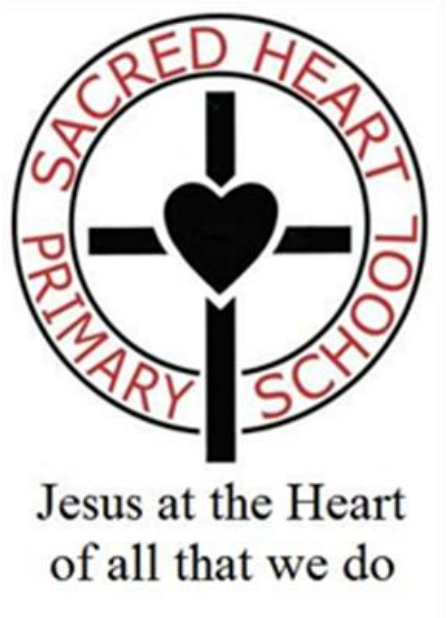

Asthma Policy

September 2026

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Rationale

At Sacred Heart Catholic Primary School, we adhere to the following principles:

- We welcome all children, including those who may suffer from asthma, recognising that asthma is a condition affecting many school children
- We encourage and help children with asthma to participate fully in all aspects of school life
- We are 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 do all we can to make sure that the school environment supports children with asthma
- We 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 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
- 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, added to our main allergy register, which is accessible to all school staff and supply staff, and which is updated regularly
- We will ensure there is regular training for staff, parents and children delivered by the Community Asthma Nurse or other relevant training

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
- fumes e.g. from glue, paint, aerosols etc.

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 the prevention of asthma attacks in school

We believe in the principle of "prevention rather than cure ". So, in school we…

- avoid the use of chalk and chalk-based products
- reduce the use of aerosols as far as possible
- operate a no-smoking policy
- think carefully before allowing furry pets into classrooms
- have warm-up sessions at the beginning of PE lessons
- are aware of the dangers of glues, spirit pens etc. and of the need for correct use and ventilation

Treatment for asthma in school

All children with diagnosed asthma will have a School Asthma Plan *(appendix 1)*. This is written by the parents/carers and where possible is supported by the Community Asthma Nurse which is kept in the class medical files. Some children will also have an Individual Medical Asthma Plan that is written by medical professionals *(appendix 2)*.

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 and so where possible children will keep their inhalers on them or with their teacher or in the classroom first aid cupboard.

All children with asthma will be added to the School's Asthma Register that is updated as needed

To ensure speedy and correct action we…

- ensure that children who are able to take their medication independently are encouraged to carry their inhalers with them at all times
- will store inhalers and spacers, labelled with the child`s name, in the First Aid cupboard in the classrooms (these are ALL marked with a Green Cross)
- administer or supervise self-administration of medication with spacers
- ensure that all medication is taken on school trips

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

Parent/Carer responsibilities

We believe in a partnership with parents and carers. 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 make us aware of any known triggers or allergies
- to inform us if sleepless nights have occurred because of asthma
- to take inhalers/spacers home regularly for cleaning and checking
- to replace inhalers before they expire/run out
- we expect parents of children who need to use an inhaler regularly in school, to obtain a second one from their doctor so that one may be left at school

In order to capture all this information parents complete an School Asthma Plan *(Appendix 1)*.

Procedure in the event of an asthma attack in school

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

- send immediately for a First Aider
- we will endeavour to remove the child from the source of the problem, if known
- alert SLT immediately
- ensure that the child`s reliever medicine is taken promptly and a second dose taken if necessary (up to 10 puffs)
- stay calm, reassure the child and listen carefully to what the child is saying
- help the child by encouraging slow breathing
- encourage others around to carry on with their normal activities (remove other children where possible)

- encourage the child to sit upright and lean slightly forward over the back of a chair - hands on knees sometimes helps; we do not allow the child to lie down
- loosen tight clothing, offer a drink of water and open windows or doors to give a supply of fresh air

We will call an ambulance if:

- the reliever has no effect after five minutes;
- the child is either distressed, unable to talk or very pale
- the child is getting exhausted
- the child's condition is deteriorating
- we are in any way concerned about medical condition of the child
- we would consult the School and Medical Asthma Plan and share this with the ambulance crew
- we will also notify the parent or carer, or contact the emergency number if the parent or carer is unavailable
- doses of the reliever will be repeated as needed while awaiting help, being aware of the possibility of overdosing and following the instructions from the emergency services

Asthma and Sport in school

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

We bear the following in mind when planning sports lessons, with asthma sufferers in mind:

- 15 minutes prior to the lesson if a child has exercise induced asthma, they take a dose of medication before exercise
- inhalers need to be speedily available when the child is out of the school building so all teachers will have an medicines inhaler box to be placed at the location of the activity or kept on the child (if possible)
- any child complaining of being too wheezy to continue in sport, will be allowed to take reliever medication, a First Aider will be notified to attend in order that their condition can be monitored
- we aim to ensure a warm-up period before full exercise
- 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 simply dilates the airways, we understand this would not be harmful, although 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 also have an asthma emergency kit available in school for emergencies located in the Front Admin Office.

Parents/carers permission is sought (where possible) prior to administering the inhaler and this can be seen on the child's School Asthma Plan.

appendix 1:

Sacred Heart Catholic Primary School

School Asthma Plan 2026-2027

Name of child	
Date of birth	
Class	

Inhaler

Name & colour of inhaler	
Is inhaler in school?	
When does your child need their inhaler? What are the triggers?	
Dosage	
Can your child use their inhaler independently?	

If for any reason your child's inhaler is not available we hold an emergency Salbutomol inhaler in school. Please give your permission for this to be used by signing in the box below.

Name of parent/carer:	
Signature of parent/carer:	

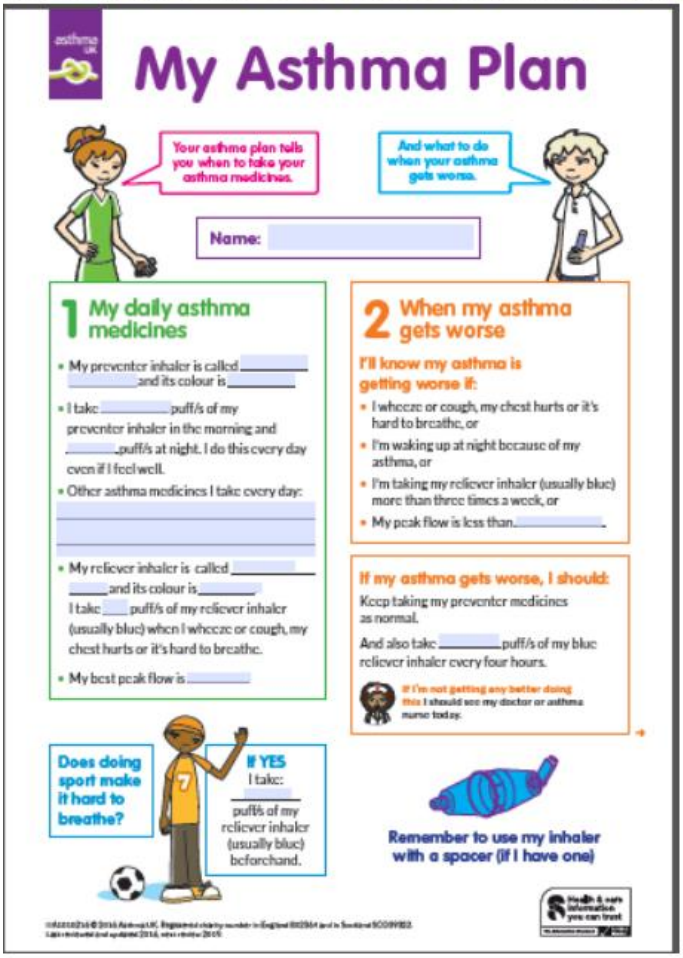
Contact Details

Name	
Daytime telephone no.	
Relationship to child	

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

Signature	
Relationship to child	
Date:	

appendix 2: (it may look like or be similar to this example)



My Asthma Plan

Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.

Name:

1 My daily asthma medicines

- My preventer inhaler is called _____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:
- My reliever inhaler is called _____ and its colour is _____ I take ___ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

2 When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than _____.

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

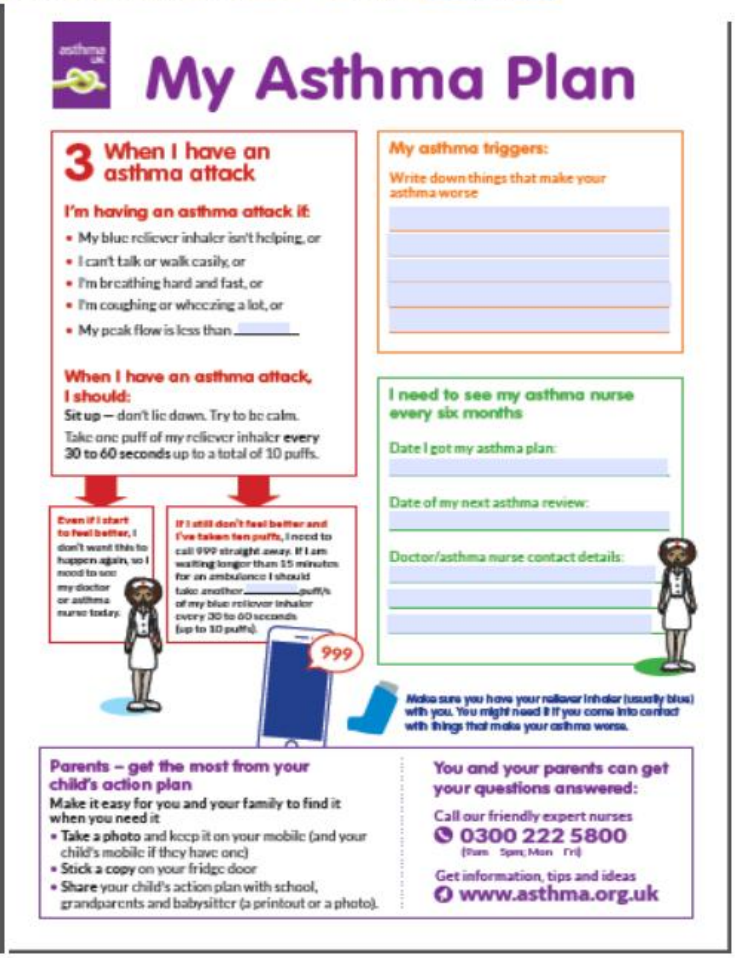
And also take _____ puff/s of my blue reliever inhaler every four hours.

If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?

If YES I take: _____ puff/s of my reliever inhaler (usually blue) beforehand.

Remember to use my inhaler with a spacer (if I have one)



My Asthma Plan

3 When I have an asthma attack

I'm having an asthma attack if:

- My blue reliever inhaler isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than _____

When I have an asthma attack, I should:

Sit up – don't lie down. Try to be calm.

Take one puff of my reliever inhaler **every 30 to 60 seconds** up to a total of 10 puffs.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another _____ puff/s of my blue reliever inhaler every 30 to 60 seconds (up to 10 puffs).

999

My asthma triggers:

Write down things that make your asthma worse

I need to see my asthma nurse every six months

Date I got my asthma plan: _____

Date of my next asthma review: _____

Doctor/asthma nurse contact details: _____

Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

Parents – get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- **Take a photo** and keep it on your mobile (and your child's mobile if they have one)
- **Stick a copy** on your fridge door
- **Share** your child's action plan with school, grandparents and babysitter (a printout or a photo).

You and your parents can get your questions answered:

Call our friendly expert nurses
0300 222 5800
(9am–5pm; Mon–Fri)

Get information, tips and ideas
www.asthma.org.uk