



# Asthma Policy

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## Introduction

Asthma is the most common chronic condition affecting one in eleven children/young people. On average there are two children/young people with asthma in every classroom in the UK and over 25,000 emergency hospital admissions a year.

The Trust recognises that asthma is a widespread, serious but controllable condition and we welcome all pupils with asthma. welcomes pupils with asthma and recognises their needs. All staff will encourage pupils with asthma to participate fully in all aspects of school life. All pupils will have immediate access to reliever inhalers at all times.

## School Admission

On admission to school all parents/carers will be asked to complete an admission form giving full details of their pupil's asthma, regular medication, emergency contact numbers, family G.P and any other relevant details. We ask that parents give the school full and appropriate information about each pupil's asthma and to provide a prescribed blue inhaler and spacer device (if required) and give permission for school staff to administer the emergency asthma medication.

At the beginning of each school year or when a pupil joins the school, parents and carers will be asked if their child/young person has any medical conditions. If a pupil or young person has asthma this will be documented on the medical conditions database.

If a pupil is diagnosed with asthma during their time at school we ask that parents inform the office staff and class teacher immediately and provide the child's prescribed medication. They must also complete the appropriate asthma forms detailed above.

Every pupil who has asthma should have a reliever inhaler and spacer in school stored with their individual asthma action plan. This asthma action plan will include parental consent for staff to administer medicine. This asthma action plan should ideally be completed by the GP or nurse prescribing the inhaler and then parents/carers can share with school.

If this is not available, then the parents will be asked to complete an asthma care plan with the school nurse.

The school will ensure they have received the pupil's individual action plan from the GP practice or parent or specialist teams. Other inhalers (brown/orange/pink/purple) are not usually required in school so we would not accept them unless there is a letter from the school nurse, a GP or consultant to say this medication is needed in school and an asthma action plan to go with it.

Asthma action plans will be kept in the pink Inclusion Folder in each classroom and saved to each pupil's individual profile on Edukey.

## Exercise

Taking part in sports, games and activities is an essential part of school life for all pupils. The health benefits of exercise are well documented, and this is also true for children and young people with Asthma. Consequently, it is vital that pupils with asthma are encouraged to participate fully in all physical education lessons.

If exercise & physical activity makes a child or young person's asthma worse, always ensure they use their blue inhaler immediately before they warm up.

Always start a session with warm up exercises.

Avoid things that can trigger their asthma.

If experiencing asthma symptoms when exercising they should stop, take their reliever inhaler, and wait at least 5 minutes or until they feel better before resuming exercise. Please ensure that this is documented as a record of administration of inhaler use. Please inform parents/carers.

The school ensures the whole environment which includes physical, social, sporting, and educational activities is inclusive and favourable to children with asthma.

## Administration

Most reliever inhalers are prescribed for use when required. Reliever medication is usually effective for four hours. If the child needs to use their inhaler more often, they should do so, and parents/carers should be informed immediately, and they should seek medical attention. Most pupils will not need to use their reliever inhaler on a daily basis, therefore if a pupil requires their inhaler more frequently, the teacher or teaching assistant will need to inform the parent so they can book an asthma review with the GP or nurse.

Some pupils with asthma may require their inhaler before exercising. This should be clearly stated on the parental consent form and asthma plan.

If staff have concerns about a pupil's technique when using their inhaler a request for a referral to the school nurse should be made to the Inclusion team via the Inclusion service desk.

The school will work with parents/carers to ensure pupils with asthma are assessed on their ability and if considered capable then they should be encouraged to take control of their condition and feel confident in the support they receive from school. In case of an emergency where a pupil is unable to self-administer their inhaler all staff should feel confident in managing this situation. All staff must understand their duty of care to children/young people in an event of an emergency.

## Use of emergency inhalers

In October 2014, the Department of Health issued new guidelines that allow schools to purchase emergency inhalers for use if a child's own inhaler is empty, broken or missing.

Each school will purchase a stock of emergency inhalers and disposable spacers from an approved pharmacist. As a minimum, each year group will have an emergency inhaler with five spacers and there will be an additional emergency inhaler kept in the main school office. There will also be an emergency inhaler kit available for sporting events and off site visits. The emergency inhalers will be checked each half term to ensure they are in good working order, in date and not close to expiring. Emergency inhalers must always be used with a disposable spacer. Disposable spacers are single use items and must be disposed of after use but the inhaler can be re-used after cleaning. Used/empty inhalers should be returned to a pharmacy for appropriate disposal.

The emergency inhaler must **only** be used by a pupil who has been diagnosed with asthma and prescribed a reliever inhaler **or** a pupil who has been prescribed a reliever inhaler **and** for whom written parental consent for use of the emergency inhaler has been given. Before using the emergency inhaler, staff should check the medical needs register to ensure parental consent has been given. The medical needs register is kept in the pink Inclusion folder within each class or unit, the whole school medical needs register kept in the main office or on the School Management System

If the emergency inhaler has to be used, a record of who used it, when and where it was used and what dosage was given will be made. This record will be kept in the main office and should be updated within the main office. If a pupil has used the emergency inhaler their parents will be informed of this in writing and will be advised to take their child for an asthma review at the GP surgery.

## Storage

All inhaler devices need to be labelled clearly with the pupil's name and must have a pharmacy label on them when they are brought into school. The inhaler canister must have the pupil's name and class written on it in permanent marker.

From Early Years to Year 4 inhalers will be kept under the supervision of the class teacher and must be kept in a container labelled **inhalers** somewhere accessible within the classroom. A list of the children whose parents have informed the school that they have asthma will be provided in the pink inclusion folder located within each classroom/unit with a master copy being held in the main school office as part of the school management system.

Within Y5 & Y6 pupils will be encouraged to become self-managing, carrying their own inhaler and using it when needed. Pupils in Y5 will be asked to leave their inhaler in school at the end of the day unless they walk home alone. Pupils in Y6 will have responsibility for their inhaler whilst in school with support from their teacher.

Pupils in year 7 and above will have responsibility for their own inhaler. Parents will be asked to provide a spare inhaler which is kept in their form classroom in case they forget their own inhaler.

Inhalers must be taken to wherever the pupils are in school e.g playground, PE, ICT suite, target teaching room, hall.

If pupils leave the premises for any activity they must take their reliever inhalers with them.

All staff who are responsible for after school clubs must ensure that they are aware of any pupils in their club who have asthma and check that these pupils have their inhalers.

## Lunchtime

Nursery to Y4 – Inhalers will be kept in an appropriately central location. Please consult the Pastoral Leader or Lead Practitioner for SEND & Inclusion for details specific to each school

Y5 and above – pupils will take their own inhalers with them at lunchtime.

## Replacement medication

If a pupil does not have their inhaler in school for any reason parents will be contacted to bring one into school as soon as possible.

School staff will periodically check that inhalers are full of medication and still in date and parents will be informed when new medication is needed. If a new inhaler has not been brought to school within 5 days the school office will telephone to remind parents that they need to bring one in to school. If a new inhaler is still not provided parents will be invited to speak to a member of Senior Leadership Team about it. It is the responsibility of parents/carers to ensure their child has their medication in school.

Parents will be given the old inhaler to take away and dispose of with a pharmacy.

If parents tell us their child is no longer asthmatic they will be asked to sign a letter confirming this in the first instance and confirmation from the school nurse is also required.

## **Emergency Response**

In the event of an asthma attack school staff should follow the procedure outlined in “The Asthma Attack Flowchart” (appendix 1). The flowchart will be visibly displayed in all classrooms, the staff room, first aid areas and PE halls. A copy will also be placed inside the first aid bag.

In the event of an asthma attack and the pupil's inhaler is not available, the emergency inhaler can be given as long as the pupil has written parental consent to use it. In an emergency situation, verbal consent to use the emergency inhaler can be given over the phone by the parent or carer. Ideally, this would be followed up with an email giving consent for the emergency inhaler to be used.

In an asthma emergency, a 999 call for paramedic ambulance must be made.

If a pupil needs to be taken to Hospital a member of staff will always accompany them until a parent/carer arrives.

Parents/carers will be informed if their child has an asthma attack.

## **Staff training**

The school will ensure all school staff (teachers, teaching assistants, kitchen staff, out of school club staff, supply teachers) are aware of the potential triggers and ways to minimise these signs and symptoms of a pupil's asthma and what to do in the event of an asthma attack.

This includes asthma awareness sessions for all staff delivered at least once a year.

All staff understand that pupils with asthma should not be forced to take part in an activity if they feel unwell. All staff will take part in asthma training delivered by the School Nurse Team on an annual basis.

## **Review**

This policy will be reviewed every two years, or more regularly in the light of any significant new developments or in response to changes in guidance.

In the event of an asthma attack:-

- Stay calm and reassure the child.
- Encourage the child to breathe slowly.
- Ensure any tight clothing is loosened.
- Help the child to take their reliever (blue) inhaler. Usually 2-4 puffs (ideally given individually through a spacer device, if available) are enough to bring symptoms of a mild attack under control.
- Keep the child where they are and do not walk them around school.

**DO NOT BE AFRAID TO GIVE MORE PUFFS OF THE INHALER IF NEEDED – RELIEVER MEDICATION IS VERY SAFE**

**CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR:**

- There is no significant improvement in 5 – 10 minutes.
- The child is distressed and gasping or struggling for breath.
- The child has difficulty in speaking more than a few words at a time.
- The child is pale, sweaty and may be blue around the lips.
- The child is showing signs of fatigue or exhaustion.
- The child is exhibiting a reduced level of consciousness.
- You are concerned about the child's condition at any time.

Whilst the ambulance is on its way, the child should continue to take puffs of their reliever (blue) inhaler as needed until their symptoms resolve. Alternatively if the child has a spacer device and reliever (blue) inhaler available give up to 10 puffs, 1 puff every minute (shaking the inhaler between each puff). If the child's condition has not improved and the ambulance has not arrived this may be repeated. Contact parents/carers once the emergency situation is under control and the ambulance has been called.

## Appendix 2

### SAMPLE LETTER TO INFORM PARENTS/CARERS OF SCHOOL EMERGENCY INHALER USE

Child's name: .....

Class: .....

Date: .....

Dear.....,

This letter is to formally notify you that..... has had problems with their breathing today. This happened when.....

[Delete as appropriate]

A member of staff helped them to use their asthma inhaler.

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.

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 child seen by your own doctor as soon as possible.

Yours sincerely