Ashdown Primary School

Asthma Policy

Review Date: March 2026

Next review date: Spring 2029

Vision

Empower everyone to discover their potential, develop the skills to thrive with confidence and compassion, and make a positive difference in the world.

At the heart of our vision are our three key drivers:

People, Planet and Potential

People: we put **people** first. Kindness, inclusion, respect and support are the golden threads that run through our school day. Our school community is ambitious yet supportive; a place where everyone is valued and belongs.

Planet: We care deeply about our **planet** and our responsibility to protect it. We learn together how to make choices that are sustainable, kind, and thoughtful—helping children become global citizens who care about the world around them.

Potential: We believe every child and adult in our school community has **unique potential,** and it's our job to nurture it—whether that's academic, creative, social or emotional. We are an ambitious, supportive community where success is celebrated in all its forms.

Ethos Statement

We value everyone, nurture their strengths and enable them to flourish.

Values

Caring, Curious and Confident

Equal Opportunities

At Ashdown Primary School we believe that all children, regardless of first language, disability, race, gender, cultural or socio-economic background, should receive equal access to the full school curriculum.

Disability Statement

Ashdown Primary School is proud to be an inclusive school. We are able to offer access to the full curriculum for children who have a physical disability.

We have easy access into the main part of the building and have disabled toilet facilities within the school.

As with any additional needs the schools work closely with parents and appropriate outside agencies

Asthma and our school

Asthma is a condition that affects the small airways that carry air in and out of the lungs. When a child 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 of the airways become inflamed and start to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma which include cough, wheeze (a 'whistling' sound heard on breathing out) chest tightness and shortness of breath.

Our school recognises that asthma is a widespread, serious but controllable condition and we welcome all pupils with asthma.

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

Every asthmatic child should have a reliever inhaler and spacer in school stored with their individual asthma action plan. This action plan will include parent/carer consent for staff to administer the reliver inhaler.

The school will ensure they have received the child's individual asthma action plan from the GP practice or hospital.

The school recognises that pupils always need immediate access to reliever inhalers including all out of school activities. These can be kept in a small bag/rucksack or box and should be named.

Children with asthma are encouraged to take control of their condition and feel confident in the support they receive from school. In case of an emergency where a child 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 in an event of an emergency.

We aim to support these children in participating fully in school life. We endeavour to do this by ensuring:

- We have an asthma register
- We have an up-to-date asthma policy
- We have a named asthma lead
- All pupils with asthma have immediate access to their reliever inhaler at all times
- All pupils with asthma have an up-to-date asthma action plan
- We have an emergency salbutamol inhaler
- Staff have regular asthma training
- We promote asthma awareness among pupils, parents and staff

Asthma register

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- An up-to-date copy of their personal asthma action plan
- An in-date reliever (salbutamol/terbutaline) inhaler in school
- Permission from the parents/carers to use the emergency salbutamol inhaler if they require it if their own inhaler is broken, out of date, empty or has been lost.

Asthma lead

The school's asthma lead is the Head of School Infants in their role as Inclusion lead. It is the responsibility of the asthma lead to oversee the management of the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) and ensure measures are in place so that children have immediate access to their inhalers.

Medication and Inhalers

All children with asthma should have immediate access to their reliever inhaler at all times. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe.

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/asthma nurse. These inhalers are usually brown or orange in colour. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their preventer inhaler as prescribed.

Some older children may be on a maintenance and reliever therapy (MART) plan. This means that they will have one inhaler device that they take in the morning and evening at home as a preventer, and they use the same inhaler as a reliever if they develop symptoms. There are 2 types of inhaler used in this regime; one is a dry-powder device used in younger children which does not require a spacer and the other is an aerosol inhaler which can be used with a spacer. The school will ensure that a copy of the asthma action plan specifically for MART regimes written by a healthcare professional is made available by the parent/carer.

For all children, reliever inhalers are kept in the classroom.

School staff are not required to administer asthma medicines to pupils however many children have poor inhaler technique or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler, we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/asthma nurse.

Personal Asthma Action Plans

Asthma + Lung UK evidence shows that if someone with asthma uses a personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family, therefore we believe it is

essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to help prevent hospital admissions.

Staff training and revalidation

Staff will undertake regular asthma updates. Online free Tier 1 training can be accessed here.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupils will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to, and plans will be put in place to ensure these triggers are avoided, where possible.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler 10-15 minutes before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that class emergency medicine bags are taken from the classroom to the site of the PE lesson and are available at all times. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore

important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE.

When asthma is affecting a pupil's education

The school is aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, we recognise that if asthma is impacting on the life of a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers and the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to check inhaler technique, medication review or an update to their Personal Asthma Action Plan, to improve their symptoms. However, the school recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Emergency Salbutamol Inhaler in school

As a school we are aware of the guidance The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools. We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

We have ……2…… emergency kit(s), which are kept in…the medical cupboard at each site…

Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instruction on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers;
- A list of children permitted to use the emergency inhaler:
- A record of administration

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

The school's asthma lead and the office team will ensure that:

- On a termly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available if there is a dose counter;
- Replacement inhalers are obtained when expiry dates approach;

- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

Any puffs given should be documented so that it can be monitored when the inhaler is running out.

The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will 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.

The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

Common 'day to day' symptoms of asthma

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them on an individual basis. We will also send home a consent form for every child with asthma each school year.

This needs to be returned immediately and kept with our asthma register.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest
- Some young children may complain of tummy ache

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per Department of Health Guidance, they would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

Staff will undertake asthma training, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack.

The Department of Health Guidance states that the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If the child is showing these symptoms we will follow the guidance for responding to an asthma attack recorded below.

In the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler (if consent has been given by the parent/carer)
- Remain with the child while the inhaler and spacer are brought to them
- *Shake the inhaler and remove the cap and place in the spacer
- *Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- *Immediately help the child to take two separate puffs of salbutamol via the spacer, (1 puff to 5 breaths)
- If there is no improvement, repeat these steps* up to a maximum of 10 puffs
- 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 you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD

- Appears exhausted
- Has blue/white tinge around the lips
- Is going blue
- Has collapsed

If a child has been treated for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP / asthma nurse.

If the child has had to use 6 puffs or more in 4 hours the parents should be made aware, and they should be seen by their GP /asthma nurse.

References

- Asthma + Lung UK website
- BTS/NICE/SIGN National Guideline on: Asthma: diagnosis, monitoring and chronic asthma management (November 2024)
- Department of Health (2015) Guidance on the use of emergency salbutamol inhaler in schools