REVIEW DATE: June 2028

Abbot's Hall Primary School

Asthma Policy

June 2026

Be the best that you can be.

The objectives of the policy are to help ensure:

- children with asthma are encouraged to participate fully in all aspects of school life
- all staff have a clear understanding of what to do in the event of a child having an asthma attack
- that we work in partnership with parents, school governors, health professionals and children to successfully implement our school asthma policy
- The school is actively working towards Asthma Friendly School status.

Information about Asthma

Preventative treatment

Asthma can be controlled by:
1. avoiding known irritants
2. inhaling specific, prescribed drugs

Known irritants

The following are common asthma triggers: house-dust mites, cold weather, air pollution, pollen, exercise, cigarette smoke, moulds, chemicals (such as solvents, adhesives, felt tip pens, aerosols, perfume and paint fumes) and furry animals.

Preventers

These medicines are taken daily to make the airways less sensitive to the triggers. These generally come in brown, purple or white containers. Children usually take these twice a day at home even when they are well.
Occasionally children need to take extra doses of their preventative inhaler during the day, for instance on a long school outing or when asthma has become more troublesome. The child's teacher must ensure they are aware of the type and correct dosage of preventative medication being used in school and the correct technique for using the inhaler device.

Relief treatment

This type of treatment may be needed:
1. When something triggers common asthma symptoms
2. When a child is having an asthma attack

Relievers
These medicines, sometimes called bronchodilators, quickly open up the narrowed airways and help the child's breathing difficulties. These generally come in blue containers.

Reliever inhalers are crucial for the successful management of asthma. Delay in taking reliever treatment, even for a few minutes can lead to a severe attack and in rare cases has proved fatal.

Large volume spacers
These are to be used with relievers in the event of a severe attack to assist in administering higher doses than usual to the children OR to aid younger children in inhaling the medicine properly.

Further information
A child will not overdose on his or her medication. Reliever medication will not be harmful however much is used.
If a child who does not have asthma experiments with another child's asthma medication this will not be harmful as relievers act simply to dilate the airways. However, it is important that as part of our health education programme we do not allow anyone using someone else's medication.

Procedures for dealing with asthma in school

General

- All parents who indicate their child has asthma are asked by the office or class teacher to complete a medicine administration consent form (Appendix 1 and 2). Blank copies are kept in the main office.
- Teachers should ensure that they update the child's Health Care Plan (Appendix 3) with parents every September and, if needed, following doctor's appointments. This Health Care Plan must be kept in the office Care Plan folder and a copy kept by the teacher in the classroom.
- Children at school should have free access to their inhalers at all times including break times and during PE.
- The children's inhalers should be kept on their teacher's desk or shelf in the classroom. Older children can keep their own in their tray. The inhalers should be clearly marked with the child's name.
- All inhalers must be brought outside in the event of a fire or fire drill.
- Staff and parents should ensure that children's relief inhalers are always taken on school trips.
- Parents should ensure their child's inhaler is in date and it is the parent's responsibility to bring replacement inhalers in to school.

P.E.

- All those running PE activities (whether lessons or extra curricula) need to be aware of the needs of those children with asthma and those children affected.
- There must be an opportunity for children who suffer from asthma to take a puff of their inhaler before they start to exercise, if required. Some children may be shy of doing this.
- Children who become too wheezy to continue must take their reliever inhaler and rest until they feel better.

Awareness

- Teachers should be aware of the three main symptoms of asthma i.e. coughing, breathlessness and wheezing.
- If a child has one or any combination of these symptoms and has not been diagnosed as asthmatic the teacher should mention what they have noticed to the child's parents.
- All school staff have undertaken relevant, up to date tier 1 asthma training on supporting asthma in school
- Asthma champions have undertaken tier 2 asthma training.
- Refresher training will take place annually.
- The school will take advantage of any training when it is made available. This is usually carried out by the school nurse as required.

Dealing with an asthma attack

Mild - Moderate Attack

Child feels breathless, may have an audible wheeze or cough but looks quite well and can speak normally.

1) Ensure the child takes his/her dose of relief inhaler
2) Let the child choose the easiest position for breathing, usually upright. This should produce improvement within 15 minutes.

3) Call parents/contact person. If the inhaler is needed more frequently than once every 4 hours, the child should see a doctor to discuss their asthma management.
4) If you are unsure what to do, contact the parents/contact person or doctor if parents are not available.

Severe Attack

Some children become very ill very quickly and action must not be delayed. The following signs indicate that a child is having a severe attack which must be dealt with at once.

- The usual relief inhaler does not work very well or at all
- The child cannot speak normally because of difficulty in breathing
- The child cannot move about normally because of difficulty in breathing
- The child may have a blue tinge around the lips

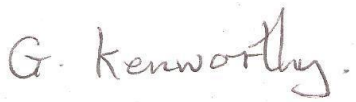
Only one of these signs is needed to indicate a severe attack. NB. There may be no audible wheeze.

1) Check if the child is known to have asthma and that there is no history of allergy/anaphylaxis.
2) Ensure the child takes his/her usual dose of relief (blue) inhaler.
3) Let the child choose the easiest position for breathing; try to ensure the room temperature does not vary too much.
4) Ask for the help of another member of staff and dial 999 for an ambulance, stating that the child is having a SEVERE ASTHMA ATTACK requiring immediate attention.
5) Ensure a member of staff stays with the child.
6) Ensure the child takes a second dose of their normal reliever inhaler
   OR
   If the child has a metered dose reliever inhaler, ensure they receive up to 10 sequential puffs (one puff per minute) of their inhaler, giving the individual puffs one at a time until relief is obtained.
7) Contact the child's parent or guardian to inform them of the situation and the action being taken.
8) If staff are concerned about their ability to help the child while waiting for the ambulance to arrive they should contact the nearest GP and request immediate assistance.

Monitoring and review

This policy is monitored by the Headteacher and the governing body. It will be reviewed every two years or before if necessary.

Signed:  **Position:** Headteacher **Date: June 2026**

Signed:  **Position:** Chair of Governors **Date: June 2026**

Appendix 1

Abbot's Hall School

Asthma

Dear Parent/Carer,

Thank you for informing us of your child's medical condition. The school's policies, 'Supporting Children with Medical Conditions' and 'Asthma', are available on the school website or from the school office for your information.

A central requirement of the policies is for a healthcare plan to be prepared, setting out what support each pupil needs and how this will be delivered and for details to be provided of any medication required.

Please could you contact the class teacher or the school office to arrange a convenient meeting time to complete the required forms.

Please let us know if you would like us to invite another medical practioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

Mr Daniel Pettitt
Headteacher

Appendix 2 Abbot's Hall Primary School

Medicine Administration Consent Form

This form is to be completed in conjunction with the Health Care Plan

Medical Condition	

I _____ being the parent or guardian of _____

Understand that I am responsible for ensuring that my child is equipped with their in date medication as required (including school trips).

Medicine Details

Name/Type of medicine	
Expiry Date (please renew regularly)	
Dosage and method	
Timing	
Special precautions/other instructions	
Any known side effects	
Self administration?	Y/N

N.B. Medicines must be in the original container as dispensed by the pharmacy

I understand that I shall be informed if my child's condition appears to be deteriorating in school, so that I can inform my child's GP or Practice Nurse as necessary.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed: _____ Date: _____
(Parent/Carer)

Child's Class: _____

Appendix 3

Health Care Plan

School Name

Date / /

Child's Name

Class

Date of Birth / /

Child's Address

Medical diagnosis or condition

Review Date / /

Family Contact Information

Name

Relationship to child

Phone Numbers: Work

Home

Mobile

Name

Relationship to child

Phone Numbers: Work

Home

Mobile

Clinic/Hospital Contact

Name

Phone Number

G.P. Contact Details

Name

Phone Number

Describe medical needs and give details of child's symptoms and triggers

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child and the action to take if this occurs

Follow up care/Specific Support

Who is responsible in an emergency (state if different for off-site activities)

Form copied to

The school will not give your child medicine unless you complete and sign the consent Form

Please let us know if your child's regular treatment is changed at any time