



**St. Peter & St. Paul CE Primary School, Burgh-le-Marsh**  
***“Striving for excellence together in a caring Christian community.”***

**RESPECT COMPASSION COURAGE**



## ASTHMA POLICY

Responsibility: Governing Body

Approved: September 2018

To be reviewed: Every 2 years (or earlier if legislation/Local Authority guidance changes).

Last reviewed: September 2024

### BACK-TO-SCHOOL ASTHMA ATTACKS

**All members of our school community should be aware that every September, there is a rise in the number of children in the UK who go to hospital because of asthma attacks.**

**Some children get out of routine during the summer holidays and do not take their preventer medicines every day as prescribed. This can lead to their asthma being poorly controlled when they go back to school.**

**A child could also be exposed to asthma triggers when they go back to school or nursery, for example:**

- **air pollution**
- **colds and flu**
- **dust mites**
- **strong emotions, like fear, stress and excitement**
- **physical activity**
- **mould**
- **pollen.**

### Introduction and aims:

This policy sets out how we, as a school, support children with asthma. We work closely with children, parents/carers and health colleagues to ensure we have robust procedures in place to support asthma management. This policy reflects the requirements of key legislation (Appendix 1- Legislation) and in particular two key documents:

1. Supporting pupils at school with medical conditions (2015)
2. Guidance on the use of emergency salbutamol inhalers in schools (2015)

Asthma is a long-term condition that affects your airways - the tubes that carry air in and out of your lungs. You could say that someone with asthma has 'sensitive' airways that are inflamed and ready to react when they come into contact with something they don't like. Asthma tends to run in families, especially when there's also a history of allergies and/or smoking. When a person with asthma comes into contact with something that irritates their sensitive airways even more (an asthma trigger), it causes their body to react in three ways:

1. the muscles around the walls of the airways tighten so that the airways become narrower
2. the lining of the airways becomes inflamed and starts to swell
3. sticky mucus or phlegm sometimes builds up, which can narrow the airways even more.

These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to asthma symptoms, such as chest tightness, wheezing, or coughing. In the UK, around 5.4 million people are currently receiving treatment for asthma. That's one in every 12 adults and **one in every 11 children**. Asthma affects more boys than girls. Asthma in adults is more common in women than men. Asthma can sometimes be defined as a type, such as 'occupational'. Approximately five per cent of people with asthma have severe asthma.

**Having asthma has implications for a child's schooling and learning.** Appropriate asthma care is necessary for the child's immediate safety, long-term well-being, and optimal academic performance. Whilst some older children may be fully independent with their condition younger children, children with learning difficulties or those newly diagnosed are likely to need support and assistance from school staff during the school day, to help them to manage their asthma in the absence of their parents/carers.

The 2010 Children, Schools and Families Act and the Children and Families Act 2014 introduce a legal duty on schools to look after children with medical conditions. This is inclusive of children with asthma and it is therefore essential that all school staff and those who support younger children have an awareness of this medical condition and the needs of pupils during the school day.

## Responsibilities:

### Headteacher, Governors & Senior Leadership Team:

- Support school community to implement the policy.
- Signing off of any self-audit.
- Cascade relevant information to school staff and pupils.

### Medicines

#### **A member of the Senior Leadership Team will ensure that:**

- The school has an adequate supply of Emergency kits and know how to obtain these from our medical equipment supplier.
- Emergency kits are accessible and that staff are aware of their location.
- Emergency kits are checked regularly and contents replenished immediately after use.
- The blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant Emergency kit after use.
- Individual spacers are washed regularly according to instructions; washed in warm soapy water and left to dry for approximately 15 minutes.
- Expiry dates of all medicines are checked monthly and impending expiry date are communicated to parent/carer.

## Children:

### Without asthma

- Learn about asthma, the signs and symptoms and what to do in an emergency.

### With asthma

- Tell someone if they are feeling wheezy or breathless and may need your inhaler.
- Know what things can make their asthma worse and tell a member of staff to help avoid it.

- Attend any school asthma support sessions.

## Parents/Carers:

- Inform the school if their child has asthma.
- Ensure their child has an up to date personal asthma plan (where required) from their doctor or specialist healthcare professional which is shared with the school (see Appendix 2).
- Inform the school of any changes to their child's condition.
- Ensure their child has regular reviews with their doctor or specialist healthcare professional.
- Parents need to confirm in writing, where consent is not given to the school, to administer salbutamol in the case of an emergency (see Appendix 2).

## Medicines

- Inform the school about the medicines their child requires during school hours.
- Provide the school with one inhaler and spacer, labelled with their full name and date of birth, in the original packaging detailing the prescription.
- Even when children carry their own inhalers and spacer it is essential parents/carers provide the school with a spare.
- It is the parent's responsibility to ensure new and in date medicines come into school on the first day of the new academic year. Ensure that their child's medicines are within their expiry dates and dispose of out of date medicines.
- Inform the school of any medicines the child requires while taking part in visits, outings, field trips and other out-of-school activities such as school sports events.

## School Staff:

### Knowledge

- Read and understand the school's asthma policy and attend school asthma training as directed by the headteacher).
- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- Know which children have asthma.
- Be aware that asthma can affect a child's learning and provide extra help when needed.
- Be aware of children with asthma who may need extra support.

### Supporting asthma management in your school

- Allow all children to have immediate access to their emergency medicines. All children are encouraged to carry and administer their own inhaler when their parents/carers and health care provider determine they are able to start taking responsibility for their condition. Children, who do not carry and administer their own inhaler, should know where their inhalers are stored.
- Ensure children have the appropriate medicines with them during activity or exercise and are allowed to take it when needed.
- Ensure children who carry their inhalers and spacers with them, have them when they go on a school trip or out of the classroom.

- All staff attending off site visits should be aware of any children on the visit with asthma. They should be trained about what to do in an emergency.
- Ensure children with asthma are not excluded from activities they wish to take part in.
- Understand asthma and the impact it can have on children. If school identify a pattern or are concerned about an individual child, they will inform parent/carer and advise medical advice should be sought.
- Get involved in the whole school training around asthma and use opportunities such as Personal Social Health & Economic Education (PSHE) to raise pupil awareness about asthma (see link for materials) [www.asthma.org.uk](http://www.asthma.org.uk)

### Communication and record keeping

- Maintain effective communication between parents/carers and the school including:
  - Informing parents/carers if their child has been unwell at school or if there is a pattern of asthma symptom.
  - Communicate any parental/staff concerns and updates to the designated Asthma Leads.
  - Liaise with parents/carers, the child's healthcare professionals, and special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition.
- If an inhaler has been used (outside the prescribed time):
  - Staff must record the usage and notify parents
  - Staff must record that an inhaler has been used using the schools incident recording system (e.g. CPOMS or other school management system).

### Additional Information:

#### PE and activities

- Children and young people with asthma will have equal access to extended school activities school productions, after school clubs and residential visits.
- PE teachers will be sensitive to children who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents/carers should be made aware so medical help may be sought.
- Staff will have training and be aware of the potential social problems that children with asthma may experience.
- Staff use opportunities such as Science and PSHE lessons to raise awareness of asthma amongst children and to help create a positive social environment and eliminate stigma. School staff understand that pupil with asthma should not be forced to take part in activity if they feel unwell.
- Staff recognise potential triggers for pupil's asthma when exercising and in other settings and are aware of ways to minimise exposure to these triggers.
- Physical Education (PE) teachers should make sure children have their inhalers with them during PE and take them when needed, before during or after PE.
- Risk assessments will be carried out for any out of school visit and asthma is always part of this process. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency. We recognize there may be additional medicines, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.

- In an emergency situation school staff will be required under common law duty of care, to act like any reasonable parent. This may include administering medicines. We have posters on display in school that reiterates the steps to take during an emergency.

## School environment

- The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack.
- Smoking and vaping is explicitly prohibited on the school site.
- We are aware that chemicals in science, cookery and art have the potential to trigger an asthma response and will be vigilant to any child who may be at risk from these activities. We will not exclude children who are known to have specific chemical triggers but will endeavour to seek an alternative.
- Cleaning and grass cutting should, where possible, be carried out at the end of the school day. When not possible, staff can reduce exposure by shutting windows and/or offering alternative places for break or lunchtimes to children where this is a trigger.
- Staff should be aware of significantly high air pollution and significantly high pollen days and reduce exposure or modify child activities accordingly.

## Children who miss time off school due to their asthma

- As a school we monitor child absence. If a child is missing a lot of time off school due to their asthma or we identify they are constantly tired in school, staff will make contact with the parent to work out how we can support them.
- The school will liaise with Lincolnshire County Council's 0-19 Children's Health Service and/or other health professional to ensure the child's asthma control is optimal.

## Asthma Attacks

- Staff are trained to recognise an asthma attack and know how to respond. The procedure to be followed is clearly displayed on posters.
- If a child has an asthma attack in school a member of staff will remain with them throughout, and administer their inhaler in accordance with the emergency procedure. **(No child will ever be sent to get their inhaler in this situation, the inhaler will be brought to the child).**
- Emergency services (if necessary) and parents/carers will be informed.
- A member of staff will accompany the child to hospital until their parent/care giver arrives.

## Safe Storage and Disposal

- All inhalers are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the child's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medicines are stored in accordance with instructions paying particular note to temperature.
- All inhalers and spacers are sent home with children at the end of the school year. Medicines are not stored in school over the summer holidays.

## Emergency medicine

- Emergency medicines are readily available to children who require them at all times during the school

day whether they are on or off site.

- Children who are self-managing are reminded to carry their inhalers and spacers with them at all times.

### Disposal

- Parents/carers are responsible for collecting out of date medicines from school.
- The Headteacher is responsible for checking the dates of medicines and arranging for the disposal of those that have expired. The physical task may be delegated to another member of staff. This check is done at least 3 times a year.
- Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled.

# Appendix 1 – School Asthma Card

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## 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
<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Parent/carer's signature

Date

### 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 30-90 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**  
 (9am – 5pm, Mon – Fri)

[www.asthma.org.uk](http://www.asthma.org.uk)

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## Appendix 2 – Responding to an asthma attack

# What to do if a child has an ASTHMA ATTACK



### Actions to take if a child has an asthma attack and when to call 999.

- 1** Help them to sit up – don't let them lie down. Try to keep them calm.
- 2** Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
- 3** If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, call 999 for an ambulance.
- 4** If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
- 5** If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

**Important:** This asthma attack advice does not apply to MART inhalers.  
Speak to your GP or asthma nurse for more information.



A school asthma card contains contact details  
and essential information about a child's asthma.  
Scan the QR code to get yours.

[AsthmaAndLung.org.uk](https://www.AsthmaAndLung.org.uk)



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