

# Asthma Policy

Where education is more than what you know,  
it's who you can become...

Adopted	<b>Hujjat Primary School</b>
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**HUJJAT  
PRIMARY  
SCHOOL**

## VISION

Hujjat Primary School will be a happy and inclusive school inspired by Islamic values. A place where children can indulge their curiosity, develop a love for learning and build the foundation to become ethical, responsible and inspirational members of society.

## MISSION

To nurture children within a safe and caring learning environment to realize their full potential academically, physically, spiritually, emotionally and socially. We believe that true education is not just about acquiring skills and achieving standards, but facilitating the well-being and growth of every child's mind, body and spirit in the best possible way.

## VALUES

- Integrity
- Respect
- Compassion
- Excellence

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## INTRODUCTION

This policy has been written with advice from the Department for Education and Skills, Asthma UK, the local education authority, local healthcare professionals and the school health service.

## DEFINITION OF ASTHMA

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

Known triggers:

- Viral infection (especially common cold)
- Allergies
- Exercise
- Cold weather
- Sudden change in temperature
- Fumes such as paint, smoke, glue

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring:

- Have a named Asthma Lead and Asthma Champion
- The Asthma Champion attends annual update training
- Hold a register of all known asthmatics
- We have a clear Asthma Policy
- There is easy access to inhalers
- Annual whole school staff training with a minimum 85% attendance
- The Emergency Asthma Plan is displayed around the school
- We have emergency inhalers (if required)
- We have an annual asthma audit completed

## AIMS

- To enable all pupils with asthma to participate fully at school
- To ensure all staff are able to deal with an asthma attack
- To encourage all children with asthma to take responsibility for their own medication as far as possible

## PARENTAL RESPONSIBILITIES

- It is the parent/carer's responsibility to inform the school if the student has asthma
- Parent/carer to ensure pupil always has their reliever inhaler with school
- Parent/carer to ensure inhaler is in date (staff will remind parents when inhaler is due to expire).
- Parent/carer to keep the school updated about the student's health and any changes

## ASTHMA REGISTER

The school keeps an asthma register of children within the school, which is updated accordingly (at least annually). We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler, we ensure that the pupil has been added to the asthma register and has:

- their reliever (salbutamol) inhaler in school
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost

## ASTHMA CHAMPION / LEAD

The school has an Asthma Champion and an Asthma Lead. It is the responsibility of the Asthma Champion and Lead to manage the Asthma Register, update the Asthma Policy, manage emergency salbutamol inhalers (referring to the Department of Health's guidance on the use of emergency salbutamol inhalers in schools, March 2015) and ensure that measures are in place so that children have immediate access to their inhalers.

## MEDICATION AND INHALERS

All children with asthma should always have immediate access to their reliever inhaler (usually blue). The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK)

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly, as prescribed, at home. However, if the pupil is going on a residential trip, we are aware that the pupil will need to take the inhaler with them so that they can continue taking the medication as prescribed. (Source: Asthma UK)

Pupils should always have immediate access to their reliever inhaler and personal spacer. Spot checks are carried out throughout the year, to ensure compliance.

School staff are not required to administer asthma medicines to pupils; however, many children have poor inhaler technique, or are unable to take the inhaler by themselves. Failure to receive their medication could result in hospitalization or even death. Staff who have had asthma training and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler, we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse.

Please refer to the Supporting Pupils with Medical Conditions Policy for further details about administering medicines.

## **STAFF TRAINING**

All staff will attend an annual update on how to recognise and treat an asthma attack. This is undertaken by the school nursing team. Additionally, the Asthma Champion will attend a half-day asthma training session annually.

## **SCHOOL ENVIRONMENT**

The school does all it can to ensure the school environment is favourable to pupils with asthma.

The school has a definitive no-smoking policy.

## **EMERGENCY SALBUTAMOL INHALER IN SCHOOL**

As a school, we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015) which gives guidance on the use of emergency salbutamol inhalers in schools.

As a school, we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

We have an emergency kit located in the central medical cabinet. This kit contains:

- A salbutamol metered dose inhaler
- A spacer compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A check list of inhalers, identified by their batch number and expiry date
- A note of the arrangements for replacing the inhaler and spacer
- A list of children permitted to use the inhaler
- A record of administration

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom consent has been given.

The school's asthma lead and team will ensure that:

- On a monthly basis, the inhaler and spacer are present and in working order and the inhaler has a sufficient number of doses available
- Replacement inhalers are obtained when expiry dates approach
- Replace spacers are available following use
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary. Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air

Any puffs should be documented so that it can be monitored when the inhaler is running out.

The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

## **ASTHMA ATTACKS**

See Appendix A – Emergency Asthma Plan

Staff will be trained to give emergency treatment to a student suffering an acute asthma attack.

Emergency Plan posters will be displayed around the school for guidance to staff on emergency care treatment.

Students will be treated at the scene and medication brought to them.

Parents will always be informed if emergency treatment is required.

## **EXERCISE AND ACTIVITY**

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register. (Source: Asthma UK)

Pupils with asthma are encouraged to participate fully in all activities. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so. (Source: Asthma UK)

## APPENDIX A – EMERGENCY ASTHMA PLAN

# ASTHMA ATTACK

### SIGNS OF AN ASTHMA ATTACK:

- Wheezing
- Coughing
- Shortness of breath

Give 2 puffs of **Salbutamol** via spacer

+

Inform parents and welfare officer

No better?

Give up to 6 puffs of **Salbutamol** via spacer

+

Call parents to collect from school and inform welfare officer

+

Advise to see GP

No better?

Give up to 10 puffs of **Salbutamol** via spacer

+

Call 999 and ask for an ambulance!

+

Give up to 10 puffs every 15 minutes until child is better or help arrives



## APPENDIX B

### parental agreement for setting to administer medicine

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

#### Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

#### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## TEMPLATE C

### Record of medicine administered to an individual child (Continued)

Name of school/setting	
Name of child	
Date medicine provided by parent	/ /
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

