



ASTHMA POLICY

(Senior and Junior Schools)

This Policy has been written with advice from the Department for Education and Employment, Asthma UK, and the School Nurse.

Asthma is a long term medical condition which affects the airways. Triggers can irritate the lining of the airways causing them to become inflamed and the muscles around the airways to tighten. This leads to difficulty in breathing.

QEH recognises that Asthma is an important medical condition affecting many pupils and staff within the school but it can be managed successfully with the co-operation of the parents/guardians, the teaching staff and the School Nurse. Children and young people can usually control their asthma by taking the appropriate medication (using the correct technique) and avoiding or managing known triggers.

The School encourages students with asthma to participate in all aspects of school life.

The School recognises the possible triggers and where possible reduces or manages the risks.

Known triggers are:

- **Tobacco Smoke** - A no smoking policy is adopted within the school.
- **Colds and Flu**
- **Chalk Dust** - White boards to be used within the school.
- **House Dust mites** - rooms are to be regularly wet dusted, cleaned and vacuumed and soft furnishing and toys kept to a minimum.
- **Mould** - Rooms should be well aired and damp and mould reported to maintenance to be dealt with quickly. Autumn leaves should be cleared regularly.
- **Pollen and grass cuttings** - No pollinating plants should be kept in the classroom. Playing fields and grass areas should be mown out of school hours. During High Pollen days - children with pollen allergies should be allowed to remain indoors.
- **Stress and emotion** - Support (educational and emotional) is offered to all students.
- **Furry animals** - No pets to be kept in school.
- **Scented Deodorants and perfumes** - Staff and pupils to be encouraged not to wear strong perfumes. No air fresheners or room deodorisers to be used and

unscented /no aerosol products to be encouraged. Changing rooms to be well ventilated.

- **Latex gloves** - The school is to use latex free gloves.
- **Dust from flour and grain** - Kitchens are well ventilated.
- **Chemicals and fumes** - where possible avoid chemicals and fumes in science and art that may trigger pupils' asthma. Store such items in a fumes cupboard.
- **Cleaning and gardening products** - where possible cleaning sprays, aerosols and lawn weed/insect sprays not be used. If required use out of school hours. Ensure rooms are well ventilated.
- **School maintenance or woodwork chemicals** - avoid isocyanate chemicals (spray paint, foam moulding, adhesives, foundry core and surface coatings). Colophony chemicals (soldering fumes, glues and floor cleaners).
- **Wood dust** - masks to be used by asthma sufferers during carpentry, joinery and D/T lessons and extractors fans. Avoid working with hard woods.
- **Weather and air quality** - avoid leaving windows open during thunderstorms as this can increase the pollen in the air. Give pupils who suffer from asthma the option of staying indoors during high pollen days, very hot or cold days.

All staff should be aware of who suffers from asthma. An updated list is displayed on prominent notice boards within the School Office and Staff Room. All staff should ensure they are aware of any pupil who has asthma whilst under their care (sporting fixtures/school trips). All staff have been given advice on the signs and symptoms of asthma, how to deal with an asthma attack and how and when to contact the school nurse. This is done via face to face training during INSET day or online training. Refresher sessions are available as and when, from the school nurses. Schoolbase has up to date lists which staff are able to access.

Record Keeping

All new students will be required to fill out a medical questionnaire including consent, completed by their parents/guardians, sent via Schoolbase. This is held by the School Nurse. A list of all known asthmatics will be held in the Wellbeing Centre, School Office and online via Schoolbase. Each year Parents/guardians are requested to update their child's medical details and advise the Wellbeing Centre of any changes relating to their child's health.

All parents are encouraged to complete and send their child's individual Care Plan to the School Nurses.

Sport

Although exercise can be an asthma trigger, taking part in sport is an essential part of school life and promotes healthy living, therefore it is a trigger that should be managed rather than avoided. QEH encourages pupil's with asthma to participate fully in all sports and activity based lessons.

Sport coaches should always make sure they are aware of pupils who have asthma and their potential triggers. A list of all asthmatics will be held in the First Aid room in the pavilion, and are available to staff through Schoolbase.

If a pupil needs to sit out for a short while, they should be encouraged to still participate for example by taking notes, doing ball work or line duty if they are able to do so.

It is the pupil's responsibility to ensure that their inhaler and spacer device is brought pitch side. They can hand this to the coaching staff if preferred for safekeeping. It is the student's responsibility to retrieve this at the end of games/PE.

MEDICATION AND TREATMENT

Every child and young person with asthma should have a reliever inhaler - these are essential in treating asthma attacks. Reliever inhalers are usually blue but come in various shapes/sizes.

Reliever medication can be taken immediately when asthma symptoms start

- Immediate access to reliever inhaler is vital.
- Asthmatics at QEH are expected to carry their own inhalers with them and a spare one, provided by their parents, should be kept in the Wellbeing Centre. It is recommended that one should also be kept in pupil's sports bags.

When a pupil has an asthma attack or difficulty breathing the School Nurse is contacted and when possible, she/he is escorted to the Wellbeing Centre for treatment and monitoring.

From 1st October 2014 the Human Medicines (Amendment) (No 2) Regulations 2014 allow schools to keep a salbutamol inhaler for use in emergencies.

The school will hold an Emergency Salbutamol inhaler and spacer. These should only be used by children, for whom parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

All parents should consent via the Medical questionnaire and Consent Form via Schoolbase. An emergency inhaler will be held in the Wellbeing Centre, Failand and both senior and Junior School Offices. An emergency inhaler will also be provided with a first aid kit for appropriate school trips.

Emergency procedures

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)

- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

AN ASTHMA ATTACK - WHAT TO DO:

- Keep calm and reassure the child
- If possible, escort the pupil to the Wellbeing Centre. Otherwise, let the pupil sit up and slightly forward. Do not let them lie down. Never leave the pupil alone.
- Make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately. If possible, use a spacer. If the child's own inhaler is not available - use the emergency inhaler.
- Loosen tight clothing.
- Reassure the pupil.
- If there is no immediate improvement, continue to make sure the pupil takes two puffs of reliever inhaler every two minutes up to a maximum of 10 puffs

After 5-10 minutes

- If symptoms cease, the pupil can return to what they were doing.
- If the symptoms improve but not completely disappeared, escort the pupil to the Wellbeing Centre

Call 999/Ambulance if

- The pupil's symptoms do not improve in 5-10 minutes
- The pupil is too breathless or exhausted to talk
- The pupil's lips are blue
- You are in any doubt or worried
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

Inform the Parents and the Wellbeing Centre. It is not necessary to accompany the pupil to hospital if a parent can arrive promptly. However, if there may be a delay a member of staff or school nurse should attend the hospital to “handover” to a parent when she/he arrives.

More Information:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

REVIEW:

Date policy updated	September 2025
Date policy to be reviewed by	30 September 2026 or earlier if required
Policy Owner	School Nurse