ASTHMA POLICY

ACADEMIC YEAR 2025/2026

HEADTEACHER: MR K.RONDEAU

LOVING, GROWING and SUCCEEDING TOGETHER

ASTHMA POLICY 25/26

POLICY STATEMENT

The school

- Welcomes pupils with asthma
- Ensures that pupils with asthma can participate fully in school life
- Recognises that pupils with asthma need immediate access to their inhaler
- Maintains a record of all pupils with asthma and their medication
- Ensures an asthma friendly environment
- Ensures staff including supply staff know what to do in the event of an asthma attack

POLICY

- Asthma is a restriction in airway lining that causes difficulty in breathing.
- School staff receive annual basic awareness training about asthma and the use of common inhaler devices from the school nurse.
- Staff have a clear understanding of the procedure to follow when a child has an asthma attack.
- Inhalers for pupils are accessible at all times.
- There are three Emergency Inhalers in school and disposable spacers for use by children in the event of an emergency only. These are kept in the hall, the medical box by the playground and one in Nursery.
- Parents must sign a consent form for the emergency inhalers to be used in school.

- Pupils' inhalers are kept in their classroom cupboard in a separate container. Their inhaler must be clearly named and in date. This is the parent's/carer's responsibility.
- The school records on each individual child's records their medical history including Asthma and their treatment.
- The school requires each parent to hand in their child's Asthma Action plan which has been obtained from their GP if the parent has advised their child has asthma.
- When the school is advised that a child has Asthma, the child's details are entered onto the Schools Asthma Register.

The usual symptoms of asthma are:

- persistent cough
- tightness in the chest
- shortness of breath
- difficulty speaking in full sentences
- high pitched whistling noise (wheeze)
- unusually quiet
- a blue / white tinge around the lips
- appearing exhausted

A child may present with one or a combination of the above symptoms

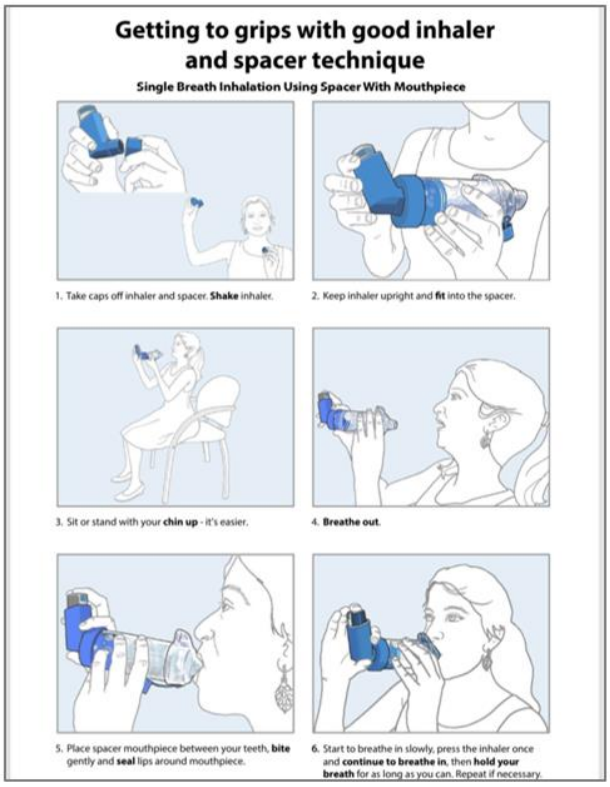
Not all children will get all these symptoms. Children may say:

- "It feels like someone is standing on my lungs"
- "It feels like I am being squashed"
- "When I'm having an attack, it feels like a rope is being slowly tightened around my chest"

Children's ability to verbalise their symptoms vary enormously and younger children may say:

- "My tummy hurts"
- "Someone is sitting on my chest"

HOW TO ADMINISTER AN INHALER

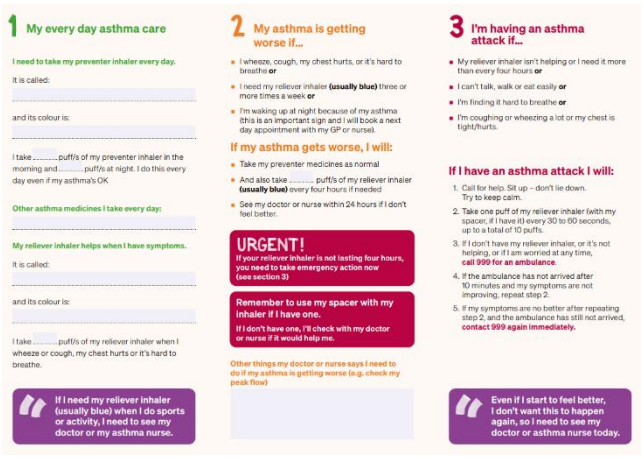


MANAGEMENT OF ASTHMA

St Mark's CE Primary School's Asthma Lead: Miss K. McConnell
St Mark's SENCo: Mrs G. Smith

When a child starts at St Mark's school, their parents/carers are given a starter pack of paperwork to complete. Included in this is an Asthma Questionnaire where a parent/carer can confirm that their child has been diagnosed with Asthma. The following points support our management of asthma in school:

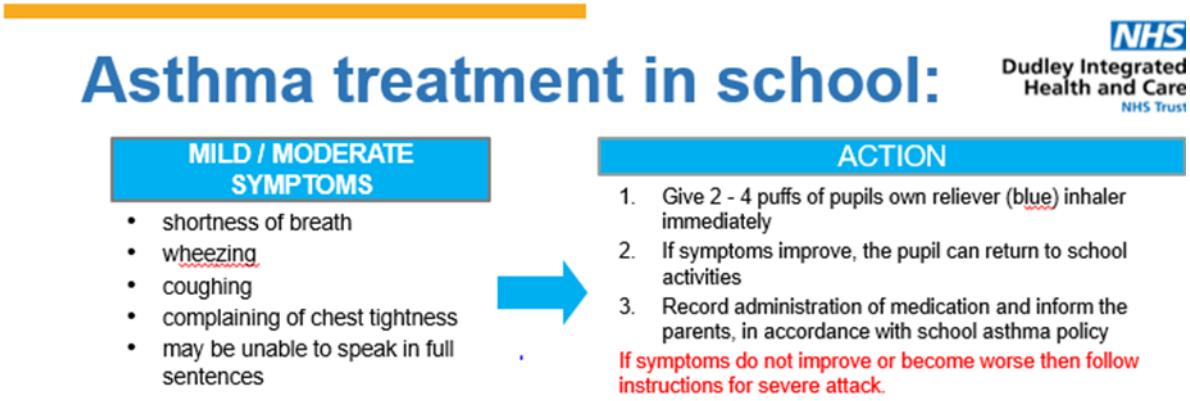
- Parents/carers should provide a copy of the Child's Asthma action plan (pictured below) which details their everyday asthma care. This has written details of the name, dose/ puffs needed from the preventer/ reliever and any other asthma medication that the child is taking. If parents/ carers do not currently have an Asthma Action Plan from their GP, parents will be asked to contact their GP to obtain one for school records.



- Only blue inhalers and a spacer should be kept in school.
- It is the child's parent's/carers responsibility to provide up to date medication (inhalers) which are clearly labelled with the child's name and the expiry date.
- It is the parent's/carers responsibility to provide the school with a replacement inhaler when the current one runs out or is out of date.
- It is the child's parent's/carers responsibility to ensure that the child has their own spacer in school to administer the inhaler, again clearly labelled with their name.
- Early administration of the blue reliever inhaler will cause the majority of attacks to be completely resolved.
- Pupils are generally responsible for their own treatment, however, depending upon their age a member of staff may assist with holding the spacer whilst the child administers their inhaler
- Information forms need to be dated and signed by the parents/carers.
- Parents/carers should notify the school immediately in the event of any changes.
- It is important for parents to always know when their child has used their inhaler as symptoms may worsen during the evening. Notification of Inhaler Use in school slips are in classes and must be completed and given to parents/carers at home time.

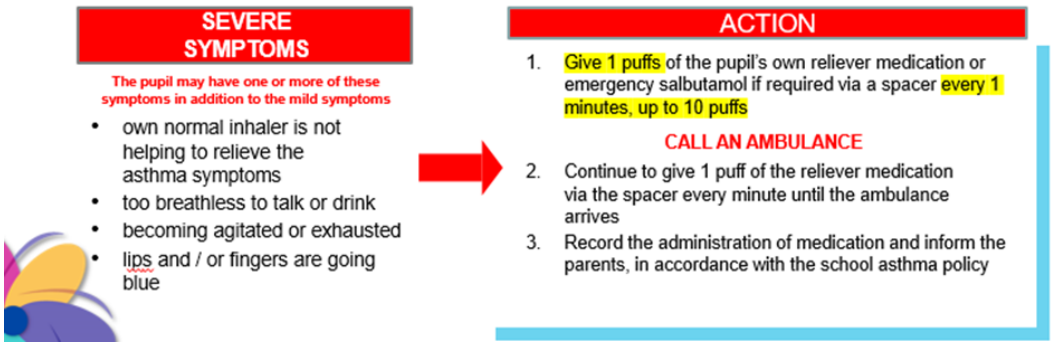
- If a child has used their inhaler or the school's emergency inhaler during the day, it must be recorded on the class record sheet

IN THE EVENT OF MILD OR MODERATE SYMPTOMS



- Bring the inhaler to the child, not the child to the inhaler. Calm the child as much as possible to maximise the benefit from the inhaler technique.
- Ensure that 2 puffs of the blue reliever inhaler are taken immediately. Whenever possible allow medication to be taken where the attack occurs.
- If symptoms do not resolve continue to give 1 puff every minute for 5 minutes.
- Stay calm and reassure the child. Stay with the child until the attack is resolved.
- If the attack resolves and as soon as they feel better, the child can return to normal school activities.
- The child's parents must be informed of the attack so that this information can also be passed onto the child's GP. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), what medication was given and how much was given.

SEVERE SYMPTOMS (EMERGENCY)



Call 999 for an ambulance urgently if:

- The blue relieve inhaler has no effect after 10 puffs (1 puff every minute, for up to 10 minutes)
- The child is either distressed or unable to talk.
- The child is getting exhausted.
- The child's lips are blue.
- You have any doubts at all about the child's condition.
- Continue to give the blue reliever inhaler (1 puff every minute) until help arrives (record the time that a puff is given).
- Ensure that office staff/teaching staff hand a copy of the child's Asthma healthcare plan to the emergency services to take with them to hospital.

RECORD KEEPING

- Parents will be asked to ensure that their child's inhaler is:

  Correctly labelled
  In good working order
  Kept in date

- School admin staff will ensure each child with Asthma has a child's Asthma Action Plan completed by the GP on file.
- When student update forms are sent to parents/carers, any medical changes must be undated on the child's records, the Asthma register and Asthma Lead/Teaching staff notified.
- It is the Asthma Lead/ SENCO's responsibility to ensure that staff complete any Asthma training needed and a record is kept of all training completed.
- Details are evaluated annually via an audit carried out by the school health service.

USE OF EMERGENCY INHALER
Taken from: Guidance for the use of emergency salbutamol inhalers in school (2015)

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.

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason the emergency inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed an reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.

- At St Mark's, we have an asthma register to ensure all staff are aware of children in school who have been diagnosed with asthma or prescribed a reliever inhaler.
- As part of our policy, when the emergency inhaler is to be used, a check should be made that parental consent has been given for its use.
- School will seek written consent from parents of children on the register for them to use the salbutamol inhaler in an emergency. This will be updated and highlighted on the asthma register and class asthma folders.
- If a child uses the schools Emergency Inhaler, it will be recorded and parents/carers advised in the same way as if they have used their own inhaler.
- An emergency inhaler should be taken onto school trips.

STORAGE OF EMERGENCY INHALERS

- The designated Asthma lead will check the emergency inhalers once a half-term and will check spacers are present and in working order. They will also check the expiry date of the inhalers and, if necessary, replacements are ordered.

- Emergency inhalers are kept in safe and suitable locations in the school (the hall, Nursery and the first aid box by the playground). This is known to all staff and staff have access to this at all times. The inhalers are out of reach and sight of the children. They are also protected from direct sunlight and extremes of temperature. The emergency inhalers are kept separate from the children's inhalers.

- An inhaler should be primed when first used (e.g. Two spray puffs) as it can become blocked when not used for a period of time.

- To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

Policy reviewed: September 2026