Asthma Policy

Hillborough Infant and Nursery School

Owned and Written by: Ms J Walter, Headteacher	**Date:** September 2025
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This policy has been updated to reflect the General Data Protection Regulation (GDPR) and Data Protection Act 2018, and it supersedes the HM Government Information Sharing Guidance for Practitioners and Managers published in March 2015.	

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Rationale

At Hillborough Infant & Nursery School we adhere to the following principles:

- We welcome all pupils, including those who may suffer from asthma, recognising that asthma is a condition affecting many school children.
- We will encourage and help children with asthma to participate fully in all aspects of school life.
- We will be sensitive to the feelings of some asthma sufferers, who feel awkward about their condition and about taking medication
- We recognise that immediate access to reliever inhalers is vital
- We will do all we can to make sure that the school environment is favourable to children with asthma
- We will ensure that other children understand asthma so that they can support their friends, and so that sufferers can avoid the stigma sometimes attached to this condition
- We believe we encourage all staff, but especially our trained First Aiders, to have a clear understanding of what to do in the event of a child having an asthma attack. The school nursing staff attend school annually to refresh staff knowledge of the condition.
- We aim to work in partnership with parents, governors, health professionals, school staff and children to ensure the successful implementation of this Policy We will keep a register of all children with asthma.

What is asthma?

We understand asthma to be a condition which causes the airways in the lungs to narrow, making it difficult to breathe. Sudden narrowing produces an attack.

Asthma sufferers have almost continuously inflamed airways and are therefore particularly sensitive to a variety of triggers or irritants. These include:

- viral infections (especially colds)
- allergies (e.g. grass pollen, furry or feathery animals)
- exercise
- cold weather, strong winds or sudden changes in temperature
- excitement or prolonged laughing
- numerous fumes e.g. from glue, paint, tobacco smoke.

We are aware that psychological stress may sometimes make symptoms worse.

How are children affected?

We are aware that children with asthma may have episodes of breathlessness and coughing during which wheezing or whistling noises can be heard coming from the chest. They feel a "tightness" inside their chest which can be frightening and may cause them great difficulty in breathing. We understand that different children have different levels of asthma and therefore may react differently.

Precautions to help prevention of asthma attacks in school

- We believe in the principle of "prevention rather than cure ". So, in school:
- We have white boards instead of blackboards to avoid the use of chalk;
- We operate a no-smoking policy;
- We think carefully before allowing furry pets into classrooms;
- We have warm-up sessions at the beginning of PE and Games lessons;
- We are aware of the dangers of glues, spirit pens etc. and of the need for correct use and ventilation.

Treatment for asthma in school

We understand that treatment takes two forms: relievers and preventers - the former taken when needed and the latter regularly as a prevention. We are aware also, that relievers need to be taken promptly.

To ensure speedy and correct action, we undertake:

- to store inhalers used with spacers, labelled with the child`s name, in an accessible place in the medical room or classroom;

- to ensure that medication is taken on school trips;
- to administer, or supervise self-administration of, medication with spacers and for children who would like assistance with taking their medication.

We also undertake to inform parents/guardians if we believe a child is having problems taking their medication correctly. We will also discuss with parents/guardians if we feel that there are signs of poorly controlled asthma.

Parent/Guardian responsibilities

We believe in a partnership with parents and guardians. We ask them:

- to inform us 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 us of any change in medication or condition;
- to inform us if sleepless nights have occurred because of asthma;
- to take inhalers/spacers/nebulisers home regularly for cleaning and checking o all inhalers/spacers etc. will be sent home at the end of the academic year to replace inhalers before they expire/run out

We request that parents of children who need to use an inhaler regularly in school should obtain a second one from their doctor so that one may be left at school.

Procedure in the event of an asthma attack in school

We expect that older children may or will be aware of what to do in the event of a threatened attack. However, we adhere to the following guidelines with all children:

- we will endeavour to remove the child from the source of the problem, if known;
- an Emergency RED CARD will be sent to the Medical room to alert the first aider on duty.
- we ensure that the child`s reliever medicine is taken promptly and a second dose taken if necessary;
- we stay calm, reassure the child and listen carefully to what the child is saying;

- it may be comforting to hold the child's hand but we try not to put an arm round their shoulders as this is restrictive;
- we help the child to breathe by encouraging normal regular 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 help; 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 an ambulance 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 guardian, or contact the emergency number if the parent or guardian is unavailable. We will repeat doses of reliever as needed while awaiting help, being aware of the possibility of overdosing.

Asthma and Sport in school

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

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 school building;
- any child complaining of being too wheezy to continue in sport, will be allowed to take reliever medication and to rest in the medical room where their condition can be monitored;
- 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 dilates the airways, we understand this could increase the heart rate, 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.

We do hold emergency inhalers within school.

Asthma Policy

This Policy was formulated by the following combination of methods:

- All staff watching video "Fighting Asthma Together - A Guide for Schools "
- Reference to National Asthma Campaign literature
- Consultation with staff especially trained First Aiders in school
- Individual evaluation and adoption by staff of Policy Consultation with curriculum committee Ratification by the Governing Body.

Appendix - I

Hillborough Infant & Nursery School

You have informed Hillborough Infant & Nursery School that your child suffers with the medical condition asthma. We have a school asthma policy which is available to view on our website. Alternatively, a copy can be obtained from the school's Welfare Assistant. As part of our policy we ask that you complete this form. It is your responsibility to ensure that your child is carrying medication and that the school is informed of any changes to his/her medication and that all medication is within expiration date.

Pupils name:	Male/Female:
Date of Birth:	
Address:	
Name of parent/carer:	

Emergency contact telephone numbers of parent/carer: Home: Mobile: Work:	
Name of Doctor:	Telephone number:
Does your child need to take asthma medicines while in the school's care?	YES / NO
If you answered yes to the above question, please describe the medicine (inhaler): ……. Expiry date: …….. (*Record of expired medication overleaf.)* How much medicine is needed (dosage): ……	
Does your child recognise when he/she needs reliever treatment (for wheeze, cough, shortness of breath or sudden tightness in the chest):	YES / NO
Does your child need help taking his/her medicine	YES / NO
Where is your child's medicine to be kept, Medical Room or with child:	
Does your child need medicine during exercise or play:	YES / NO
What are your child's triggers (things that make their asthma worse):	
What signs can indicate that your child is having an attack:	
Additional Information:	

Please indicate overleaf any other information in connection with your child's asthma that we should be aware of.

Parent/carer's authorisation signature…… Dated……

Medication	**Expiry date**	**Date reminder sent**	**Date received replacement medication**

Date pupil took medication from medical room (e.g. school trip, PE)	Date medication returned to medical room
