

# Green Lea First School



## Asthma Policy

Date of review: November 2025

Next review: November 2026

## **Guidance to Staff**

### **1. Identification of Pupils Affected**

Identification of pupils who have asthma requires partnership with parents and schools. School may decide to employ a variety of methods when encouraging parents to notify them of their child's condition.

Including:

- A policy statement in the school prospectus.
- Talks to parents upon their child's entry to school. Completion of annually updated school medical information form.

Whatever the method employed, two points are of paramount importance:

- All pupils with asthma should be identified.
- A clear written record of those affected should be kept, updated and be readily accessible. Parents need to be aware of the school's policy and if possible have the opportunity to influence its development and implementation.

### **2. Access to Treatment**

Treatment in school will always be by an inhaled method.

Access to treatment is vital and children are encouraged by Asthma UK to assume individual responsibility for their inhalers as soon as possible. They should be capable of knowing when and how to use their inhalers. Younger children will need help and supervision when taking their inhalers.

Individual cases may vary but as a general rule only BLUE reliever inhalers need to be brought to school. Parents should be encouraged to obtain a 'spare' inhaler and spacer device, if required, to be kept for use at school only.

These inhalers should be clearly labelled with the child's name.

- Inhalers will be kept in school in the school office in a medical box with children's names highlighted. The inhalers are kept with the dosage on the side of the box.
- All staff and helpers should be made aware of where all inhalers are.
- Inhalers should be checked regularly.
- All inhalers need to be sent to any P.E. lessons that the children are involved with (Forest School, Swimming and All trips.)

- There is a list in the office of all children's names and contact details in case of emergency.

School staff will ask parents to check the frequency for renewal and cleaning of devices. It is recommended that they are taken home at least once a year to check the expiry date and its cleanliness.

### **3. Prevention of Exacerbations**

Many children with asthma have symptoms, which are provoked by exercise and therefore require their reliever inhaler to be available if they are taking part in any form of physical exertion, including PE lessons, swimming, sports days and exercise undertaken in playground situations.

Part of the action plan given by the doctor or nurse to children with asthma, is to use their relief medication approximately ten minutes prior to exercise if they experience symptoms. This should not be prevented.

All children with asthma should be encouraged to take part in activities at school. Warm up exercises both before and after exercise, are helpful for children who experience exercise-induced asthma. Spacer devices for use with sprays can be helpful during the acute attack.

### **4. Out of School Activities**

It is essential that pupils with asthma have access to their inhalers and should therefore always be taken with them. The very nature of some external visits may mean that pupils with asthma are exposed to large amounts of a 'trigger factor', (i.e. excitement, more vigorous exercise, exposure to grasses and pollens, exposure to animals). This of course includes residential school holidays, which will necessitate the inclusion of preventer inhalers (usually brown or less commonly orange or purple in colour).

#### **School Asthma Policy Introduction:**

Green Lea First School, acknowledges that asthma is the most prevalent condition of childhood and recognises that many pupils on role in this school will have the condition. Their condition should not isolate asthma sufferers; therefore, asthma awareness should involve ALL members of the school community.

### **Explanation of Condition:**

- 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:**

- It is the responsibility of parents or guardians to notify school if their child has asthma.
- Treatment details should be given to school and accessible by staff at all times.

Treatment: consists of two main forms

- Reliever inhalers (usually Blue) & preventer inhalers (usually Brown).
- It is encouraged that only blue inhalers should be in school.
- Children should have access to their relief inhalers (usually blue) at all times

### **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 & 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. Parents will be notified every time a child uses their inhaler.

### **What to do in the case of an 'Asthma Attack':**

The main symptoms of an asthma attack are coughing continuously, wheezing or shortness of breath.

1. Support the child to inhale once or twice with the blue inhaler (using a spacer if available). Wait for 5 minutes - the inhaler should have been effective.  
A spacer is often easier to use when a child is having an attack and this may be available in the school's emergency equipment. The asthma UK includes information that school staff can provide up to 10 puffs of the blue inhaler to support the child's needs.

#### ***But remember -***

- Stay calm - it is treatable
  - Sit the child comfortably - do not let the child lie down
  - Do not crowd the child
  - Speak quietly and calmly to the child - encourage slow deep breaths.
  - Do not put your arms around the child's shoulders - this restricts breathing.
2. If this does not work, then the child may be having 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.
    - Child can look pale - lips can turn blue.

#### **Plan of Action:**

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. The asthma UK includes information that school staff can provide up to 10 puffs of the blue inhaler

#### **Useful Information**

Asthma UK (formally known as The National Asthma Campaign) have an excellent website which includes information including an interactive for children with asthma. The address is [www.asthma.org.uk](http://www.asthma.org.uk)

Asthma UK-Asthma Policy for School Information Pack.

D.F.E.E. Guidelines: Supporting Pupils with Medical Needs in School.