



Thornhill Primary School

Asthma Policy

Sep 26



Headteacher

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This policy has been developed following National guidelines for the management of children/ young people (CYP) with asthma.

Thornhill Primary School received Beat Asthma Friendly Schools Accreditation in May 2025.

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Indemnity statement

Thornhill Primary School recognises that asthma is a serious, but controllable condition. School will take on a whole school approach to Asthma to support the children/ young people. We aim to actively involve parent/ carers/ children/ young people in the management of asthma within school.

Asthma

- Asthma is the most common chronic condition, affecting one in eleven children.
- On average, there are two children with asthma in every classroom in the UK
- There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.
- Children with persistent, uncontrolled, or severe asthma are more likely to miss school, compared to children with mild asthma.
- Every September, more children are rushed to hospital due to their asthma than at any other time of the year.
- Research studies suggest that asthma is responsible for up to 18% of school absences, with evidence improved asthma control improves school attendance and performance.

What is Asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a child with asthma is exposed to something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrow and inflamed. Sticky mucus or phlegm also builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.

The most common day-to-day symptoms of asthma are: (information is displayed around school)

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest
- Tummy ache in younger children

Medication and inhalers

Preventer and reliever inhalers:

The 'preventer inhalers' take time to build up in the system. They help stop asthma symptoms developing at all by protecting the airways. They can also reduce the risk of a potential life-threatening asthma attack. They are taken every day and usually at home.

The 'reliever inhalers' help symptoms to go away once they have started. These are the inhalers used during an asthma attack. It is important that in school the reliever inhaler is administered in the correct way if needed.

All inhalers/spacers will be stored in the class medical box, along with inhaler log book. The class medical box to be taken to PE with class/or school trip. Parents/carers will be notified of use of inhaler via text and recorded on CPOMS.

Posters detailing children who have Asthma displayed in class (their own class), office and staff room (all children).

Parents should be encouraged to report to school if their CYP has any changes in the treatment plan (PAAP)

The treatment plan will be reviewed annually or if treatment changes.

HOW TO RECOGNISE AN ASTHMA ATTACK (Displayed around school)

It is important to recognize the signs and symptoms of an asthma attack in a Child/Young person (CYP). The onset of an asthma attack can gradually appear over days.

Early recognition can reduce the risk of a hospital admission.

A CYP may have one or more of these symptoms during an asthma attack:

BREATHING HARD AND FAST

You may notice faster breathing or pulling in of muscles in between the ribs or underneath the ribs. (recession)



WHEEZING

This is typically a high-pitched whistling noise heard on breathing in and out, a sound produced by inflamed and narrowed airways that occur in asthma.



COUGHING

A cough may become worse, particularly at night preventing your child from having restful sleep and making them seem more tired in class.

BREATHLESSNESS

A child may become less active and reluctant to join in activities. Lack of interest in food or restlessness can be a sign that the child is too breathless to exercise or eat.



TUMMY OR CHEST ACHE

Be aware that younger children often complain of tummy ache when it is actually their chest that is causing them discomfort.



INCREASED USE OF THE RELIEVER INHALER

If the CYP is old enough, he/she may ask for the reliever inhaler more frequently during an attack. It is important that you follow the asthma action plan and recognize that if the reliever inhaler is not helping that it is time to seek medical help .

Emergency Salbutamol Inhaler in School

As a school Thornhill 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.

The document can be found on

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf.

All children who use an inhaler/spacer are recorded on the Asthma register, have an Asthma Care plan and signed consent for use of Emergency inhaler.

The register is checked each half term to ensure inhalers are in date. The register/individual asthma care plans are available to all staff on the Onedrive.

Emergency kits are kept in the Breakfast/ Afterschool club pack, Playground first aid kit, and in 4 kits ready for school back packs for educational/ sports visits. (Kept in office).

All staff know where Emergency Inhalers are kept.

School Trips/Residential Visits

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant. The child's reliever inhaler will be readily available to them throughout the trip, being carried the supervising adult.

For residential visits, staff will be trained in the use of all the CYP regular treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided which is clearly labelled with the prescribed instruction. Group leaders will have appropriate contact numbers and a copy of each Personal asthma action plan (PAAP) see below.

A school spare reliever inhaler will be taken on the trip as advised in

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

All inhalers/spacers will be stored in the class medical box, along with Asthma care plan/consent for Emergency inhaler and inhaler log book. The class medical box will be taken with child/class on school trips. Parents/carers will be notified of use of inhaler via text and recorded on CPOMS.

Personal Asthma Action Plans (PAAP)

National Guidance recommend that every CYP who has asthma is provided with a Personal asthma action plan PAAP. This would ensure asthma symptoms are managed effectively.

A personalised asthma action plan. (Asthma Care Plan)

A copy of Asthma Care plan and consent to use Emergency inhaler is with the child's inhaler/spacer and inhaler log book. Copies of all Asthma Care plans and consent to use Emergency inhaler are in Afterschool club. Each child's Inhaler is labelled with a pharmacy label.

School Environment

Thornhill does all that it can to ensure the school environment is favourable and supports CYP with asthma. Our school has a definitive no-smoking policy. Triggers will be recorded in the asthma action plans (PAAP).

Potential triggers information posters are displayed around school.

Potential Triggers in school

Chemicals/fumes as far as possible, pupils should try to avoid fumes in science, art and craft lessons that are known to trigger their asthma. They may need to leave the room until the fumes are no longer in the room

Mould/damp Classrooms should be well aired and ventilated. Any evidence of damp/mould within school should be acted on quickly. Where possible, autumn leaves falling from trees, forming piles should be kept away from pupil areas and regularly removed as the mould from these can be a trigger to asthma.

Grass and Pollens Pupils with asthma should be able to use their salbutamol regularly every 4 hours if the pollen count is known to be high or if they are having troublesome hay fever symptoms. Pupils may need to be given an option to do indoor PE if the pollen count is high. Where possible, grass cutting should be avoided during school hours or limited to late afternoons.

Aerosols/sprays Many children have asthma that can be triggered by strong odours and aerosols. Ensure changing rooms are well ventilated and encourage the use of roll-on deodorants and unscented products. Consideration should be given to allowing pupils with this trigger to have alternative changing facilities

Changing Weather Pupils may need to use their blue inhaler before outside play depending on the weather. Commonly, cold, damp, weather can be a trigger. Thunderstorms can also trigger asthma attacks as large quantities of pollen are released into the air.

Exercise, activity and after school clubs

Sports, games, and activities are an essential part of school life for all CYP and is a government recommendation. School staff and PE teachers are aware of which children in their class have asthma from the school's asthma register. Reliever inhalers will be easily accessible during sport.

A copy of Asthma Care plan and consent to use Emergency inhaler is with the child's inhaler/spacer and inhaler log book. Copies of all Asthma Care plans and consent to use Emergency inhaler are in Afterschool club file.

When Asthma control causes concern (Asthma flow charts are displayed around school)

The aim of asthma medication is to allow people with asthma to live a normal life. If a member of staff has concerns about a student/attendance relating to control of asthma symptoms this will be discussed with parents and an asthma review will be encouraged. If concerns continue the asthma champion/ lead (Miss Overfield) will gain consent from parents to contact appropriate health care professionals to ensure the CYP needs are met.

However, the school recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Staff Training

All staff will complete an annual awareness session. Please see the link below:

<https://www.educationforhealth.org/course/supporting-children-and-young-peopleshealth-improving-asthma-care-together/>

At Thornhill we have an asthma course via TES Online develop and this training is planned in annually for staff

APPENDIX

Appendix 1- Personal asthma action plan (PAAP) /Use of Emergency inhaler in school consent form



PARENTAL CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/ having asthma attack

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept in school. (It is parents' responsibility to ensure that they regularly check that the inhaler is in date.)
3. In the event of my child displaying symptoms of an asthma attack, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Childs Name: _____ Class: _____

Signed: _____ Date: _____

Relationship to Child: _____ Telephone: _____



ASTHMA HEALTH CARE PLAN

Child's Name	
Class	
Date of Birth	
Dosage and Method	
When should they use their inhaler?	
Is your child able to self administer it?	
Procedure to take in case of an emergency	

Spacers must always be used, please ensure you provide school with a spacer.

Remember it is your responsibility to tell Thornhill Primary School about any changes to your child's asthma care plan and to ensure your child's asthma medication has not expired.

Signed: _____

Date: _____

