



Asthma Policy

June 2025



Asthma Policy

This policy will be reviewed annually	
Policy reviewed:	June 2025 by S.Lisk & A Forbes
Next review:	June 2026 by S.Lisk & A Forbes

1. Background

At WCPS we recognise that asthma is a widespread, serious condition that affects breathing. Asthma affects everyone differently. How it affects children depends on their symptoms, what they are triggered by, and how well their treatment works.

For children that need extra support we will work closely with families and health care professionals to make school life as inclusive and rewarding as it is for all our children.

- **Children with asthma must never be left unattended if they complain of breathing difficulties or present with any other symptoms associated with asthma. Immediate access to a reliever inhaler is vital in such circumstances.**

Call a Senior first aider or call an ambulance if you are concerned about a children's condition.

2. First Aid Treatment

- **Ensure that the reliever inhaler is taken immediately, carefully following instructions.**
- **Stay calm and reassure the child.** Attacks can be frightening, so stay calm. It is very comforting to have a hand to hold but do not put your arm around the children's shoulders as this is restrictive.
- **Help the child to breathe.** Encourage the child to breathe slowly and deeply. Most children find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended. Ensure tight clothing is loosened and offer the child a drink of water.

After the attack

Minor attacks should not interrupt a child's involvement in school. As soon as they feel better they can return to normal school activities. A child's parents will always be informed about an asthma attack.

Emergency situation

Call the ambulance immediately if:

- The reliever has no effect after ten to fifteen minutes
- The child's lips are blue
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts at all about the child's condition

Continue to give reliever medication every few minutes until the ambulance arrives.

3. Support

Provide on-going support to the child and reiterate the importance of letting a member of staff know immediately if they have any difficulty in breathing or any asthma symptoms. Talk to the parents/guardians if their child is using more reliever inhaler than they usually would and if their child has had an asthma attack, however mild.

4. Record keeping

When a child starts school, the parent will have completed the questionnaire to give consent for the use of the schools emergency inhaler in the event that their child's inhaler fails to work or is unavailable. For children that require long term medication, the parent and Mrs Lisk will jointly complete an Individual Health Care Plan (IHCP) to ensure a shared understanding of the child's needs are accommodated and then shared with all relevant staff.

Parents will also be asked to keep the school updated of any change in their child's condition or medication.

5. School staff

All school staff:

- know which children they come into contact with have asthma and inform temporary staff members.
- know that all asthma medication is kept in a locked cabinet on the ground floor by Bay class. The emergency inhalers are kept in the accessible toilet locked first aid cabinet.
- know what to do in an asthma attack
- will send an Administering Medication slip home to inform parents/guardians if their child has needed their inhaler while at school.
- will ensure children's asthma medicines are taken when they go on a school trip.
- will inform parents if their child has had an asthma attack on a school trip.
- to be aware that a children may be tired because of night - time symptoms

6. Parents/Guardians

Parents/guardians have a responsibility to:

- tell the school if their child has asthma
- 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.
- complete all forms at the beginning of the school year.
- ensure their child's reliever/inhaler (and spacer where relevant) is in date and labelled with their name and class.
- dispose of expired medication.

7. Use of Emergency Salbutamol Inhaler

The emergency salbutamol inhaler is medication kept in school in case a child's own inhaler is broken or unavailable. It should only be used by children:

- who have been diagnosed with asthma and prescribed an inhaler
- who have been prescribed an inhaler as reliever medication

- when parents have given consent to administer the medication

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible. It will still help to relieve their asthma and could save their life.

The emergency inhalers and a list of children permitted to use the inhaler are located in the medical cabinets outside Bay classroom.

8. Symptoms

Asthma is a condition that affects the small tubes in the airways that carry air in and out of the lungs. When a child with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. All these reactions cause the airways to become narrower and irritated – leading to the symptoms of asthma.

A child who is having an asthma attack may present with:

- a cough
- a wheeze
- a tight chest. Sometimes younger children express feeling tight in the chest as a tummy ache
- a shortness of breath
- being unable to speak a full sentence
- being unusually quiet

9. Asthma triggers

A trigger is anything that irritates the airway and causes asthma symptoms. Everybody's asthma is different and everyone will have different triggers. It is important that children with asthma get to know their own triggers and take precautions to stay away from them. Common triggers include viral infections (colds and flu), house-dust mites, pollen, and cigarette smoke, furry and feathery animals, exercise, outdoor air pollution and stress.

10. Asthma reviews

Asthma is a long-term condition that needs to be treated on an individual basis. It is important that children with asthma have regular review appointments with their doctor or asthma nurse to monitor their symptoms.

11. Asthma Medicines

Preventers

Preventers protect the lining of the airways. Taking preventer medicines means that a child with asthma is less likely to react badly when they come into contact with an asthma trigger. However, not all children with asthma will need a preventer. Preventers are usually prescribed for children who use their reliever inhaler three or more times a week. Preventer inhalers are usually brown, orange, red or white. The protective effect of preventer medicines builds up over time, so preventers need to be taken every day (usually morning and evening), even if the child is feeling well.

Spacers

A spacer is a plastic or metal container with mouthpiece at one end and an opening for an aerosol inhaler at the other. Spacers are used to help deliver medicine to the lungs and are helpful for younger children.

12. Exercise and activity: PE and games

Full participation in PE and sports should be the goal for all but the most severely affected children with asthma. However, many children with asthma will experience symptoms during exercise.

Teachers taking PE and sports activities classes have an important role in supporting and encouraging children with asthma. They should:

- make sure that they know which children have asthma
- ensure children have their reliever inhaler close by during activity or exercise and are allowed to take it when needed.
- remind children with asthma whose symptoms are triggered by exercise to use their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson
- allow a children who has asthma symptoms while exercising or who says that they need their asthma medication to take their reliever inhaler and rest until they feel better. Allow them to return to activity once they feel better (most children with asthma should wait at least five minutes).
- If PE is led by only one member of staff, 2 children (not the child with asthma) should be sent with a star to the nearest member of staff if additional assistance is required.
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Always call a Senior first aider if concerned - never allow a child with asthma to sit or walk unaccompanied if they have breathing difficulty however minor it may seem. The child must always stay with the PE teacher until additional support arrives.

Children with asthma should not be forced to take part in activity if they feel unwell. Nor should they be excluded from activities that they wish to take part in if their asthma is well controlled.