





To inspire, enrich and nurture so each individual reaches their full potential

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The HCFS is a company limited by Guarantee Registration number 07648654

# Asthma Policy

September 2025

To be reviewed biennially in the Autumn Term

Next Review: September 2027

History of Document:

Issue No.	Date Issued	Prepared By	Approved By	Comments
Issue 1	Sept 2015			Policy created
Issue 2	Jan 2018		MA	Changed the name of chair of governors
Issue 3	April 2021	J Sutton	V Hobson	Changed the name of chair of governors, care plan appendix added
Issue 4	Sept 2023	Victoria Hobson	Victoria Hobson	Updated in line with current NHS guidelines
Issue 4	Sept 2025	Lorraine Hake	Victoria Hobson	Updated locations for emergency inhalers (section 3.1)

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## 1. Overview

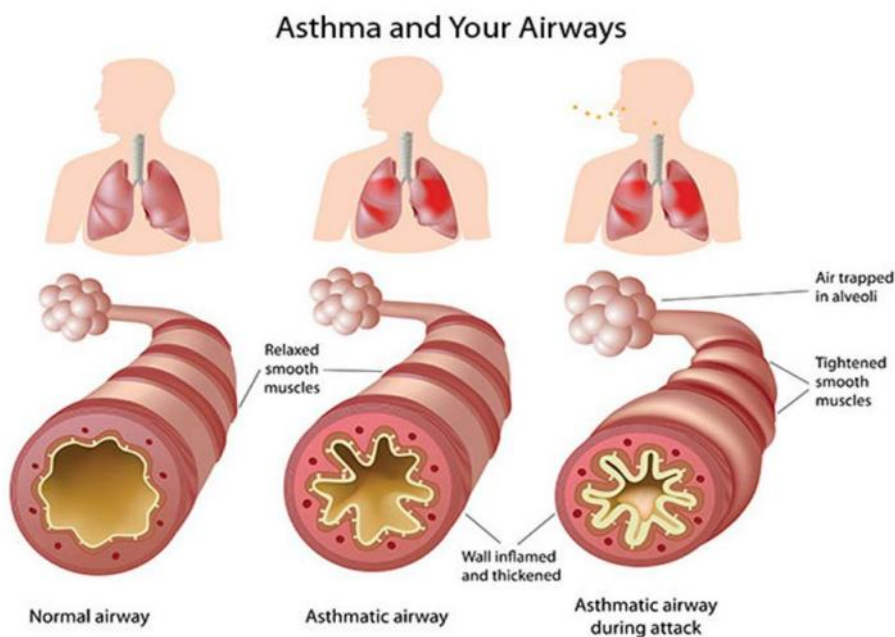
As part of our caring for the welfare of our pupils, Hatfield Community Free School (HCFS) take very seriously the condition of asthma for our pupils. This policy has been written with advice from the Department for Education, NHS, National Asthma Campaign, parents and trust board.

The school will achieve this in the following ways:

- Positively welcome all pupils with asthma;
- Recognise that asthma is an important condition affecting many school children;
- Encourage children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff;
- Ensure that children with asthma participate fully in all aspects of school life, including PE;
- Recognise that immediate access to reliever inhalers is vital;
- Maintain accurate and up-to-date records of children with asthma and the medication they take;
- Ensure the school environment is favourable to children with asthma;
- Ensure that other children understand asthma and its impact;
- Ensure all staff who come into contact with children with asthma know what to do in the event of an asthma attack, and all staff comply with this policy;
- Work in partnership with all interested parties including all school staff, parents, trustees, doctors and nurses, and children to ensure the policy is implemented and maintained successfully.

## 2. What is asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.



### **3. Medication**

We know that immediate access to a reliever is vital. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe.

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by their doctor/nurse. This medication needs to be taken regularly, as prescribed, by their doctor/nurse for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken at home. However, if a pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed.

All inhalers are stored in name baskets on the shelves in the medical room, wherever possible, in their original containers. All inhalers need to be labelled with the pupil's name, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency.

#### **3.1 Emergency Medication**

As a school we 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 (March, 2015).

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We can do this using the NHS request form.

We have 2 emergency kits, one is kept in the school office and once in the medical room. Each kit contains:

- At least one salbutamol metered dose inhaler in its original packaging;
- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- A list of children permitted to use the emergency inhaler.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster. We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Staff must record usage of the emergency inhaler in the usage log book and the pupil's parents must be notified.

#### **4. Record Keeping - School Asthma Register**

The school Asthma Care Plans (see appendix one) are used to create a centralised register of children with asthma.

The register is updated annually at the beginning of the academic year, or when child joins the school, by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler.

When parents/carers have confirmed their child is asthmatic or has been prescribed a reliever inhaler, we ensure that the pupil has been added to the asthma register and has:

- An up to date Asthma Care Plan;
- Their reliever inhaler in school;
- Permission from their parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, empty, lost or unusable.

The Officer Manager/Admin Officer have responsibility for the register and it is located: Office:\PUPIL MEDICAL\Care Plans.

In addition to the Asthma Register, HCFS keeps an accurate record of each occasion an individual pupil is given an inhaler including details of the supervising staff member, dose, date and time are recorded (see appendix two).

If medication changes in-between times of the annual creation of Asthma Care Plans, parents are asked to inform the school immediately in order that these new instructions can be implemented immediately.

### **5. Physical Education**

Taking part in sports is an essential part of school life. Teachers are made fully aware of who has asthma and is made available from the asthma register. Children with asthma are encouraged to participate fully in PE.

Pupils with asthma are encouraged to participate fully in all activities. 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.

If a child needs their inhaler during PE, as advised by the parent, it will be taken to the lesson in the classroom medical bag. If a child needs to use their inhaler during the lesson, they will be encouraged to do so.

### **6. The School Environment**

The school does all that it can to ensure the school environment is favourable to children with asthma. The school has a non-smoking policy on school grounds and, as far as possible, the school does not use chemicals in science and art lessons that are potential triggers for children with asthma.

Pupil's asthma triggers will be recorded as part of their Asthma Care Plan and the school will ensure that pupil's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection;
- Dust and house dust mite;
- Pollen, spores and moulds;
- Feathers;
- Furry animals;
- Exercise;
- Laughing;
- Stress;
- Cold air, change in the weather;
- Chemicals, glue, paint, aerosols;
- Food allergies;
- Fumes and cigarette smoke.

### **7. Out of hours Sports/School Visits**

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. Risk assessments are carried out for any out-of-school visits and asthma is always considered during this process.

## **8. Making the school asthma friendly**

The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website [www.asthma.org.uk](http://www.asthma.org.uk).

## **9. When asthma is effecting a pupil's education**

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their life a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. 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.

## **10. Asthma Attacks**

All staff who come into contact with children with asthma know what to do in the event of an asthma attack.

'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) states 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).

If the child is showing these symptoms we will follow the guidance for responding to an asthma attack:

- Stay calm and reassure the child;
- Encourage the child to sit up and slightly forward;
- Use the child's own inhaler – if not available and consent has been given, use the emergency inhaler;
  - Shake the inhaler and remove the cap;
  - Place the mouth piece between the lips, or place the mask securely over the nose and mouth;
  - Immediately help the child to take 2 puffs (1 puff to 5 breaths);
  - If there is no improvement, repeat up to a maximum of 10 puffs;
- Help the children to breathe by ensuring tight clothing is loosened.

### **10.1 After the attack**

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. The child's parents must be told about the attack.

### **10.2 Call an ambulance/parent if**

- The reliever has no effect after 10 puffs;
- The child is distressed or unable to talk; or
- The child is getting exhausted; or
- If for any reason the child stops breathing, an ambulance should be called immediately; or
- You have any doubts as all about the child's condition.



Child's Name	Child's Date of Birth
Child's Year Group	Child's Class Group

GENERAL INFORMATION			
When was your child diagnosed with asthma?			
What triggers your child's asthma?			
How would you describe your child's asthma? <i>(please indicate one of the choices to the right)</i>	Mild <i>Uses reliever (blue inhaler) regularly</i>	Moderate <i>Uses preventer (brown inhaler) regularly and reliever (blue inhaler) occasionally</i>	Moderate <i>Uses preventer (brown inhaler) regularly, reliever (blue inhaler) regularly and other medication</i>
Does your child have disrupted sleep due to their asthma?	Yes / No	<i>If yes, please describe:</i>	
How many times has your child attended A&E with an acute asthma attack in the past year? <i>(please indicate one of the choices to the right)</i>	None	Once or more  <i>How many times:</i>	
Who monitors your child's asthma?	<i>If under the hospital/consultant, please give the name:</i>		
How often is your child seen by the hospital/GP/nurse? <i>(please indicate one of the choices to the right)</i>	Only when they have an asthma attack	On a 3-6 monthly basis	Annual check-up
What inhalers/medication has your child been prescribed?	Reliever <i>State Medication Name and expiry date:</i>	Preventer <i>State Medication Name and expiry date:</i>	Other <i>State Medication Name and expiry date:</i>
Can the family GP be contacted for information, where required?	Yes / No		

**DAILY MAINTENANCE**

Name of reliever inhaler		
Frequency of use		
Does your child use a spacer when using their inhaler?	Yes / No	
Does your child need assistance taking their inhaler?	Yes / No	<i>If yes, please describe:</i>
Does your child have a clear understanding as to when their need to use their inhaler?	Yes / No	<i>If no, please describe:</i>
Does your child need their reliever before PE/sport?	Yes / No	<i>If yes, how many puffs are required:</i>
Any additional instructions/information		
<b>In the event of my child displaying symptoms of asthma, 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.</b>		Yes / No

**AGREEMENT**

<b>Parent</b>	Name	
	Signed	
	Date	
<b>Principal</b>	Name	
	Signed	
	Date	

Appendix Two – Record of inhaler administration by staff

Pupils Name				
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Date given				
Time given				
Dose given	puffs	puffs	puffs	puffs
Staff initials				

Date given				
Time given				
Dose given	puffs	puffs	puffs	puffs
Staff initials				

Date given				
Time given				
Dose given	puffs	puffs	puffs	puffs
Staff initials				

Date given				
Time given				
Dose given	puffs	puffs	puffs	puffs
Staff initials				

Date given				
Time given				
Dose given	puffs	puffs	puffs	puffs
Staff initials				

Date given				
Time given				
Dose given	puffs	puffs	puffs	puffs
Staff initials				

