

HOVE LEARNING FEDERATION PROCEDURES FOR MANAGING ASTHMA

Amended: Autumn 2025
Adopted by Finance and Leadership Committee on behalf of the Governing body:
To be reviewed: Autumn 2025

Contents

1. Introduction.....	3
2. Rationale.....	4
3. Asthma Register.....	5
All sites will hold an Asthma Register with the names of all children with Asthma and/or an inhaler in school. The Register will include if permission has been granted for the child to use the school’s emergency inhaler. A copy of the Asthma Register will be kept in the front office, the medical room, every classroom and the emergency grab and go bag. The Asthma Register will be updated termly or as and when required.....	
4. Asthma medicines	5
5. Record keeping.....	6
6. Asthma Lead	7
Responsible for ensuring that staff training, and the asthma register is up to date. They are also responsible for ordering the emergency inhalers for school, ensuring the emergency kit complies with guidance, ensuring emergency and stored inhalers for pupils are in date, and that all policies are followed.....	
7. Training.....	7
Office staff and first aiders will complete Tier 1 Asthma Training every 3 years.	
8. Exercise and activity - PE and games.....	7
9. Out of Hours	7
10. School Environment.....	8
11. Off-site and Residential Visits	8
12. When a pupil is falling behind in lessons	8
13. Bullying.....	8
14. Asthma Attacks	8
15. Disclaimer.....	8
16. Access and Review of Policy	9

Appendix A – Letter to Parents/Guardians of Pupils Diagnosed with Asthma

Appendix B – School Asthma Card

Appendix C – Asthma Register

Appendix D – Asthma Guidance for Classrooms

1. Introduction

We are committed to providing quality care and support for children diagnosed with asthma. You will be pleased to know that this school takes its responsibilities to pupils with asthma seriously and that the school has asthma procedures to enable all staff members and other adults to help your child manage their condition.

To ensure your child always receives the best possible care, we ask you to assist with the following: -

- ❖ Complete the School Asthma Card, see Appendix A (if you are in any doubt about the treatment, please take the form to your doctor or asthma nurse for completion)
- ❖ Sign the declaration form – The asthma card has a section for the parent to sign
- ❖ Inform school immediately of any change of treatment (when appropriate)
- ❖ Ensure your child has a reliever (blue) inhaler for use in school (and a spacer if this is the usual method of delivery) as well as a home inhaler. School inhaler to be kept in school please during term time.

Please complete even if your child has no symptoms at present and only has a history of asthma. We still need this information. If you have any questions or wish to see a copy of the Asthma Procedures, please contact the front office or the school Nurse. Thank you for your co-operation in this important matter.

Asthma is a condition that affects the airways – the small tubes that carry air into and out of the lungs. Asthma symptoms include coughing, wheezing, tightness of the chest and shortness of breath – however not every individual will get these symptoms.

Asthma sufferers have airways that are almost always red and sensitive (inflamed). Their airways can react badly when the individual has a cold or other viral infection or comes into contact with an asthma trigger.

A trigger is anything that irritates the airways and causes the symptoms of asthma to appear. There are many triggers including colds, viral infections, house-dust mites, pollen, cigarette smoke, furry of feathered creatures, exercise, air pollution, laughter, and stress. Asthma is different in each individual and young people should try to get to know their own triggers and stay away from them or take precautions.

When someone with asthma comes into contact with a trigger that affects their asthma the airways do three things.

1. The airway lining begins to swell
2. It secretes mucus
3. The muscles surrounding the airways begin to get tighter

These three effects combine to make the tubes very narrow, making it difficult to breathe normally. This results in asthma symptoms such as coughing, wheezing, shortness of breath and tightness in the chest – an asthma attack. At this point, the young person will need to take their reliever inhaler medication.

Asthma varies in severity with some young people experiencing an occasional cough or wheeze

Managing Asthma Procedures

whereas for others the symptoms may be much more severe. Avoiding known triggers where appropriate and taking the correct medication can usually control asthma effectively. However, some young people with asthma may have to take time off school or have disturbed sleep due to their symptoms, making them tired in class and resulting in a lack of concentration.

2. Rationale

Hove Federation recognises that asthma is a widespread, serious but controllable condition affecting many pupils in school. We also accept that there will be staff members diagnosed with asthma.

These procedures deal with the management of asthma among pupils, where staff or other adults coming into school have been diagnosed with asthma, any risk management will be dealt with separately via our HR procedures.

Hove Federation positively welcomes all pupils with asthma and encourages them to achieve their potential in all aspects of school life by having clear procedures which are understood by school staff, other adults, employers (the LA or Governing Body) and pupils. All new staff and other adults are made aware of the procedures at their Induction.

In order that pupils diagnosed with asthma are fully integrated into school life, we will: -

- ensure that those with asthma can and do participate fully in all aspects of school life, including P.E., design technology, science, visits, outings or field trips and other extended school activities;
- recognise that those with asthma always need immediate access to their reliever inhaler;
- keep a record of all those diagnosed with asthma and the medicines they take
- ensure that the whole school environment, including the physical, social, sporting, and educational environment, is favourable to those with asthma;
- ensure that all staff and other adults working in the school and who come into contact with pupils with asthma know what to do in the event of a pupil having an asthma attack;
- work in partnership with all interested parties including the school's governing body, all school staff and other adults, the school nurse, parents/carers, other employers of adults working in the school (e.g., cleaning, and catering staff), Health Authority staff and pupils to ensure these procedures are, implemented and maintained successfully.

3. Asthma Register

All sites will hold an Asthma Register with the names of all children with Asthma and/or an inhaler in school. The Register will include if permission has been granted for the child to use the school's emergency inhaler. A copy of the Asthma Register will be kept in the front office, the medical room, every classroom and the emergency grab and go bag. The Asthma Register will be updated termly or as and when required.

4. Asthma medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, GP or asthma nurse and class teacher agree they are mature enough. The reliever inhalers for younger children are kept in the front office.
- Parents/carers are asked to ensure that the school is provided with a reliever inhaler and spacer in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration – the following must be clearly shown on the label as follows:
 - Child's name, date of birth
 - Name and strength of medication
 - Dose
 - Expiry dates whenever possible
 - Dispensing date/pharmacists' detail
- School staff will check the expiry date on all inhalers at the end of every half term. It is the responsibility of the parent/guardian to ensure that any medication provided by them for their child is 'in date'. Where possible, parents/guardians will be informed if the 'Use-by date' is expired.
- The parent/guardian will be informed if it appears that their child is using their reliever inhaler more often than usual.
- If a pupil suffers an asthma attack, the parent/guardian will always be informed by

Managing Asthma Procedures

telephone. School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to either do this or to supervise a pupil whilst he/she self-administers the medication.

- School staff who agree to administer medicines are insured by the local authority/school when acting in agreement with this policy. All school staff will allow access to inhalers whenever asked to by individual pupils.

Emergency Medication

Schools are now permitted to keep a salbutamol inhaler on their premises, bought from a pharmaceutical supplier without prescription to use in emergencies when a child cannot access their own inhaler. The following arrangements are in place to manage the spare medication in the school:

Where the salbutamol inhaler will be stored	In schools Emergency Evacuation Pack in the cupboard in the front office/Medical Room (PR) clearly labelled HR – Emergency Evacuation Pack in front office
Who checks the salbutamol inhaler to ensure it is in date and when	Angela Whippy SR Louise Breakwell PR Katie Sankey HR Termly
Who will administer it in an emergency	A trained member of staff
How the school will ensure it is only used for children that have been prescribed their own salbutamol inhaler	Ensuring all staff have access to the Asthma Register
Who is responsible for disposing of and replacing the salbutamol inhaler	Angela Whippy SR Louise Breakwell PR Katie Sankey HR

5. 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 enrolment form.

All parents of pupils with asthma will complete an 'Asthma UK School Asthma Card'. This information is used to form the school asthma register, which is available to all school staff and

Managing Asthma Procedures

other adults working in the school. The School Asthma Cards are issued to parents annually to update. Parents must update or exchange the card for a new one if their child's condition or medication changes.

NOTE: School Asthma cards are available to download free of charge from Asthma UK (Appendix B)

6. Asthma Lead

Responsible for ensuring that staff training, and the asthma register is up to date. They are also responsible for ordering the emergency inhalers for school, ensuring the emergency kit complies with guidance, ensuring emergency and stored inhalers for pupils are in date, and that all policies are followed.

Asthma Lead	Angela Whippy /Sarah Peach SR Louise Breakwell PR Katie Sankey/Cassie Sandle-Brownlie
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7. Training

Office staff, First Aiders, Sports Coaches and Year Leads and support staff will complete Tier 1 Asthma Training every 3 years. Office Manager will organise, keep records and ensure training is maintained.

8. 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 teachers at the school are aware of which pupils have asthma from the school's asthma register.
- Pupils with asthma are encouraged to participate fully in all PE lessons. Those whose asthma is triggered by exercise are reminded to use their reliever inhaler just prior to warm-up exercises.
- If asthma symptoms develop during an activity, the individual will be encouraged to stop, sit quietly for at least five minutes, or until they feel well again or to go to the front office to have their inhaler before re-joining the activity.
- Where possible, on high pollen days, alternative indoor activities will be made available to those pupils particularly at risk.

9. Out of Hours

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

Teachers and extended 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.

10. School Environment

- The school does all that it can to ensure the school environment is favourable to pupils with asthma.
- This school has an absolute 'no smoking or vaping' policy and steps are taken to ensure that staff and other adults leading or supervising on off-site visits also adhere to this policy.
- All classrooms are regularly wet dusted and cleaned to reduce dust and house dust mites. Rooms are well ventilated to prevent the build-up of mould through condensation. Any damp or mould areas are treated as quickly as possible.
- Where contractors are on site, regular discussions take place with the contractor to ensure that pupils or staff with asthma are not placed at increased risk because of chemicals or working procedures e.g., adhesives or dust.

11. Off-site and Residential Visits

- During off-site visits, inhalers, where required, are carried by the individual pupil or a member of staff in charge of a younger pupil. All school staff will allow individuals with asthma to take their medication when they need to.
- Preventer inhalers may be necessary on off-site visits with a residential element. In this case, the parent/guardian must complete the medical section of any Visit Consent Form with full details of the dose and frequency of the medication. All preventer inhalers will be labelled with the pupil's name by the parent.

12. When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.

The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

13. Bullying

Whilst bullying can happen to any pupil in school, the school recognises that those that are different can be particularly vulnerable. Our Anti-bullying procedures, which are part of the Whole School Behaviour Policy, will be used and enforced in any situation where a pupil is being bullied or intimidated.

14. Asthma Attacks

All staff and other adults who meet pupils/staff/users with asthma know what to do in an asthma attack. In the event of an asthma attack, the school follows a clear procedure visibly displayed in every classroom throughout school.

15. Disclaimer

Managing Asthma Procedures

This school cannot accept responsibility for any pupil whose parent/guardian has not provided an inhaler for use by their child during the school day, although every attempt will be made to ensure that medical attention is sought at the earliest opportunity in the event of an emergency.

16. Access and Review of Policy

The Asthma Procedures will be accessible to all staff and other adults working in the school and the community through the school's website. Hard copies can be obtained through the school office. These procedures will be reviewed on a two-yearly cycle.

Appendix A - SAMPLE LETTER TO PARENTS OF PUPILS DIAGNOSED WITH ASTHMA

Dear Parent\Carer

School Asthma Care

We are committed to providing quality care and support for children diagnosed with asthma. You will be pleased to know that this school takes its responsibilities to pupils with asthma seriously and that the school has asthma procedures to enable all staff members and other adults to help your child manage their condition.

To ensure your child always receives the best possible care, we ask you to assist with the following: -

- ❖ Complete the School Asthma Card, see Appendix B (if you are in any doubt about the treatment, please take the form to your doctor or asthma nurse for completion)
- ❖ Sign the declaration form
- ❖ Inform school immediately of any change of treatment (when appropriate)
- ❖ Ensure your child has a reliever (blue) inhaler for use in school (and a spacer if this is the usual method of delivery) as well as a home inhaler. School inhaler to be kept in school please during term time.

Please complete even if your child has no symptoms at present and only has a history of asthma. We still need this information. If you have any questions or wish to see a copy of the Asthma Procedures, please contact the front office or the school Nurse. Thank you for your co-operation in this important matter.

Yours sincerely

HEAD TEACHER

.....

HOVE FEDERATION - ASTHMA DECLARATION

I..... (parent/carer's name) confirm that my

child..... is-

- (a) able to take responsibility for the administration of their own reliever in school (blue) inhaler when required or
- (b) unable to take responsibility for the administration of their own reliever inhaler (blue) and will require assistance from parent\carer during school hours

Signed (Parent\carer) ¹⁰ Date.....

Appendix B

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent / carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists
 Call 0300 222 5800
 WhatsApp 07378 606 728
 (Monday-Friday, 9am-5pm)
 AsthmaAndLung.org.uk

What signs can indicate that your child is having an asthma attack?

Does your child tell you when they need medicine?

Yes No

Does your child need help taking their asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Pollen Stress
 Exercise Weather
 Cold/flu Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Jobtitle	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

Actions to take if a child is having an asthma attack

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**





Asthma

Signs and Symptoms

Look for:

- 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?)

What to do if someone is having an asthma attack

1. Keep calm and reassure the child
2. Encourage the child to sit up and slightly forward
3. Use the child's own inhaler – if not available, use the emergency inhaler (If consent has been given by the parent/carer)
4. Remain with the child while the inhaler and spacer are brought to them
5. Shake the inhaler and remove the cap and place in the spacer
6. Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
7. Immediately help the child to take two separate puffs of salbutamol via the spacer (1 puff to 5 breaths)
8. If there is no improvement, repeat these steps up to a maximum of 10 puffs
9. Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
10. If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
11. If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
12. A member of staff will always accompany a child taken to hospital by ambulance and with them until a parent or carer arrives

CALL AN AMBULANCE IMMEDIATELY WHILST GIVING EMERGENCY TREATMENT IF THE CHILD

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

