



# BISHOP VESEY'S GRAMMAR SCHOOL

## Asthma Policy

### Teaching & Support Staff

Staff covered by this procedure:	Teaching and support staff
Last Review	February 2022
Review prepared by:	Assistant Headteacher i/c Safeguarding – Kate Steadman
School adoption date (for reviewed policy):	February 2022
School's review date/by whom:	February 2023
Signed by Chair of Governors:	



## **Introduction:**

Bishop Vesey's Grammar School acknowledges that asthma is the most prevalent disease of childhood and recognises that many pupils on roll in this school will have the disease. Asthma sufferers should not be isolated by their disease; therefore asthma awareness should involve ALL members of the school community.

This policy is written with the United Nations Convention of the Rights of The Child in Mind. All of our policies bear in mind Articles 3 and 28 - the child's best interests and the right of the child to an education. This policy also bears in mind articles 23 and 29.

## **Bishop Vesey's Grammar School Rationale**

- welcomes students with asthma and recognises their needs
- will encourage and support students who have asthma to participate fully in all aspects of school life
- works towards ensuring the school environment is favourable to students with asthma
- expects and encourages parents/carers to give appropriate information to the school regarding their child's asthma and to provide a prescribed reliever inhaler and spacer device (if required)
- recognises that students need to have immediate access to their reliever inhaler

## **Explanation of Disease:**

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

## **Identification of pupils affected on Admission to School**

All parents/carers will be asked to complete an admission form giving full details of their child's asthma, regular medication, emergency contact numbers, family



GP and any relevant hospital details. Every student with an asthma diagnosis must have a **BLUE** reliever inhaler available in school for use in an emergency. All parents on roll must notify school of current treatment details. Treatment details should be accessible at all times.

### **Safety and Storage of Asthma Inhalers**

Key Stage 3 and 4 - reliever inhalers should be carried by the student. A spare inhaler clearly labelled with the student's name will be held centrally in school. Parents/carers will be notified if the spare reliever inhaler has been used during the school day. It is parents/carers responsibility to ensure medication is in date and replenished as necessary. Reliever medication is very safe. Inhalers should not be stored where there is excessive heat or cold.

### **Treatment: consists of two main forms**

**Reliever inhalers** (usually Blue) and  
**Preventer inhalers** (usually Brown)

It is encouraged that only blue inhalers should be in school.

### **Exercise and Activity**

Students with asthma are encouraged to participate fully in all PE lessons and sports activities. Some students with asthma may need to use the reliever inhaler before exercising. Reliever inhalers must be readily available at all times including all off site activities.

### **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. Trigger factors include:- coughs and colds, cigarette smoke, furry animals, cold weather, chemical paints – sprays and vapours, grass pollens and spores, extremes of emotion and exercise.

### **Treating worsening symptoms of asthma:**

A reliever inhaler (blue) should be given:- If requested by the child

If the child is coughing, wheezing or breathless

**If this is effective, the child can return to normal classroom activity.**



### **What to do in the case of an 'asthma attack':**

The main symptoms of an asthma attack are coughing continuously, wheezing and shortness of breath. Support the child to inhale once or twice with the blue inhaler. Wait for **5 minutes** – the inhaler should have been effective. Using the inhaler with a spacer device may be easier when the child is having an attack. This may be available in the school's emergency equipment.

### **Asthma Attack**

It is important that all staff know how to deal with a student experiencing an asthma attack. In the event of an asthma attack school staff should follow the procedure outlined in Appendix 1 - Asthma Attack Procedure, this document should be visibly displayed in staffroom/first aid areas/PE hall.

### **Training**

All staff receive asthma training via the National Online Safety website. They annually take the certificate in first aid awareness in schools.

From 2022 staff receive half termly briefing updates so that they recognise and know how to manage a student experiencing an asthma attack, when and how to call an ambulance and what to do whilst waiting for the ambulance to arrive.



## APPENDIX 1 - ASTHMA ATTACK PROCEDURE

### In the event of an Asthma Attack:

It is important that all staff know how to deal with a student experiencing an asthma attack. In the event of an asthma attack school staff should follow the procedure outlined below.

This procedure should be visibly displayed in staffroom/first aid areas/PE hall.

### Procedure to Deal with an Attack:

1. Stay calm – it is treatable, reassure the individual.
2. Sit the child comfortably – do not let the child lie down.
3. Do not crowd the child & ensure any tight clothing is loosened
4. Speak quietly and calmly to the child – encourage slow deep breaths.
5. Do not put your arms around the child's shoulders – this restricts breathing.
6. Help the individual to take their reliever (blue) inhaler. Usually 2-4 puffs, given one puff at a time (through a spacer device if appropriate), are enough to bring the symptoms of a mild attack under control. **However to not be afraid to give more if needed. Reliever (blue) inhalers are very safe.**
7. If this does not work, then the child may have a **severe** asthma attack.

**This constitutes an emergency situation.**

**An emergency situation is recognisable when:**

- Blue inhaler does not work

Or

- the child has difficulty speaking – e.g. can only say 2 or 3 words before taking a breath

Or

- The child is breathing quickly.

The child can look pale – lips can turn blue.



### **Plan of Action:**

#### **ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR**

- the reliever inhaler is not relieving the symptoms
- the individual's symptoms do not improve in five minutes
- the individual is distressed and gasping or struggling for breath
- the individual has difficulty in speaking more than a few words at a time
- the individual is pale, sweaty and may be blue around the lips
- the individual is showing signs of fatigue or exhaustion
- the individual is exhibiting a reduced level of consciousness
- **you are concerned about the individual's condition at any time**

**DIAL 999** – telephone for an ambulance. In the meantime, a blue inhaler can be given every 5 minutes. **You cannot overdose the child by doing this. DO** inform the paramedic how much inhaler has been used.

Whilst the ambulance is on its way, the individual should continue to take puffs of their reliever (blue) inhaler, preferably using a spacer device, until their symptoms improve.

**Give up to ten puffs, one puff every minute (shaking the inhaler after each puff).**

If the individual's condition is not improving and the ambulance has not arrived this may be repeated. Contact parents/carers once the emergency situation is under control and the ambulance has been called.