Saffron Walden County High School

Asthma Policy

Last Review – July 2026

This policy has been written with advice from Asthma UK.

- 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.
- Asthma can result in a significant amount of school absence and evidence shows improved asthma control improves school attendance and performance.

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This 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, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy.

All staff that come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is updated once a year.

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:

- 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

There are many forms of treatment for asthma. All children with asthma will have some form of inhaled treatment

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.

Asthma medicines in school

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler. Emergency reliever inhalers are kept in the medical room.

Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler (and spacer, if used), this will be kept in the medical room. All inhalers must be labelled with the child’s name by the parent/carer.

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 do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

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/carers of children with asthma are consequently sent a school asthma card to complete. Parents/carers are asked to return them to school. From this information the school keeps its asthma register, which is available to all school staff. Parents/carers are also asked to update the Medical Room if their child’s medicines, or how much they take, changes during the year.

The school Medical Room (Rebecca Doe) is responsible for keeping the asthma register.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils.

Pupils with asthma are encouraged to participate fully in all PE lessons. Pupils whose asthma is triggered by exercise should use their reliever inhaler before the lesson, take it with them and thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson they will be able to do so.

Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Pupils with asthma should not be singled out for special attention. This could make them feel different and may lead to embarrassment. If a pupil with asthma does not feel confident participating in physical activity, teachers should speak to the pupil’s parents to find out more about the pupil’s situation. The majority of pupils should be able to take part in any sport, exercise or physical activity they enjoy, as long as they are enabled to manage their asthma.

Out-of-hours sport

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 and sports coaches are encouraged to have training from the community school nurse, who has had asthma training.

The school does all that it can to ensure the school environment is favourable to pupils with asthma. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

Off-site Activities

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.

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. Residential trips will have a named first aider who will have oversight of the care of students with Asthma and knowledge of their personal action plans. Group leaders will have appropriate contact numbers.

Trip leaders will be briefed on the medical needs of children attending the trip.

An emergency kit will be taken out of school for offsite activities/residential trips. The Emergency kit will contain:

- Asthma register (with parental consent)
- 1 large volume spacer device
- 1 salbutamol 100mcgs per puff inhaler
- Information leaflet on how to administer
- Asthma attack flow chart
- Inhaler actuation chart

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.

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

Asthma attacks

All staff who come into contact with pupils with asthma are aware of the procedure to follow and know who to call in the event of an asthma attack.

HOW TO RECOGNISE AN ASTHMA ATTACK

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.

HOW TO RECOGNISE AN ASTHMA ATTACK

It is important that you recognise the signs and symptoms of an asthma attack in children and young people. Be aware that the onset of an asthma attack can gradually appear over days. Early recognition will help prevent a child or young person from getting worse and needing to go into hospital.

A child or young person may have one or more of these symptoms during an asthma attack:

BREATHING HARD AND FAST

You may notice they breathe faster or have shorter breaths.

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

They may have a worsening cough, particularly at night preventing them from having restful sleep and making them seem more tired in class.

BREATHLESSNESS

They may appear to be less active or may seem reluctant to join in activities. Breathlessness can also cause lack of interest in food or restlessness.

CHEST TIGHTNESS

They may describe a tight feeling or squeezing within their chest

INCREASED USE OF THE RELIEVER INHALER

The child or young person will use their reliever inhaler more frequently during an attack. It is important that their asthma action plan is followed, and that medical help is called if they are not improving.