicky will also come to you with a blue inhaler if necessary.

## **But remember**

- stay calm – it is treatable
- sit the student comfortably – do not let the young person lie down
- do not crowd the student
- speak quietly and calmly to the student – encourage slow deep breaths
- do not put your arms around the student's shoulders – this restricts breathing

Vicky will take control of the situation when she arrives and give the pupil his/her inhaler.

If the inhaler does not work, then the student may be having a **severe** asthma attack.

**This constitutes an emergency situation.**

**An emergency situation is recognisable when:**

The blue inhaler does not work

Or

The student has difficulty speaking – e.g. can only say 2 or 3 words before taking breath.

Or

The student is breathing quickly

The student can look pale – lips can turn blue.

### ***Plan of Action***

**DIAL 999 – FROM NEAREST TELEPHONE – (remember that every staff workroom has a telephone) and ask for an ambulance stating clearly where in the school you are. In the meantime, a blue inhaler can be given every 5 minutes. YOU CANNOT OVERDOSE THE YOUNG PERSON BY DOING THIS BUT INFORM THE PARAMEDICS HOW MUCH INHALER HAS BEEN USED WHEN THEY ARRIVE.**

### **P.E.**

Students are more likely to suffer with asthma after physical exertion it is therefore imperative that pupils have their inhalers to hand whilst they are in P.E. lessons and that staff have immediate access to a spare blue inhaler during all P.E. lessons. P.E staff will be issued with spare inhalers for use in an emergency.

### ***Policy Review***

Buile Hill Visual Arts College encourages discussion and reflection from staff, parents and pupils and this policy will be subsequently reviewed at the end of each academic year.

### **Useful Information**

**Asthma UK – Asthma Policy for School Information Pack. [www.asthma.org.uk](http://www.asthma.org.uk)**