

Christ Church CE Primary School - Asthma Policy

Christ Church CE Primary School:

- Recognises that asthma is a serious condition affecting many school age children;
- Ensures that pupils with asthma participate fully in all aspects of school life including PE/Forest School/Trips;
- Recognises that immediate access to reliever inhalers is vital;
- Keeps records of pupils with asthma and the medication they take, when the pupil takes that medication & whether the School's emergency Salbutamol reliever was required to be used;
- Ensures the school environment is favourable to pupils with asthma;
- Ensures that other pupils understand asthma as appropriate to their age;
- 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 that policy is implemented and maintained successfully.

School Asthma Policy

This Policy has been written with advice from the NHS UK, Asthma + Lung UK, Parents, First Aiders and asthma sufferers. Our Head of School will be the lead staff member for asthma.

This School encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, the Governors and pupils. Supply teachers and new staff are also made aware of the policy. All staff who comes into contact with pupils with asthma will know who amongst School staff is first aid trained to assist with effective treatment.

1. Medication. Children are encouraged to take responsibility for their reliever inhaler as soon as the parent, Doctor or nurse and Class Teacher agree they are mature enough. It is the Parents' responsibility to ensure that the School is provided with labelled inhalers & spacers.

Depending on how severe the pupil's symptoms are, they may be offered either:

- an inhaler to use only when you get symptoms – this is called an anti-inflammatory reliever (AIR) inhaler
- an inhaler to use every day to help prevent symptoms, as well as when you get symptoms – this is called a maintenance and reliever therapy (MART) inhaler
- 2 separate inhalers – a preventer inhaler to use every day to help prevent symptoms, and a blue reliever inhaler to use when you get symptoms (you should not be given a blue reliever inhaler to use on its own)

The inhalers of children in KS1 will be stored in the classroom in a named bag inside a red emergency bag. KS1 Teachers will take inhalers when their class goes off site. The inhalers of pupils in KS2 will be stored in the classroom in a named bag inside a red emergency bag. All staff and children in the class will know its location which will also be flagged up clearly in the room for supply teachers. KS2 children will take own inhalers when going off site. 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 Academy when acting in accordance with this policy. All School staff will let pupils take their own medication when they need to. In an emergency where a pupil is having an attack i.e. if the School have called for an Ambulance, and that pupil does not have a reliever inhaler/ spacer in school or the reliever inhaler runs out, the School has a supply of emergency reliever inhalers and spacers available as this may potentially be a life-saving response.

In every situation, the use of a spacer with the inhaler is strongly recommended, and the pupil's reliever & spacer should be cleaned & dried after use.

Inhalers need to be cleaned and stored well so they can work properly.

- Care should be taken not to muddle the components as this could pose a risk to the child.

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- Inhalers should be stored in a place which is accessible for use in the event of an asthma attack.
- Store inhalers at room temperature, avoiding direct sunlight or cold temperatures.
- Keep the cap on inhalers while out of use to avoid dust and debris from getting into the mouthpiece.
- Keep inhalers dry as moisture can affect how the medicine works.

2. Record keeping. When a pupil starts at school, medical conditions, if any, including Asthma are noted. These conditions are noted on a record for medical conditions and Parental Consent which is held in the School office and in addition in the individual class registers. A dedicated Register of pupils suffering from asthma is also held. School will & expect to receive a copy of the GP/ Hospital produced written Personal Asthma Action Plan (PAAP) for the pupil. When the asthma reliever inhaler is administered, this is recorded in by letter, phone call or message in reading diary. If a child uses the school spare inhaler this will also be recorded in the School's Record of Inhaler Administered to Pupils. The School Accident/Incident Report form may also be completed as applicable.

In early years settings, inhalers should not be accepted from parents without a Personal Asthma Action Plan (PAAP) or an equivalent written document. Early years settings typically do not administer medication without clear written guidance, so accepting inhalers without this documentation is not appropriate. If a child without an inhaler experiences symptoms such as shortness of breath, coughing, or wheezing, staff should contact NHS 111 for clinical advice and support or contact the Ambulance Service if the child appears critically unwell. If a critical situation arises, and an emergency salbutamol inhaler and spacer are available, staff may choose to administer it, however, advice from the Ambulance Service/ NHS 111 should be sought wherever possible before doing so.

3. Emergency Evacuation of Premises In the event of a fire drill or any evacuation procedure all Teachers MUST take the red emergency bag of inhalers out with them from their classrooms. The spare emergency reliever inhaler and spacers will be brought out by School Office staff in the grab bag.

4. PE/Forest School/Trips. Taking part in sports is an essential part of school life. Teachers are aware of which pupils have asthma from the School Asthma register. Pupils with asthma are encouraged to participate fully in PE but will not be forced to take part in that activity if they feel unwell. Likewise, they will not be excluded from participation if their asthma is well controlled. If needed when on site a pupil or TA may fetch the red emergency bag from the classroom. Pupils travelling to Forest School/Trip activities will take their Asthma medication with them. Swimming - inhalers will be taken by Teachers or Support Staff. Pupils can take 2-4 puffs from their reliever prior to activity dependent on their personal needs and PAAP.

5. The School environment. The School does all that it can to ensure the School environment is favourable to pupils with asthma. The School does not keep furry or feathery pets and has a non-smoking policy. As far as possible, the School does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils are encouraged to leave the room and go and sit in an alternative space if particular fumes trigger their asthma. School complies with CLEAPPS advice.

6. When a pupil is falling behind in lessons. If a pupil 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 that Teacher will then talk to the School nurses and SENCO about the situation, the School recognises that it is possible for pupils with asthma to have special educational needs because of asthma.

7. Training of staff. All school staff must attend online asthma awareness training at least every 2 years. This can be through the school nursing service or an independent provider. Asthma awareness training is to ensure staff are competent to manage an asthma attack.

Asthma awareness should be a minimum of 30 minutes and include the following elements:

- What is Asthma and why it is important
- Asthma Triggers
- Asthma signs and symptoms
- How to use an inhaler
- Cleaning and disposal of inhalers / spacers
- What to do if a child has an asthma attack

8. Asthma attacks.

The School will normally follow these steps if asthma signs and symptoms are noted:

- **Keep calm and reassure the child**
- **Encourage the child to sit up and slightly forward**
- **Use the child's own reliever inhaler – if not available, use the School's emergency inhaler**
- **Remain with the child while the inhaler and spacer are brought to them**
- **If they have a blue reliever inhaler, they should take 1 puff every 30 to 60 seconds until they feel better, up to a maximum of 10 puffs. Shake the inhaler between each puff and use a spacer with the inhaler if you have one. They should lift their chin slightly before breathing in.**
- **If they have an AIR or MART inhaler (used for both preventing and treating symptoms), they should take 1 puff every 1 to 3 minutes until you feel better, up to 6 puffs. They should lift their chin slightly before breathing in.**
- **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 they have reached maximum dose or 10 minutes has lapsed, CALL 999 FOR AN AMBULANCE**
- **If an ambulance does not arrive in 10 minutes give another course of puffs in the same way**

*If the pupil's PAAP has a different maximum dose for treating an asthma attack, staff will follow that dosage.

After the attack

Minor attacks should not interrupt a pupil's involvement in School. When they feel better, they can return to school activities*. The pupil's parents/carer must be told about the attack. A notification by letter, phone call or message in reading diary will be sent to parents/ carer informing them that either the child's own reliever was administered, or the School's emergency reliever was used & the reason why this was necessary.

Emergency procedure

Contact Ambulance Service on 999 and parent urgently from the School Office if:

1. The reliever has no effect after 10 minutes
2. The casualty is either distressed or unable to talk
3. The casualty is getting exhausted or cyanosed (blue lipped)

If pupil has forgotten reliever or the contents run out during treatment, then the use of School's emergency Inhaler will be utilised.

Important things to remember in Asthma attacks:

- Never leave a pupil who is having an asthma attack;
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer;

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- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent;
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing;
- Send another pupil to get another Teacher/Adult if an Ambulance needs to be called;
- Contact the pupil's parents or carers immediately after calling the Ambulance/doctor;
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Generally, staff will not take pupils to hospital in their own car. However, in some emergency situations it may be the best course of action.
- Another adult will always accompany anyone driving a pupil having an asthma attack to emergency services.

*If the asthma attack was brought on by physical exertion/ PE activities it would be prudent for the pupil not to participate for the rest of that school day.

Appendix 1: An Asthma Treatment Flowchart which shows the process for First Aid treatment

Appendix 2: Consent form to be signed by parents for emergency use of school inhaler

Appendix 3: Record of emergency asthma Inhaler administered to individual children

Appendix 4: Letter informing parents of emergency salbutamol inhaler use in school

Appendix 5: Record of inhaler administered to pupils diagnosed with asthma

Appendix 6: Letter informing parents of pupil's own reliever inhaler use

Emma Clarke
September 2025

Appendix 1 - Asthma Treatment Flowchart - What are you seeing?

<p style="text-align: center;">Mild/Moderate Symptoms</p> <ul style="list-style-type: none"> ▪ Cough ▪ Wheeze ▪ Shortness of breath ▪ Chest tightness/pain ▪ Sore tummy ▪ Not as active/quiet 	<p style="text-align: center;">Severe/life threatening Symptoms</p> <ul style="list-style-type: none"> ▪ Rapid breathing rate ▪ Heaving upper body ▪ Inability to talk in full sentences ▪ Colour change in skin or lips ▪ Distress/confusion
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<p style="text-align: center;">Actions*</p> <ul style="list-style-type: none"> ▪ Be calm and reassuring ▪ Encourage pupil to sit up, slightly forward and loosen clothing if needed ▪ If they have a BLUE RELIEVER - Give 1 PUFF EVERY 30 TO 60 SECONDS until they feel better, UP TO 10 PUFFS MAXIMUM. Shake the inhaler between each puff & use a spacer, ▪ They should lift their chin slightly before breathing in. ▪ If they have an AIR or MART inhaler (used for both preventing and treating symptoms), they should take 1 PUFF EVERY 1 TO 3 MINUTES until they feel better, UP TO 6 PUFFS. They should lift their chin slightly before breathing in. ▪ Stay calm and reassure the child.
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IS THE CHILD RESPONDING?

YES

NO



<p style="text-align: center;">Actions</p> <ul style="list-style-type: none"> ▪ Allow to sit for 15-20 mins observed by a member of staff ▪ Allow to return to class/ activity* ▪ Inform parent/carer ▪ If symptoms return after 4 hours, repeat and ask parent/carer to collect



<p style="text-align: center;">Actions</p> <ul style="list-style-type: none"> ▪ If the child does not feel better or you are worried at ANYTIME before they have reached maximum dose or 10 minutes has lapsed, CALL 999 FOR AN AMBULANCE ▪ If an Ambulance does not arrive in 10 minutes give another course of puffs in the same way ▪ If losing consciousness (rare) follow emergency first aid procedures e.g., resuscitation

*As at NHS current advice September 25



Appendix 2 : CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which will remain in school.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the above School for such emergencies.

Signed:

Date:

Name (print):

Child's name:

Class/ Form:

Appendix 4 : INFORMING PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear Parent/ Carer,

This letter is to formally notify you that.....needed to use the School emergency salbutamol inhaler/ spacer whilst at School because.

His/her own prescribed inhaler was empty/ did not work

His/her did not have their own prescribed inhaler

He/ she did not have their own spacer in School

Number of puffs given.....

A member of staff helped them to use the School's emergency asthma inhaler.

Please ensure that a new reliever inhaler & spacer is sent into School as soon as possible.

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

Yours sincerely,

Emma Clarke
Head of School

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Parents should be notified on every occasion if their child is using their inhaler except for agreed pre-sport use. Please be aware of those children or young people who carry their own inhaler and self-medicate. A record of such use should be kept.

Appendix 6 : LETTER TO INFORM PARENTS OF PUPIL'S OWN RELIEVER INHALER USE

Child's name:

Class:

Date:

Dear.....,

This letter is to formally notify you that.....has had problems with their breathing today and required their reliever (rescue) inhaler. number of puffs were given at

If your child has been using their rescue inhaler at home as well, we encourage you to contact your doctor's surgery for a clinical review.

It is recognised a child using a salbutamol inhaler more than three times per week including PE, indicates poor control of their asthma and we would encourage you to arrange an appointment with your GP or Practice nurse for a review.

Yours sincerely



Emma Clarke
Head of School