Asthma Policy

Date Policy due to be reviewed: September 2027

Committee Responsible for Policy: Finance Committee

Definition:

As outlined in the DFE 'Allergy safety in schools' (July 2026), Asthma is defined as a lung disease caused by inflammation and tightening of the airways, it can be frequently associated with allergy and anaphylaxis, because of the exposure to allergens can provoke an asthma attack, a potentially life-threatening condition. It can be triggered by airborne allergens such as dust mite, animal dander or pollen. On average, there are two or three children with asthma in every classroom in the UK.

Hillcrest School:

- recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.
- recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- keeps a record of all pupils with asthma and the medicines they take.
- ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma.
- ensures that all pupils understand the causes and potential consequences of asthma.
- ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack.
- ensures training and information for staff is updated on an annual basis.
- understands that pupils with asthma may experience bullying and has procedures in place to prevent this.
- recognises that pupils with asthma could be classed as having a disability due to their asthma as defined by the Equality Act 2010 and therefore may have additional needs.
- will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

The Hillcrest School encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, governors, parents and pupils.

Roles and Responsibilities

The Designated Safeguarding Lead is Damon Gariff.

The SENDCO is Natasha Birmingham

Both have responsibility for the implementation of this policy.

Designated Safeguarding Lead has a responsibility for:

- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- ensure there is a school asthma policy with the help of school staff, school nurses, local education authority advice and the support of school governors.
- ensure the school policy is planned in line with devolved national guidance.
- ensure the policy is put into action, with good communication of the policy to everyone.
- assess the training and development needs of staff and arrange for them to be met.

- co-ordinate annual training opportunities for staff and ensure relevant documentation is shared.
- ensure all supply teachers and new staff know the school asthma policy.
- regularly monitor the policy and how well it is working.
- delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register
- report back to governors to review and update the school asthma policy, including lessons learned from any near-miss incidents in school.

The SENDCO/Safeguarding and Well-being Coordinator is responsible for:

- Contacting parents for required medical documentation regarding a child's medical condition.
- Contacting previous schools and/or relevant medical professionals to request medical information and relevant documentation.
- Meeting with a pupil and their parent(s) to review their medical needs and, if required, complete a medical alert card, which should be signed by parents (this process will be completed prior to a pupil joining Hillcrest through the transition process or an in-year admission).
- Ensuring that the necessary staff members are informed about a pupil's medical condition
- Liaising with the school nurse service to create and review Individual Health Care plans, including referring any pupil to the school nurse if there are concerns over their ability to use the inhaler appropriately or if they regularly fail to bring spare medication into school.
- Annually reviewing medical alert cards or when new medical information is received.

School staff

All school staff have a responsibility to:

- read and understand the school asthma policy.
- attend annual training sessions and updates on asthma delivered by the School Nurse.
- know which pupils have asthma.
- understand the signs, symptoms and triggers of an asthma attack.
- know what to do in an asthma attack in accordance with the guidance outlined in this policy.
- allow pupils with asthma immediate access to their reliever inhaler.
- ensure pupils who have been unwell catch up on missed schoolwork.
- be aware that a pupil may be tired because of night-time symptoms.
- keep an eye out for pupils with asthma experiencing bullying.

Our student receptionist has a responsibility to:

- keep accurate records of pupils suffering from asthma and update information shared with staff.
- inform parents/carers if their child has had an asthma attack and encourage them to visit to the GP.
- inform the SENDCO/Safeguarding and Well-Being Coordinator and relevant Head of Year if a child is using their reliever inhaler more than they usually would.
- call parents/carers to remind them of the importance of having spare inhalers in school in case of emergencies.
- record a message about replacement medication in the pupil's planner and inform the SENDCO/Safeguarding and Well-Being Coordinator and relevant Head of Year if the pupil fails to bring spare medication into school.

- if spare medication is in school, ensure pupils have their asthma medicines with them when they go on a school trip.
- provide accurate health information for staff when taking a pupil with asthma on a school trip and ensure the member of staff has appropriate medication and administration guidance with them prior to the visit.
- appropriately clean the plastic inhaler housing and cap of an emergency inhaler after it has been used.
- regularly check (every month) student inhalers and spare inhalers stored in school to ensure they are in date, have enough doses available to use and notify parents of their responsibility to provide replacement inhalers when the expiry date approaches.
- regularly check (every month) the emergency inhaler and spacers stored in school.

School nurses

School nurses have a responsibility to:

- help plan/update the school asthma policy.
- deliver annual staff training.
- prepare IHCP to ensure asthma is managed effectively.
- provide information about where schools can get training if they are not able to provide specialist training themselves.

Pupils

All pupils have a responsibility to:

- treat other pupils with asthma equally.
- let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called.

Pupils with asthma have a responsibility to:

- tell their parents/carers, teacher or PE teacher when they are not feeling well.
- treat asthma medicines with respect.
- know how to administer their own asthma medicines.
- always carry spare inhalers/medication with them in case of emergencies in and out of school.
- bring a spare inhaler to school to be kept safely in student reception in case of emergencies.
- know how to gain access to their medicine in an emergency in school.

Parents/carers

Parents/carers have a responsibility to:

- tell the school if their child has asthma.
- ensure the school has a complete and up-to-date IHCP if provided by a medical professional.
- inform the school about the medicines their child requires during school hours.
- inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports.
- inform the school of any specific diagnosis during admissions meetings, confirm the type of inhaler used and provide permission for the child to be placed on the school medical list.
- tell the school about any changes to their child's medicines, what they take and how much.

- inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma).
- ensure their child carries a reliever inhaler with them to and from school.
- provide the school with a spare reliever inhaler and replace as necessary.
- ensure that their child's reliever inhaler and the spare is within its expiry date.
- ensure their child catches up on any schoolwork they have missed if absent through asthma.
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months).

Asthma medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to always carry their reliever inhaler.
- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. This will be stored in a cupboard in student reception in case the pupil's own inhaler runs out or is lost or forgotten.
- All inhalers must be labelled with the child's name by the parent/carer.
- A termly check will be made of the spare medication stored in school and any medication that is out of date will be disposed of.
- The medication should be in the container as prescribed by the doctor and as dispensed by the pharmacist with the child's name, dosage and instructions for administration printed clearly on the label.
- Should the medication need to be changed or discontinued before the completion of the course or if the dosage changes, school should be notified in writing immediately. A fresh supply of correctly labelled medication should be obtained by parents / carers and taken into school as soon as possible.
- School staff are not required to administer asthma medicines to pupils (except in an emergency).
- Unless it is an emergency asthma medication should only be administered by first aid trained staff.
- All school staff will let pupils take their own medicines when they need to.

Emergency inhalers

In line with guidance outlined in the 'Human Medicines Regulations' (2012) and 'Department of Health guidance on the use of emergency inhalers in schools' (March 2015):

- The school has purchased emergency inhalers (blue inhaler/reliever) that are stored appropriately in school and replaced with new inhalers as necessary.
- Regular checks will be carried out on the emergency inhalers.
- Eight emergency inhalers and spacers will be stored in student reception and administered as necessary as outlined above.
- The school will only administer an emergency inhaler if we do not have a spare inhaler in school (that has been sent from home) or if the student is not carrying their own personal inhaler.
- The emergency inhaler will only be used by pupils who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler AND for whom written consent to use the emergency inhaler has been given by parents/carers.
- Parents / carers must complete a consent form as part of the admissions process, giving the school permission to use the emergency inhalers if their child is suffering from asthmatic problems.

- This consent form will cover the student from years 7-13 meaning parents will not be required to give consent on an annual basis. However, it is the parents/carers' responsibility to ensure they have completed the consent form accurately. Parents/carers do have the right to withdraw their consent at any stage of their child's school career at Hillcrest. The school must receive written confirmation from the parent/carer if they wish for their child to no longer be eligible to use the emergency inhalers.
- The school reserves the right to invoice parent/carers for the cost of new emergency inhalers if we feel their child is unnecessarily using the emergency inhalers. The school emergency inhalers should only be used in emergency situations. However, it is expected that students suffering from asthma should not need to use the emergency inhalers, as parents/carers should ensure that a spare inhaler is sent into school and students will carry their own personal inhalers daily.

Record keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their admissions form. It is the parents/carers responsibility to provide full details of their child's medical conditions, regular medication, emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements.
- From this information the school produces a medical list, which is available to all school staff.
- The medical list is updated regularly and shared with staff as necessary.
- Medical guidance and specific information about individual pupils are updated as necessary throughout the year.
- IHCP and medical alert cards will assess the needs of the pupil and provide details of the severity of the condition, individual triggers, signs and symptoms. It will provide clear information about the arrangements for daily care including the type of medication, the dose, the route of administration and the access arrangements.
- The medical alert card will be reviewed on a regular basis, usually every academic year.
- The school will keep accurate records of any asthma-related incidents to identify any triggers, trends or patterns in individual health and work with targeted pupils and their parents to minimise any future risks.

Exercise and activity - PE and games

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's medical list.
- Pupils with asthma are encouraged to participate fully in all PE lessons.
- PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson.
- Pupils should carry an inhaler with them in all lessons that require physical exertion as it may not always be possible to swiftly access their spare medication stored in student reception.
- If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours activities

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented, and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

- PE teachers, classroom teachers and out of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.
- All staff are required to complete an annual asthma training session delivered by the school nurse.
- All staff involved in out-of-hour activities must ensure pupils have their own inhalers or are provided with spare inhalers in school prior to the start of the activity.
- Emergency inhalers will be accessible but will only be administered if the parent/carer has given written permission for their child to use the school-based emergency inhalers.

Educational Visits

School educational visits play an integral part in a pupil's school life; therefore, the basic principles of care apply as they would within school (as outlined above).

However, the school has the right to withdraw a pupil from an educational visit if they do not carry their own inhaler, they have failed to bring a spare inhaler into school, and their parents have failed to give consent for them to use the school's emergency inhaler/spacer. This same principle also applies to any out-of-hour activities or events on the school site.

At least seven days prior to a trip, visit leaders must inform the Student Reception Team of students participating on the visit. Staff will check students against medical needs on Bromcom. The trip leader will be provided with a list of low, medium and high medical needs to allow them to plan for staffing and equipment appropriately. Students with asthma will be recorded as 'high risk' on the medical information form.

The visit leader will check returned consent forms and email Student Reception regarding any students with medical conditions on their consent forms that were not previously identified in Bromcom. The Student Reception team will contact parents for further information and add to the visit medical list accordingly.

First-aid-trained members of staff may be required to attend a visit, depending on the range of students' medical needs. This will be discussed and agreed in advance with the Deputy Headteacher/Educational Visits Lead. The need to have a first aid-trained member of staff on the visit will depend on the nature of the visit and the medical needs of attending students, e.g., students at risk of an allergic reaction or asthma.

Where possible, trips will be staffed with one member of staff who is first aid trained, though this may not always be possible. This will require that one or more of the staff leading the activity:

- has a working knowledge of simple first aid and is competent to use first aid materials.
- knows how to access, and can access, qualified first aid support.
- coach travel – for trips and visits which exceed two coaches, students who have a medical condition such as asthma and any allergies will be on one coach which is staffed by those staff who have agreed to administer an EpiPen together with a first aid trained member of staff.

The Student Reception Team will ensure that any medication required for the visit is available on the day of the visit, including emergency inhalers as required. This is to be collected by the designated First Aider on the visit.

During the visit, the visit leader may decide to place a student with asthma in the group of the designated First Aider on the visit. This will allow the First Aider to monitor the student throughout the day and respond immediately in an emergency.

The visit leader will complete an evaluation form after the trip and record if any first aid or medical assistance was required. The Deputy Headteacher and Educational Visits Co-ordinator will use this information to review policies and procedures for future educational visits, particularly lessons learned from medical incidents.

School Environment

- The school does all that it can to ensure the school environment is favourable to pupils with asthma.
- The school has a no-smoking policy.
- As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.
- Pupils with asthma are encouraged to leave the room and go and sit in the student reception if fumes trigger their asthma.

Training for staff

- The policy for working with pupils with asthma will be reviewed each year and staff will receive full training on this policy.
- The school nurse will train all staff every year on asthma. All staff have a responsibility to attend this safeguarding training.
- School policy and procedures form part of staff induction at Hillcrest School.

Specific guidance on Asthma

Common trigger factors

The most common triggers that affect children at school are:

- Exercise, laughing
- Cold and viral infections
- Sudden changes in temperature such as damp, cold air
- Pollen, spores and mould
- Feathers
- Stress/excitement/distress
- Chemicals, glue, paint, aerosols, cleaning products and toiletries
- Food allergies
- Smoking (passive and active)

Factors that trigger asthma for individual pupils will be clearly recorded on their Asthma Action Plan and shared with all members of staff.

Main treatments

Reliever inhalers are usually blue devices. They work almost immediate and are normally effective for up to four hours. They work on the tightness in the airways that occur during an asthma attack. Reliever inhalers should be used whenever a pupil is experiencing asthma symptoms. They can be used prior to exercise and must be available during exercise if needed. Reliever inhalers must be taken with the pupil on all off-site activities.

Preventer Inhalers are usually brown/orange/cream. These inhalers need to be used every day (normally morning and evening) even if the person is feeling well. Unlike reliever inhalers, they do not work during an asthma attack as they do not give immediate or quick relief when someone is breathless. Regular usage is designed to reduce the number and frequency of asthma attacks.

Assessing an asthma attack

The three typical symptoms in an asthma attack are breathlessness, wheezy breath and cough. As asthma varies from pupil to pupil it is impossible to provide guidelines to suit every child. However, the following guidelines may be helpful:

- Mild: may involve an increase in coughing, slight wheeze but the child has no difficulty in speaking and is not distressed.
- Severe: the pupil is in distress and anxious, gasping or struggling to breath and is unable to complete a sentence; they may be pale and sweaty and may have blue lips

Treating an asthma attack

In any asthma attack the child must have immediate access to their reliever (blue) inhaler. If the pupil is not carrying their own inhaler the teacher should send another pupil to student reception to request first aid support and access to the pupils' spare inhaler stored in student reception.

During an asthma attack members of staff should:

- Stay calm and reassure the pupil
- Help the pupil to breathe slowly, sit upright or lean forward, offer a drink of water, ventilate the room and loosen tight clothing.
- Staff should not, under any circumstances, allow the pupil to lie down
- Listen carefully to what the pupil is saying throughout the attack
- Help the pupil to take their reliever (blue) inhaler (usually 2-4 puffs are enough to bring mild attacks under control but more if necessary)
- If no improvement, repeat the steps up to a maximum of 10 puffs until symptoms resolve
- Stay with the pupil until the attack has resolved
- Encourage the pupil to gentle activity when recovered
- Report the incident to the student receptionist who will inform parent/carer immediately and advise them to make an urgent doctor's appointment. If the pupil had to use 6 puffs or more in a period of 4 hours, the parent/carer must be made aware of this and advised to inform the doctor.

In the event of a severe asthma attack the school will call for an ambulance if any of the following occur:

- The reliever has no effect after 5-10 minutes
- The pupil is distressed, unable to walk, very pale, gasping for breath or blue around the lips
- The pupil is getting exhausted
- The pupil cannot complete a sentence
- The pupil is exhibiting a reduced level of consciousness
- There are any doubts about the child's condition.

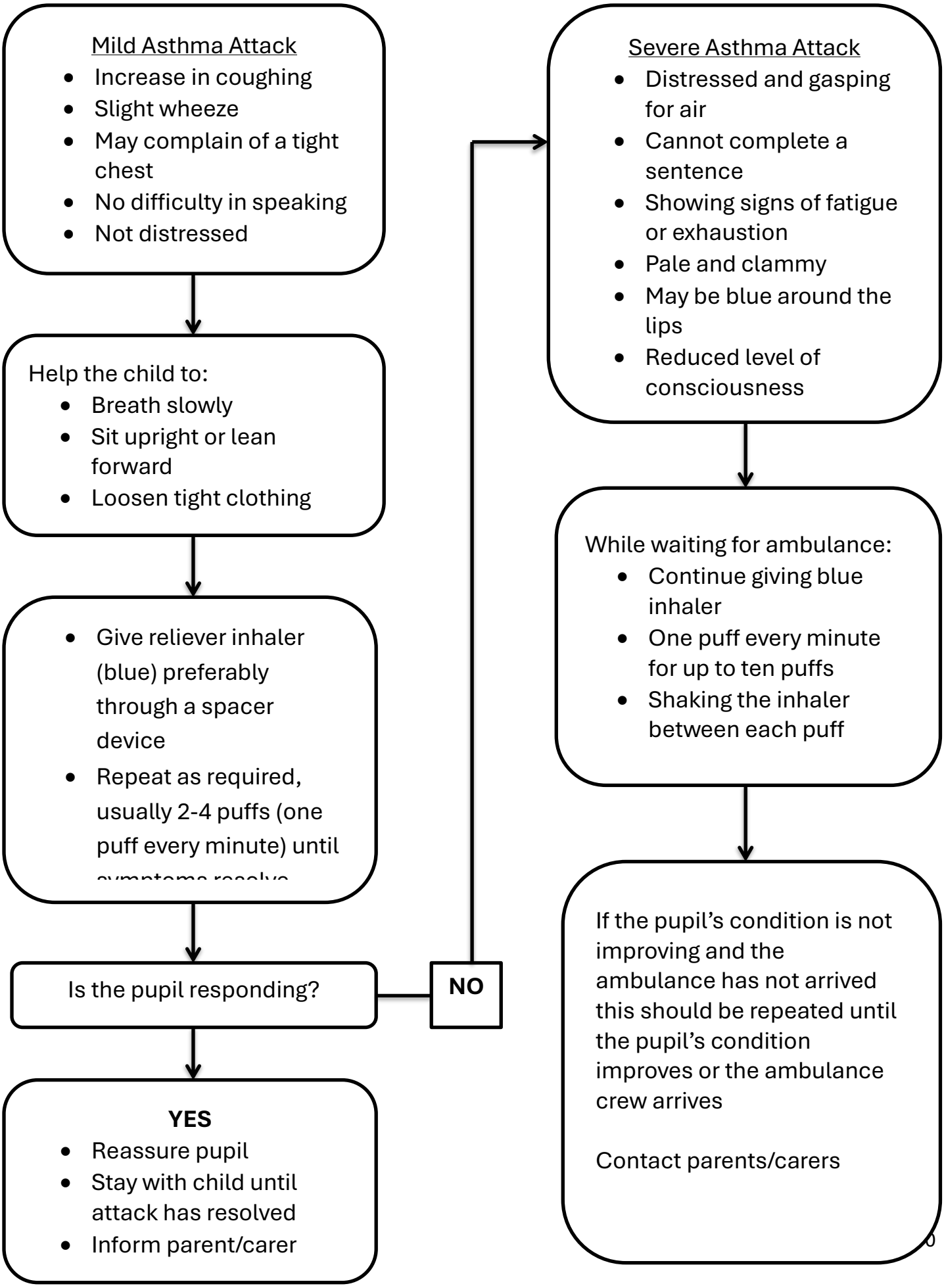
While waiting for the ambulance to arrive:

- Stay calm and continue to reassure the pupil.
- The pupil should continue to take puffs of their reliever inhaler as needed until the symptoms resolve.
- If the pupil has a spacer device and a reliever inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff).
- If the pupil's condition is not improving and the ambulance service has not arrived this process may be repeated.
- The pupil's parent/carer should be notified immediately.
- A first aid trained member of staff will accompany a pupil taken to hospital by ambulance and stay with them until the parent/carer arrives.

Monitoring and review

- The Designated Safeguarding Lead is responsible for reviewing this policy annually.
- The effectiveness of this policy will be monitored and evaluated by all members of staff.
- Any concerns will be reported to the Headteacher immediately.
- Following each occurrence of an asthma attack, this policy and pupils' IHCP and medical alert card will be updated and amended, as necessary.

Appendix 1: Asthma Attack Flow Chart



Appendix 2: Medical Needs Flowchart (new medical diagnosis or in-year admission)