



ASTHMA POLICY

This Policy was approved at a meeting of the Full Governing Body on Monday 14th July 2025

Chair of Governors: Mr L Shilling
Headteacher: Ms Y Nunn

Signed: .....Chair of Governors

Signed: .....Headteacher

Review Date: Spring 2026

HAMPTON PRIMARY SCHOOL ASTHMA POLICY

This policy has been written with advice from the DfES, National Asthma Campaign, the Local Education Authority, the School Health Service, parents, the governing body and pupils.

Hampton Primary School recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

This school encourages children with asthma to achieve their potential in all aspects of school life, by having a clear policy that is understood by school staff, their employers (the Local Education Authority) and pupils. Supply teachers and new staff are also made aware of the policy. Staff training is updated as required.

Medication

The school recognises that immediate access to reliever inhalers is vital. Children are encouraged to carry their reliever inhaler as soon as the parent, doctor or nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom in a labelled container. Inhalers are kept in school and are returned at the end of the summer term. The school regularly checks that inhalers are in date and will notify parents if they have expired. Parents are asked to ensure children understand how to use their inhaler correctly.

All inhalers are labelled with the child's name by the parent and should be supplied to school with original packaging (See school medical policy). School staff are not required to administer medication to children except in an emergency, however many of our staff are happy to do this. School staff who agree to do this are insured by the local education authority when acting in accordance with this policy. All staff will let children have access to their medication when required.

Record keeping

When a child joins the school and has been diagnosed with asthma or when a child is given an inhaler to use by a doctor or asthma nurse, parents are asked to complete a Medical Record and blue asthma form. From this information the school keeps its asthma register which is available for all school staff and is updated regularly. If medication changes in between times, parents are expected to inform the school and complete a new blue asthma form.

Each class has an Asthma Record sheet for individual children in which a record is kept of each time an inhaler is used. Each Class Teacher will be given a copy of the Asthma Record sheet so they are aware of the requirements of the children in their class. A notification form is sent home to parents when an inhaler has been used, completed by school staff.

Parents are asked to provide copies of documents given by medical professionals about their child's use of an inhaler and inform the school when reviews are due. Blue asthma forms are archived at the end of each school year in term 6. Parents are asked to complete a new blue asthma form for the start of the new school year in term 1 or provide written confirmation that their child no longer requires the use of an inhaler.

At the start of each academic year in September, when a child's class, year group, or teacher changes, parents are required to complete a new blue asthma record form. This form confirms whether their child still requires an inhaler, the prescribed dosage, when it should be used, and any other relevant information about the child's condition. Parents must also ensure that their child brings an *in-date* inhaler to school on the first day of Term 1. This process ensures that accurate and up-to-date medical information is available to the child's new teacher and support staff.

Inhalers will be taken on all school trips and off-site visits. For children in Years R to 4, inhalers

supporting these trips will be informed of any children who require inhalers and will have access to relevant medical documentation to ensure appropriate care is provided if needed. Notes regarding inhaler use will be included in trip risk assessments.

PE and assemblies

Class Teachers and the Sports Teacher for FS - 5 take their class asthma box for all PE lessons (indoors & outdoors) as well as into the hall for assemblies or other events, alternative areas of the school site, forest school and on school trips including sporting events and swimming lessons. Pupils in Yr 6 are responsible for their own inhalers and class teachers/the Sports Coach will check that those pupils have their inhaler in their possession.

The school environment

The school ensures the school environment is inclusive for all children with asthma. The school has a non-smoking policy and does not permit the bringing of family pets to school by pupils. As far as possible, the school does not use chemicals in science and art lessons that are potential triggers for children with asthma.

Attendance

If a child is missing time from school because of asthma or is tired in class because of disturbed sleep and falling behind, the class teacher will initially talk to the parents. If appropriate, the teacher will then talk to the Inclusion Manager and/or FLO about the situation. The school recognises that it is possible for children with asthma to have additional educational needs because of asthma and this will be addressed accordingly.

Asthma Symptoms

Asthma is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air both in and out as you breathe. The symptoms of asthma occur when the muscles around the airways tighten and the lining of the airway becomes inflamed and start to swell; this leads to a narrowing of the airways. The usual symptoms of asthma are:

Coughing

Shortness of breath

Wheezing

Tightness in the chest

Being unusually quiet

Difficulty speaking in full sentences

Sometimes younger children will express the feeling of tightness in the chest as a tummy ache.

The symptoms however are rapidly reversible with appropriate medication. Only when symptoms fail to be reversed medical attention must be sought.

Asthma attacks

Staff who come into contact with children with asthma know what to do in the event of an asthma attack, and many members of staff have a first aid certificate. In most cases the school follows the following procedure:-

Ensure that the reliever inhaler is taken immediately

Stay calm and reassure the child

Help the child to breathe by ensuring tight clothing is loosened

Encourage the child to breathe slowly and deeply.

Most children find it easier to sit upright or lean forward slightly. Lying flat on the back does not help the breathing! Offer the child a drink of water. The reliever inhaler should work within 5-10 minutes.

After the attack

Minor attacks should not interrupt a child's involvement in school. When children feel better they can return to school activities.

The child's parents must be told about attacks which are severe or unduly frequent.

Emergency Procedure

Call the child's doctor or ambulance if:-

the reliever has no effect after five to ten minutes
the child is either distressed or unable to talk
the child is getting exhausted
if you have any doubts at all about the child's condition

Continue to give reliever medication (if necessary, one puff into spacer every few minutes) while you wait for help to arrive. Reliever medication is extremely safe. You should not worry that a child may overdose on their reliever inhaler.
A child should always be taken to hospital in an ambulance. School staff should not take them by car as the child's condition may worsen quickly.

If the doctor is unreachable, call an ambulance by dialling "999"

Appendices:

Blue Asthma Medicine Record sheet for parent completion
Notification to parents of inhaler being used during the school day