

Asthma Policy

Arunside School



Approved by:	Headteacher	Date: January 2026
Last reviewed on:	November 2023	
Next review due by:	January 2027	

Review amendments:

Date	Section	Policy review updates:
12/01/2026	Asthma Medicines	Specified protocol on keeping medicines in date.
04/12/2025	Asthma Medicines	Removed - The school will hold a second inhaler provided by the parents or guardians of asthma sufferers at school in the school officer if this is supplied by the parents. All inhalers must be labelled with the child's name by the parent/carer.
22/11/23	Record Keeping	Insert: by virtue of the list issued by the lead first aider In order to clarify how teachers are made aware

22/11/23	Exercise and activity - PE and games	Change, 'in a box' to the green first aid rucksack
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What is asthma?

Asthma is a condition that affects the 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 becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breath and leading to symptoms of asthma. Triggers can include, hot or cold weather, increased humidity, fumes, powders, physical exercise and stress.

It's difficult to say for sure what causes asthma however you're more likely to develop asthma if you have a family history of asthma, eczema or allergies. It's likely that this family history, combined with certain environmental factors, influences whether or not someone develops asthma.

Asthma is a widespread, serious but controllable condition, and schools should ensure that pupils can and do participate fully in all aspects of school life. Pupils with asthma need immediate access to reliever inhalers and in an emergency, a spacer.

The school has ensured that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are and know the school's procedure to follow in the event of an asthma attack.

Symptoms of asthma

The usual symptoms of asthma are:

- coughing
- wheezing
- shortness of breath
- tightness in the chest.

Not everyone will get all of these symptoms. Some people experience them from time to time; a few people may experience these symptoms all the time and occasionally some may not experience any symptoms.

Asthma medicines

The school requires that the parents or guardians of asthma sufferers at school provide an in-date inhaler and spacer (if used by the sufferer). These reliever inhalers are kept in the classroom.

The school will keep a spare (in-date) reliever inhaler for emergency use when a pupil's own inhaler runs out, or is lost or forgotten. This is kept in the school office first aid cupboard.

Emergency asthma medication is delivered via a spacer device that the schools also holds on site. Spacers will not be shared and therefore once used, a spacer will be allocated to that specific pupil and a new one purchased. Spacers provided by pupils for their own individual use will be cleaned between uses by washing in warm soapy water, rinsing with clean running water and left to dry naturally.

On a termly basis the lead for managing medicines (Mrs Webber), checks a list of inhalers kept in school to see if any are due for expiry. This is printed and stuck on the inside of the office medical cupboard door and an electronic copy is saved on the Staff Shared Drive T:\Allergy Asthma & Dietary\Asthma. Mrs Webber will contact the parents of the children in advance to advise when a new one is required.

Record keeping

When a child joins the school, parents/carers will be asked to declare any medical conditions (including asthma) that require care within school, and the school's records will be updated. At the beginning of each school year, parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given an asthma information form to complete and return to school (*Please see Appendix B - Individual protocol for Mild Asthma*). From this information, the school retains its asthma records. All teachers know which children in their class have asthma by virtue of the list issued by the lead first aider. Parents are required to update the school about any change in their child's medication or treatment. Records are kept for the administration of asthma medication as for any other prescribed medication.

The School requests consent from a parent/guardian to administer the school's emergency inhaler and a register is kept with the inhaler that details which parents/guardians have given permission for the school inhaler to be administered. It is the responsibility of the school to keep the register up to date.

Exercise and activity - PE and games

All children are encouraged to participate fully in all aspects of school life including PE. Children are reminded to use their inhalers before exercise (if instructed by the parent/carer on the asthma form) and during exercise if needed. Staff are fully aware of the importance of thorough warm up and cool down. Each pupil's inhaler must be labelled and kept in the green first aid rucksack at the site of the lesson.

School Environment

The school will endeavour to ensure that the school environment is favourable to pupils with asthma and will take into consideration, any particular triggers to an asthma attack that an individual may have and seek to minimise the possibility of exposure to these triggers.

Training

All school staff are trained to recognise the symptoms of worsening asthma, how to respond in an emergency and how to administer the reliever medication (inhaler).

Asthma Attacks – School’s Procedure

In the event of an asthma attack, staff will follow the school Asthma Treatment Procedure (*See Appendix A*):

- Encourage the pupil to use their inhaler
- Summon a first aider who will bring the pupil’s Asthma Information Form and will ensure that the inhaler is used according to the dosage on the form
- If the pupil’s condition does not improve or worsens, the First Aider will follow the ‘Emergency asthma treatment’ procedures
- The First Aider will call for an ambulance if there is no improvement in the pupil’s condition
- If there is any doubt about a pupil’s condition an ambulance will be called.

Asthma Treatment Procedures

Mild Symptoms:

- Cough
- Feeling of 'tight chest'
- Wheeze

Ensure that the pupil has access to their reliever (blue inhaler)

- Sit the pupil down in a quiet place if possible
- Younger pupils or those using 'puffer' style inhalers should use a spacer
- Allow the pupil to take 2 or 4 puffs of the inhaler
- Assess effect and if fully recovered, the child may re-join usual activities

Moderate Symptoms:

- Increased cough and wheeze
- Mild degree of shortness of breath but able to speak in sentences
- Feeling of 'tight chest'
- Breathing a little faster than usual
- Recurrence of symptoms / inadequate response to previous 'puffs'

Ensure that the pupil has access to their reliever (blue inhaler)

- Sit the pupil down in a quiet place if possible and loosen any tight clothing around their neck
- Younger pupils or those using 'puffer' style inhalers should use a spacer
- Allow the pupil to take 4 or 6 puffs of the inhaler
- Assess effect, if fully recovered the pupil may re-join activities but a parent/carer should be informed

Severe symptoms:

- Not responding to reliever medication
- Breathing faster than usual
- Difficulty speaking in sentences
- Difficulty walking/lethargy
- Pale or blue tinge to lips/around the mouth
- Appears distressed or exhausted

Ensure that the pupil has access to their reliever (blue inhaler)

- Sit the pupil down in a quiet place if possible and loosen any tight clothing around their neck
- Younger pupils or those using 'puffer' style inhalers should use a spacer
- Allow the pupil to take 6 puffs of the blue inhaler
- Assess effect, If the child still feels wheezy or appears to be breathless they should have a further 4 puffs of the blue inhaler
- Reassess:
- If symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:
- CALL AN AMBULANCE and CALL PARENT
- While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every 5 minutes

Individual protocol for Mild Asthma

Please complete the questions below, sign this form and return without delay.

CHILD'S NAME.....

D.O.B.

Class

School use
attach photo
here

Contact Information

Name				Relationship to pupil		
Phone numbers	Work			Mobile	Other	

If I am unavailable please contact:

Name				Relationship to pupil		
Phone numbers	Work			Mobile	Other	

1. Does your child need an inhaler in school? Yes/No (delete as appropriate)

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?)

.....
Do they have a spacer?

.....
3. What triggers your child's asthma?

.....
4. It is advised that pupils have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out or is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:

- My child carries their own inhaler YES/NO
- My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office
- I am aware I am responsible for supplying the school with in date inhaler(s)/spacer for school use and will supply this/these as soon as possible. YES/NO

5. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

Emergency Procedure – severe symptoms (see full schools asthma attack procedure)

- **Give 6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed:.....Print name..... Date.....

I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition. Thank you

Parental Update (only to be completed if your child no longer has asthma)	
My child no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed <i>I am the person with parental responsibility</i>	Date

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1 st inhaler		With pupil/In classroom			
Spacer (if required)					
Record any further follow up with the parent/carer:					