



Asthma Policy

Review Date	Autumn 2026
Review Frequency	Annual
Date for Next Review	Autumn 2027
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Governor Approval	Autumn 2026

This policy should be read in conjunction with our: Supporting Pupils with Medical Conditions Policy.

The Principles of our school Asthma Policy

- The School recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Ensures that children with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures that other children understand asthma
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully

This school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils.

Long term supply teachers and new staff are also made aware of the policy. All teachers, and at least one member of staff in each class is provided with asthma training on a regular basis. Mrs Stabler, School Business Manager has a list of school staff trained in this area. This training is provided by the School Nursing Service.

PE

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Each child's inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so. Records are kept every time a child uses their inhaler. Two members of staff countersign the medical administration form.

School Trips and Outside Activities

When a child is away from the school classroom on a school trip, club, outside sport or PE, their inhaler should accompany them and be made available to them at all times.

The School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does have two guinea pigs and parents sign a consent form for their children to be allowed to see them and/or handle them. Our school has a non-smoking policy. As far as possible the school does not use chemicals in science or art lessons that are potential triggers for children with asthma. Children are encouraged to leave the room and go and sit in a break out area if any particular fumes trigger their asthma.

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.

When a Child is falling behind in lessons

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the school nursing team and special educational needs coordinator. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

Medication

Immediate access to a reliever inhaler is vital. Children are encouraged to carry their inhaler as soon as their parents, carer, doctor, nurse or class teacher agree they are mature enough to manage their own medication. Asthma medication is readily available to pupils and is not locked away.

Each classroom will have an accessible, clearly labelled storage bag in which to store inhalers. This bag is taken onto the playground by an adult during break times and during PE.

- All pupils with an inhaler will have a risk assessment drawn up by the school (not an Individual Health Care Plan) in conjunction with parents and supported by the Health Service, which must be adhered to.
- Staff are alerted to pupils with severe conditions with pupils' photographs, together with outline medical protocols kept in the file in the Main Office for reference.
- For pupils with diagnosed asthma, a record of inhaler use is kept – these sheets are kept in the medical bag in each classroom.
- For pupils who have an inhaler, but are not yet diagnosed with asthma, the parent will be asked to complete the **AM1** form. Inhaler use is monitored and any extra use or requirements are reported to the parent:

a record should be kept each time the inhaler is used and parents informed using form **AM3**.

- A list of children with Asthma will be kept in the office with the expiry date of the inhaler.
- If a pupil no longer requires an inhaler, parents must write a letter to the school confirming this.
- The school has taken the decision to hold asthma inhalers for emergency use. Consent will always be sought with parents.

If a parent considers the child is capable of carrying and managing their own medication e.g. asthma inhaler, topical cream/lotion etc. they must complete the form to indicate this. This is form our Supporting Pupils with Medical conditions policy (Form AM1) which can be found in the Appendix.

Children should always tell their class teacher or first aider when they have had occasion to use their inhaler. Records are kept each time an inhaler is used. The reliever inhalers for younger children are kept in their individual classroom in a designated first aid box, labelled with a green and white first aid sign.

All inhalers must be labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency however many of our staff are happy to do this. School staff who agree to do this are insured by the local education authority when acting in accordance with this policy. **All school staff will let children take their own medication when needed.**

Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child is asthmatic. All parents of children with asthma are required to complete a School Asthma Card (Asthma UK) (**Appendix 3**) and return it to the school and will also complete Form AM1 (Appendix to the 'Supporting Pupils with Medical Conditions Policy'). From this information the school keeps its asthma register which is displayed in the staff room and school office. If any changes are made to a child's medication it is the responsibility of the parents or carer to inform the school.

As a school, we seek written consent from parents of children on the register for them to use the salbutamol inhaler in an emergency (details of this inhaler below).

As a school we ask and encourage parents of children with asthma to provide a personal asthma action plan which can be obtained from their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them on an individual basis.

The asthma register is designed to allow a quick check of whether or not a child is recorded as having asthma, and consent for an emergency inhaler to be administered. As part of the school's asthma policy, when the emergency inhaler is to be used, a check should be made that parental consent has been given for its use, in the register.

Asthma inhalers for each child are regularly checked for expiry dates by a named member of staff (Kate Moyes – First aider). Each child's inhaler is kept in their own zip wallet containing their individual medication and asthma card, in their class designated first aid box.

Common day-to-day symptoms of asthma

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per Department of Health Guidance, they would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure below, which is clearly displayed in all classrooms. – **See Appendix 2**

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise and manage an asthma. In addition, guidance will be displayed in the staff room. – **See Appendix 2**

The department of health Guidance on the use of emergency salbutamol inhalers in schools (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)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)

- Nasal flaring • Being unable to complete sentences
- Appearing exhausted Guidance on the use of emergency salbutamol inhalers in schools 16
- A blue / white tinge around the lips
- Going blue

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

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

Responding to signs of an asthma attack

- Keep calm and reassure the child
- Encourage the child to sit upright and slightly forward – loosen any tight clothing.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- 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
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Cannot speak /short sentences
- Symptoms getting worse quickly
- Appears exhausted
- Has a blue/white tinge around lips
- Has collapsed

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 informed about the attack.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.

Supporting pupils requires written records to be kept of medicines administered to children.

The child's parents must be informed in writing so that this information can also be passed onto the child's GP.

See Appendix 1 for the letter used to notify parents.

Emergency Salbutamol Inhaler in School

Caedmon Primary School holds emergency inhalers and spacers as per the 'Guidance on the use of Emergency Salbutamol inhalers in schools' March 2015.

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

This medication can only be administered to children on the Asthma Register. Staff have been trained to administer the emergency inhaler and there are written instructions around the school.

We have summarised key points from this guidance below.

Supply

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 for schools issued by the Department of Health.

The Emergency Kit

We have 2 emergency kits (and 1 more on order), which are kept in our school office. They must be accessible at all times, therefore **they will not be locked away**.

Each kit contains: -

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instruction on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A list of children permitted to use the emergency inhaler;
- A record of administration (i.e. when the inhaler has been used).



Fig. 1 – a child being helped to use an inhaler with spacer.

Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Education for Health is a charity providing asthma training with the most up to date guidelines and best practice

<http://www.educationforhealth.org>

Salbutamol

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 been diagnosed with asthma OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of emergency inhaler has been given.

Storage and Care of the Inhaler

Our school Asthma Lead is Mrs Moyse. Our other team members are Mrs Wilkinson, Lisa White and Mrs Brede.

The school's Asthma Lead and team will ensure that:

- **The inhalers are stored in an area below 30 degrees C and will be protected from sunlight and extremes of temperature.**
- **The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with any child's inhaler.**
- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- Replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary;
- Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air
- Any puffs should be documented so that it can be monitored when the inhaler is running out.

The **spacer** cannot be reused. It can be given to the child to take home for future personal use. We will replace spacers following use.

The **inhaler** can be reused, so long as it has not come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

Disposal

Spent inhalers will be returned to the pharmacy to be recycled. However, if there is any risk of contamination with blood, it should **not** be reused – it should be disposed of. Caedmon Primary School is a legally registered low-tier waste carrier. We have registered online and this does not usually need to be renewed in future years: <https://www.gov.uk/waste-carrier-or-broker-registration>).

The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

Children who can use the emergency inhaler

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;

AND for whom written parental consent for use of the emergency inhaler has been given.

This information should be recorded in a child's individual healthcare plan.

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.

References

1. Asthma UK website (2015)
2. Asthma UK (2006) School Policy Guidelines.
3. BTS/SIGN asthma Guideline
4. Department of Health (March 2015) Guidance on the use of emergency salbutamol inhaler in school

Appendix 1

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:.....

Class:

Date:

Dear.....,

[Delete as appropriate]

- a) This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....A member of staff helped them to use their asthma inhaler.
- b) They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.
- c) Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

HOW TO RECOGNISE AN ASTHMA ATTACK

Signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring • Being unable to complete sentences
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WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit upright and slightly forward – loosen any tight clothing.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- 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
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Appendix 3 (copy of an 'Asthma UK' School Asthma card)

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

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

Parent/carer's signature Date

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

Does your child tell you when he/she needs medicine?
☐ Yes ☐ No

Does your child need help taking his/her 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

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

- Help them sit up straight and keep calm.
- Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(Monday-Friday, 9am-5pm)
www.asthma.org.uk

The Asthma UK and British Lung Foundation Partnership is a company limited by guarantee 01843414 (England and Wales). VOT number 618 812 1 18. Registered charity numbers 802361 and SC039122. Your gift will help Asthma UK fund vital research projects and provide people with asthma with the support they need. © Asthma UK. Last reviewed and updated 2020, next review 2023.