Barnby & North Cove Primary School

Asthma Policy
2026-2027

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IINTRODUCTION

This policy has been developed following guidance from **Public Health, Communities & Public Safety (Suffolk County Council)** and national guidelines for managing children with asthma.

As a school, we recognise that **asthma is a serious but controllable condition**. We adopt a **whole-school approach** to asthma management, welcoming all children with asthma and supporting them in fully participating in everyday school life. We also **actively involve parents, carers, and children** in managing asthma within our school.

School Details

- Barnby and North Cove Primary School, Barnby, NR34 7QB
- Head Teacher – Mr Simon Lea
- Asthma Champions – Mr Simon Lea and Mrs Kathy Lloyd
- Policy Review Date: September 2027

WHAT IS ASTHMA?

- Asthma is a condition that affects small tubes (**airways**) that carry air in and out of the lungs.
- When a child with asthma is exposed to something that **irritates their airways** (a trigger such as dust or mites), the muscles around the airway walls tighten, causing them to become **narrow and inflamed**.
- Sticky mucus or phlegm can build up, **further narrowing the airways**.
- These reactions make it difficult to breathe, leading to **asthma symptoms**.

COMMON SYMPTOMS OF ASTHMA

- **Dry cough** (often worse at night).
- **Wheeze** (a 'whistling' sound when breathing out, especially during exertion).
- **Shortness of breath** (triggered by allergens, exercise, or irritants).
- **Tight chest** (a feeling of pressure or discomfort).
- **Stomach-ache** (more common in younger children).

Further information on how an asthma attack may present and how to manage it in Appendix 1.

THE IMPORTANCE OF ASTHMA

- **Asthma is the most common chronic condition**, affecting **1 in 11 children**.
- On average, **two children per classroom in the UK** have asthma.
- Each year in the UK, there are **over 25,000 emergency hospital admissions** for children due to asthma.
- **September sees the highest number of asthma-related hospital visits** in children.
- Research suggests **asthma contributes to up to 18% of school absences**.
- Children with **uncontrolled asthma** are more likely to miss school than those with well-managed asthma.

RECORD KEEPING

Effective record keeping helps schools provide safe, consistent support for children and young people with asthma. ASF provides a range of templates, registers and guidance documents to help schools meet their responsibilities, maintain clear communication with families, and ensure staff have access to the information they need when it matters most.

- It is the responsibility of a child's parents to inform the school on admission of their child's medical condition (Appendix 6).
- The school must keep a record of each occasion where a student is given, or supervised while taking their inhaler (Appendix 8).
- Parents must be informed in writing if their child uses their inhaler at any time (Appendix 10). If a student refuses to take their inhaler at any time, this must be recorded, and parents must be informed as soon as possible.
- Schools must keep an asthma register to formally identify and safeguard students with asthma. This must be held in classrooms and the school office (Appendix 7).
- Schools must request a copy of each student's personalised asthma action plan (PAAP), developed by their GP or asthma care specialist and must have a school-wide emergency asthma plan that all staff are made familiar with (Appendix 13).
- In the event that a student's inhaler is unavailable or not working, an emergency inhaler +/-spacer must be used. Use must be recorded (Appendix 9), and parents must be informed as soon as possible (Appendix 11).
- Consent to use emergency inhalers must be recorded on the asthma register and each student's personalised asthma action plan.

ROLES AND RESPONSIBILITIES

HEAD TEACHERS

GOVERNANCE

- Ensure a school asthma policy is developed in consultation with staff and based on local authority and national guidance.
- Appoint at least one (preferably two) Asthma Champions, and work with them to address any identified issues.
- Ensure there are sufficient trained staff members confident in administering an emergency inhaler (note: staff may volunteer but are not obligated).

POLICY

- Implement and regularly monitor all asthma-related requirements.
- Ensure the asthma policy is available to all staff and parents/carers (Appendix 12).
- Submit the annual audit for Asthma Friendly School status and provide leadership.

REGISTER

- Maintain an up-to-date register of children diagnosed with asthma, noting if they have a reliever inhaler and individual asthma plan (Appendix 7).
- Implement systems to identify children missing school due to asthma.
- Liaise with parents/carers, the school nurse, and Asthma Champion if a child's condition affects their schoolwork or raises concern.

ASTHMA PLAN

- Inform parents/carers that children with asthma must have an up-to-date written asthma plan from a healthcare professional, shared with the school (Appendix 13).

EMERGENCY ASTHMA KIT

- Maintain emergency asthma kits for use if a child's inhaler is unavailable (Appendix 3).
- Ensure parental consent is obtained for use of emergency inhalers (Appendix 6), in line with Department of Health guidance on the use of emergency salbutamol inhalers in schools (2014).
- Set up systems for proper procurement, storage, care, and disposal of inhalers and spacers.
- Ensure staff can access trained personnel for emergency inhaler administration.

TRAINING

- Ensure staff receive appropriate asthma-related training.

ASTHMA CHAMPIONS

GENERAL

- Act as the school's designated asthma lead.
- Complete the annual Asthma Friendly School audit and report findings.
- Collaborate with the headteacher and school nurse on policy matters.

POLICY

- Serve as the main contact for staff and parents with questions about the asthma policy (Appendix 12).

REGISTER

- Maintain and update the asthma register (Appendix 7).
- Ensure staff can access the register, especially to check for emergency inhaler consent.

ASTHMA PLAN

- Ensure each child with asthma has a care plan, reviewed and updated annually (Appendix 13).
- Store care plans where staff can easily access them in an emergency.

- Remind parents to update asthma plans and emergency inhaler consent annually (Appendix 6).

EMERGENCY ASTHMA KIT

- Ensure the school has enough emergency asthma kits.
- Make sure the list of children with consent for emergency inhaler use is accessible.
- Ensure parents are informed of any emergency inhaler use (Appendix 11)
- Perform monthly checks on the emergency kits and ensure maintenance.
- Oversee the protocol for emergency inhaler use and monitor implementation.

TRAINING

- Provide guidance and advice to staff on asthma management.

ALL SCHOOL STAFF

POLICY

- Read, understand, and follow the school asthma policy (Appendix 12).
- Take appropriate action when supporting children with asthma.
- Be aware that asthma symptoms may affect a pupil's energy or mood.
- Teachers must liaise with parents, the school nurse, Asthma Champion, or SENCO if a child is struggling academically due to asthma.
- Know how to use an inhaler and spacer or know how to quickly escalate to a trained staff member.

REGISTER

- Know how to check if a child is on the asthma register and has parental consent for emergency inhaler use.

ASTHMA PLAN

- Familiarise themselves with pupils' asthma plans, triggers, and medication. Triggers particularly relevant to the school environment are detailed in Appendix 4

EMERGENCY ASTHMA

- Inform the school nurse/Asthma Champion if a child uses their reliever or the emergency inhaler.
- Record all uses of the emergency inhaler (Appendix 9).
- Notify parents in writing if their child uses either their own (Appendix 10) or the emergency inhaler at school (Appendix 11).

TRAINING

- Complete asthma training appropriate to their role, including the use and care of inhalers and spacers.

PE TEACHERS (ADDITIONAL RESPONSIBILITIES)

- Be trained to recognise asthma triggers related to physical activity.
- Remind pupils with exercise-induced symptoms to have their reliever inhalers with them during PE and use them before activity if appropriate.
- Take appropriate precautions before, during, and after PE to reduce risk.
- Liaise with teachers, the school nurse, or Asthma Champion if concerned about a child's asthma control.

PARENTS/CARERS

- Inform the school if their child has asthma or is suspected of having asthma (Appendix 6).
- Share the child's asthma plan, updated annually by a healthcare professional (Appendix 13).
- Keep the school informed of any medication changes or symptom updates.
- Ensure their child has regular reviews (annually and after each asthma attack at a minimum).
- Ensure the child brings clearly labelled medication in original packaging to school.
- Provide a spare inhaler and spacer (if needed), labelled with name and date of birth, and ensure it is in-date.
- Give written consent for emergency inhaler use if agreed (Appendix 6).

- Support their child in catching up on missed schoolwork.

PUPILS

- Tell an adult if they or another child feels unwell.
- Respect asthma medications and peers with asthma.
- Children with asthma must know how to use their own inhalers (from Key Stage 2 where appropriate).

WHEN ASTHMA CONTROL CAUSES CONCERN

- The goal of asthma treatment is for pupils to lead a normal, active life.
- If staff have concerns about a pupil's asthma control or attendance:
    - Discuss the concerns with the child's parents/carers.
    - Encourage an asthma review with the child's healthcare provider.
    - If concerns persist, the Asthma Champion will obtain consent to contact healthcare professionals for further support.

Note: Under the Equality Act 2010, asthma may be considered a disability, and pupils may have additional needs due to their condition.

- Parents/carers must notify the school of any changes to the child's Personalised Asthma Action Plan (PAAP)

ASTHMA PLANS (PAAPS)

- Each child with asthma must have a **Personalised Asthma Action Plan** (Appendix 13), which includes:
    - Child's details
    - Usual medications and dosages
    - Known triggers
    - Emergency procedures specific to the child
- The PAAP must:
    - Be supplied and updated by the child's healthcare provider
    - Be reviewed **annually** or after any asthma exacerbation
    - Be stored in a clearly accessible location for staff

Reminder for parents: They must ensure the asthma plan is kept up to date and notify the school of any changes.

PHYSICAL EDUCATION, GAMES, AND ACTIVITIES

Inclusive Participation

- Physical activity is vital for all children and is encouraged for those with asthma.
- Pupils with asthma must **not be excluded** from sports and activities if their condition is well controlled.

Before Exercise

- Pupils who have been advised to use their **reliever inhaler before physical activity** must do so **15-30 minutes prior** to exercise.
- Teachers must:
    - Know which pupils in their class have asthma (via the asthma register).
    - Ensure pupils warm up and cool down appropriately.
    - Ensure the pupil's inhaler is labelled and brought to the site of the activity.

During Exercise

- Reliever inhalers must be **readily accessible** throughout PE, games, and outdoor activities.
- Pupils must be encouraged to:
    - **Pause activity** if they experience asthma symptoms
    - Use their reliever inhaler
    - Resume activity once they feel better (generally after at least **five minutes**)

Pupils must **not be forced to continue** if they feel unwell.

After Exercise

- Monitor pupils for signs of wheezing, coughing, or breathlessness.
- Allow time for recovery if symptoms appear.
- Record any asthma symptoms or use of inhalers if significant.

TEACHER RESPONSIBILITIES

- All teaching and PE staff must:
    - Be familiar with the school's asthma register.
    - Know how to assist a pupil experiencing asthma symptoms.
    - Encourage proper inhaler use before, during, and after exercise.
    - Be prepared to stop the activity if needed and seek help if symptoms do not improve.

COMMUNICATING CONCERNS

- Teachers must talk to parents/carers and notify the **school nurse** or **Asthma Champion** if:
    - A child frequently experiences asthma symptoms during or after exercise.
    - A child appears to have undiagnosed or poorly controlled asthma.
    - A child is regularly tired in class (which could suggest night-time asthma symptoms).

RESIDENTIAL TRIPS AND AFTER-SCHOOL CLUBS

INCLUSION AND PARTICIPATION

- No pupil will be denied the opportunity to participate in **school trips, residential visits**, or **after-school clubs** due to asthma - **unless medically advised** by their GP or consultant.

INHALER ACCESS

- Pupils must have access to their **reliever inhaler at all times** during trips or after-school activities.
    - **Key Stage 1**: Inhaler must be carried by the supervising adult.
    - **Key Stage 2 and above**: Pupils are encouraged to carry their own inhaler if appropriate.

PARENT/CARER RESPONSIBILITIES

- Must provide written information about:

- All **regular asthma medication** their child requires
- **Dosage instructions**
- **Storage and administration** details

- Must ensure an **adequate supply** of medication is provided for the duration of the trip.
- All medication must be:
  - In original packaging
  - Clearly labelled with the child's name, date of birth, and instructions

STAFF RESPONSIBILITIES

- Group leaders must:
  - Be trained in how to administer both **regular** and **emergency asthma treatment**
  - Carry a **copy of the child's Personalised Asthma Action Plan (PAAP)**
  - Have up-to-date contact numbers for each pupil's parent/carer

EMERGENCY INHALER ON TRIPS

- A **spare school reliever inhaler** must always be taken on trips or visits, in accordance with: [3]
  Emergency Salbutamol Inhalers in Schools Guidance (2015)

APPENDICES

APPENDIX 1

WHAT TO DO DURING AN ASTHMA ATTACK

Recognising and responding promptly to signs of an asthma attack is vital. All staff must be aware of common symptoms and follow the step-by-step response outlined below.

RECOGNISING AN ASTHMA ATTACK

Common Signs:

- Coughing (may be the only symptom)
- Wheezing
- Shortness of breath
- Chest tightness
- Difficulty speaking in full sentences
- Being unusually quiet
- Tummy ache (in younger children)

MILD TO MODERATE ASTHMA ATTACK

DEFINITION:

The child feels breathless and may have a wheeze or cough but appears well and can speak in full sentences.

WHAT TO DO:

1. Keep calm and reassure the child.
2. Sit the child upright - do not lie them down.
3. Encourage slow, steady breathing.

If the child has a blue reliever inhaler:

4. Help them take **2 puffs** of their blue inhaler, **1 puff at a time** using a spacer if needed. Shake between puffs.

5. If symptoms persist, give up to **10 puffs** of the reliever inhaler, spacing each puff **30–60 seconds** apart.

If the child has a MART/AIR inhaler:

4. Help them to take one puff **every 1-3 minutes**.
5. If symptoms persist, give up to **6 puffs**.

6. If no improvement or symptoms worsen, **call 999**.
7. If still no improvement, **call 999 again immediately**.

More information regarding types of inhalers in Appendix 2

AFTERCARE:

- If the child feels better, allow them to rest for 15–20 minutes before returning to normal activities.
- Inform parents/carers that their child had an asthma episode - even if they have recovered.

SEVERE ASTHMA ATTACK

DEFINITION:

Any **one** of the following indicates a severe asthma attack:

- The inhaler does **not** provide relief
- The child is **too breathless to speak or walk normally**
- The child has **blue lips or skin**
- The child is **drowsy, confused, or extremely distressed**

WHAT TO DO:

1. **Call 999 immediately** — state the child is having a **severe asthma attack**.
2. Stay calm and reassure the child.

3. Sit the child upright and encourage slow breaths.
4. Stay with the child at all times.
5. Give the child's inhaler:
    - If they have a reliever inhaler: give 1 puff every 30-60 seconds, up to 10 puffs, using a spacer
    - If they have a MART/AIR inhaler, give 1 puff every 1-3 minutes, up to 6 puffs.
6. If there's **no improvement**, or symptoms return quickly after improvement, **repeat the dose** as above.
7. **Do not leave the child unattended**.

ADDITIONAL STEPS:

- Have a colleague call the child's parent/carer.
- Prioritise calling 999 over calling the parent — do not delay emergency help.
- If unsure or support is delayed, contact a local GP for urgent assistance.

KEY REMINDERS

- A child can still be having a serious asthma attack even if **no wheeze** is heard.
- Children **cannot overdose** on reliever medication — use as directed above.
- Always **record** the episode and **inform parents in writing**.

APPENDIX 2

MEDICATION AND INHALERS

RELIEVER AND 'AIR' INHALERS

- Every child with asthma must have a reliever inhaler to quickly relieve symptoms such as wheeze, cough, and breathlessness.
- This has historically been a **blue inhaler**, but recent changes to asthma guidance may mean that children now carry an **anti-inflammatory reliever (AIR) inhaler**, which may be of a different colour and shape.



- Reliever inhalers must:
  - Be clearly labelled with the child's name and date of birth.
  - Be easily accessible at all times, especially during PE and school trips.
  - Be checked regularly to ensure adequate medication is available.
  - Be used with a spacer, especially for younger children or those who need assistance.



Children are encouraged to carry their own reliever inhaler from **Key Stage 2**, if appropriate.

Important Notes:

- Children cannot overdose on reliever inhalers, though they may feel shaky or experience a raised heart rate.
- Consent must be obtained from parents/carers for the use of the school's **emergency salbutamol inhaler**.
- Each inhaler must be matched to the correct pupil and checked for proper technique by a healthcare professional.

PREVENTER INHALERS

- Preventer inhalers:
  - Are taken daily (usually at home) to reduce airway inflammation.
  - Are not typically used during school hours.
  - Must still be documented on the asthma care plan if used during the school day or overnight trips.



Most contain steroids and help prevent attacks — even when the child feels well.



COMPARISON TABLE: MART VS. STANDARD RELIEVER



Boarding or overnight trips:

- Staff must know which pupils use preventers and ensure they are taken as prescribed.
- Preventers must be reviewed before overnight stays.

COMBINATION AND MART INHALERS



- **MART (Maintenance and Reliever Therapy)** inhalers:
  - Combine both preventer and reliever medications.
  - Are used according to instructions on the **PAAP**.
  - Have different emergency protocols compared to standard relievers.





SPACERS

- A **spacer** is a plastic or metal chamber used with a metered-dose inhaler.
- It helps ensure more medication reaches the lungs and is especially helpful for:
  - Younger pupils
  - Pupils who struggle with coordination
- Spacers are often necessary at school, particularly for children under 12.
- Emergency asthma kits must include a **range of appropriately sized spacers**, clearly labelled for different age groups.

Treatment Type	Dose	Frequency	Max puffs before calling 999
MART/AIR	1 puff	Every 1-3 minutes	6 puffs
Standard reliever inhaler	1 puff	Every 30-60 seconds	10 puffs

Not all combination inhalers are MART inhalers. Only use MART for emergencies if specified in the child's care plan.

APPENDIX 3

EMERGENCY ASTHMA KITS

EACH EMERGENCY ASTHMA KIT **MUST INCLUDE**:

1. **1 salbutamol metered-dose inhaler**
2. At least **2 plastic spacers** (suitable for the school's age range)
3. Instructions for using the inhaler and spacer
4. A **checklist** for:
    - Inhaler batch numbers
    - Expiry dates (to be checked monthly)
    - Drug levels in the canister
5. Manufacturer's information

MAINTENANCE AND STORAGE

- Kits must be stored in an accessible but secure location.
- The Asthma Champion checks the kit monthly and records:
    - Inhaler quantity
    - Spacer condition
    - Expiry dates
    - Any replacements or actions taken

LOCATION

- Emergency kit is available in the Staff Room.

EMERGENCY SALBUTAMOL INHALER IN SCHOOLS

- The Department of Health allows schools to stock spare salbutamol inhalers for emergencies.
- Parental consent must be obtained before using the emergency inhaler for a child.
- Government guidance (March 2015) outlines appropriate use:
    [3] Use of Emergency Salbutamol Inhalers in Schools (PDF)

APPENDIX 4

THE SCHOOL ENVIRONMENT

The school aims to create a safe and supportive environment for pupils with asthma by identifying and reducing exposure to known triggers.

ASTHMA TRIGGER AWARENESS

Triggers are unique to each child and are outlined in their **Personalised Asthma Action Plan (PAAP)**. While it may not be possible to eliminate all triggers, raising awareness and taking precautionary steps can significantly reduce asthma exacerbations.

COMMON SCHOOL-BASED TRIGGERS AND MANAGEMENT STRATEGIES

Trigger	Management Strategy
Chemicals/Fumes	- Pupils must avoid known trigger fumes in science, art, or craft lessons. - Ensure rooms are **well ventilated**. Pupils may need to **temporarily leave the room** if ventilation is inadequate.
Mould/Damp	- Classrooms must be **well aired**. - Any signs of damp/mould must be reported and acted upon promptly. - Autumn leaves must be cleared regularly to prevent mould exposure.
Grass & Pollens	- Allow regular use of reliever inhalers during **high pollen count** days. - Consider **indoor PE** if symptoms are severe. - Avoid **grass cutting** during school hours when possible.
Aerosols/Sprays	- Encourage **roll-on or unscented deodorants**. - Keep changing rooms **well ventilated**. - Offer alternative changing spaces for affected pupils, if needed.

Trigger	Management Strategy
Cold or Damp Weather	- Pupils may need to use their **reliever inhaler before outdoor play**. - Be especially vigilant in **cold, wet, or stormy weather**.
Animals/Pets	- The school does **not keep furry or feathery animals** due to the risk of triggering asthma.
Smoke/Vaping	- The school maintains a **strict no-smoking/no-vaping policy** across the entire site.

STAFF RESPONSIBILITY

- All staff must:
    - Be aware of common triggers and take **reasonable precautions** to reduce pupil exposure.
    - Report any environmental concerns that may impact pupil health (e.g. damp, fumes).
    - Monitor pupils for signs of asthma symptoms when environmental conditions change.

APPENDIX 5

STAFF TRAINING

Ensuring all staff have the appropriate level of asthma training is essential to safeguarding pupils and responding confidently in emergency situations.

TRAINING FRAMEWORK

- The school follows the **National Capabilities Framework** for professionals who care for children and young people with asthma.
- Education and teaching staff (non-clinical professionals) are expected to complete the following online training: Supporting Children and Young People's Health: Improving Asthma Care Together –

ADDITIONAL GUIDANCE

- The **school nursing team** can provide advice or help facilitate in-person training.
- **Asthma Champions** may provide school-specific updates, guidance, or refresher information.

MINIMUM TRAINING EXPECTATIONS FOR STAFF

Role	Training Required
All teaching staff	Tier 1 (basic awareness)
PE staff	Tier 1 + recognition of exercise-induced asthma

Role	Training Required
Asthma Champions	Understanding of emergency protocols, register, and policy implementation
Headteacher	Oversight of staff training compliance
School trip leaders	Medication use and emergency inhaler protocol

APPENDIX 6

SPECIMEN PARENT/CARER ASTHMA LETTER FOR PRIMARY SCHOOLS

Dear Parent/Carer

Barnby & North Cove Primary School Asthma Care Plan

This school takes its responsibilities for pupils with Asthma seriously and has a Supporting Pupils with Medical Conditions Policy to enable trained staff members to help your child, which is detailed below.

It is in the interests of your child that we work together to ensure your child's asthma is managed as well as possible. With good management your child should rarely suffer asthma attacks and should be able to participate in a full and active and school life, free from fear or worry. However, in order to be able to offer full support to every child with asthma we need full details of his/her treatment plan and to be advised of any changes.

When assisting your child to overcome asthma the child will normally take the medicine prescribed by their doctor. However, in emergency cases there may be occasions when we are unable to reach you quickly. Given the possibility that there could be a life-threatening delay under some circumstances, the school would wish to do all it could to assist a child in great distress.

The school will have an emergency kit available for such children who are known to have asthma. Given the safety of asthma reliever medicines and the support of the medical authorities for this course of action, the school offers this facility to all children diagnosed as having asthma.

So that your child can benefit from our policy I should be grateful if you would complete the School Asthma Care Plan form attached to this letter. The information on this form will enable us to decide what steps need to be taken if your child has an asthma attack at school. It is therefore also very important that this is updated if and when treatment is changed. The school is committed to the implementation of this policy and I look forward to receiving the completed form to enable your child to be given the best possible attention should an asthma attack occur.

If you have any questions or concerns regarding the School Asthma Care procedures then please contact the school and make arrangements to come in and discuss your child's needs.

Yours sincerely

Mr Simon Lea
Academy Head

APPENDIX 7

SCHOOL ASTHMA REGISTER TEMPLATE

Name	Class	Date of Birth	Consent to use emergency inhaler

APPENDIX 8

RECORD OF INHALER ADMINISTERED TO CHILDREN IN PRIMARY SCHOOL

Date	Child's name	Time	Name of medicine	Dose given	Spacer cleaned?	Signature of staff	Print name

Please be aware of those students who carry their own inhaler and self-medicate (a record of such use must be kept)

APPENDIX 9

RECORD OF EMERGENCY INHALER ADMINISTERED TO PUPILS

Date	Child's name	Time	Name of medicine	Dose given	Spacer given?	Signature of staff	Print name

APPENDIX 10

SPECIMEN LETTER – NOTIFICATION OF SALBUTAMOL INHALER USE

This must be passed to whoever is collecting the primary school child that day, or emailed to secondary school students' families

Barnby & North Cove Primary School

Child's name: …….. Class:

…….. Date:

……

Dear Parent/Carer,

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 reliever (rescue) inhaler at home, or needs it again today, we strongly encourage you to contact your doctor's surgery to make an appointment for an urgent review – this should take place within 24-48 hours.

Yours sincerely,

APPENDIX 11

SPECIMEN LETTER – NOTIFICATION OF EMERGENCY INHALER USE

Barnby & North Cove Primary School

Child's Name: …… **Class:**

…… **Date:**

……

Dear …… ,

This letter is to inform you that your child experienced **breathing difficulties** today while at school. This occurred during: ……

……..

A trained staff member assisted your child in using the school's emergency salbutamol inhaler.

Number of puffs given: _____

Although your child responded well and felt better afterwards, we **strongly advise that** your child is reviewed by their GP or asthma nurse as soon as possible.

As they did not have their own spacer in school, they used the school's emergency spacer and have been given it to take home for personal use. Please bring in a replacement spacer for the school's emergency kit as soon as possible and ensure that your child's school asthma plan is current.

Please can you ensure your child brings in a working in-date inhaler and spacer for their use in school – both clearly labelled with their name and date of birth.

If you have any concerns or questions, feel free to contact us. Yours sincerely,

APPENDIX 12

ASTHMA POLICY: IMPLEMENTATION STANDARDS

1. SCHOOL ASTHMA POLICY

- The school follows:
    - **Supporting Pupils at School with Medical Conditions** (DfE, 2015)
    - **Guidance on the Use of Emergency Salbutamol Inhalers in Schools** (DoH, 2014)
- A **school asthma policy** has been developed in line with the above guidance and is:
    - Reviewed regularly
    - Available to all staff
    - Communicated clearly to new staff as part of induction
- Information on **inhaler devices** and correct usage is accessible to all staff.
- A system is in place to **monitor pupil absence related to asthma**, enabling early intervention.

2. ASTHMA REGISTER

- A **named Asthma Champion** is responsible for asthma care coordination.
- A **school asthma register** is:
    - Maintained and updated regularly
    - Includes each child's full name and date of birth
    - Accessible to all staff (suggested display: school office/staff room with photo board)
- Each pupil with asthma must have an **Individual Healthcare Plan (IHCP)**, including:
    - School asthma care details
    - A specific asthma management plan where necessary

3. MEDICATIONS

- Asthma medication is:
    - Supplied by parents/carers
    - Clearly labelled by a pharmacy with the child's name, dose, and instructions
    - Stored in a cool, accessible location
- **Metered dose inhalers ("puffers")** must be accompanied by a **spacer**, also provided by the parent.
- The school must:
    - Maintain a system to **check expiry dates** and replace medications as needed
    - Ensure staff and pupils know where medication is stored
    - Record all **reliever medication use** and **inform parents** after each use

4. PUPILS WHO SELF-MANAGE

- If a pupil is self-managing as part of their IHCP:
    - They must carry their own **metered dose inhaler and spacer**, supplied by parents
    - A **copy of the school asthma plan** must be kept in the pupil's planner
    - Staff must **monitor use** and inform parents if inhaler use increases unexpectedly

5. STAFF TRAINING

- All school staff (not just first aiders) are encouraged to complete the IHASCO Asthma Training
- An **Asthma Attack Flow Chart** must be:
    - Clearly displayed in the school
    - Familiar to all staff

- Any staff administering inhalers must be trained in **correct inhaler and spacer technique**

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6. EMERGENCY INHALER KITS

- Recommended: **At least 3 emergency inhaler kits**, kept in key locations around the school.
- Emergency inhalers can only be used for:
    - Children diagnosed with asthma or prescribed salbutamol
    - Those whose parents have **not opted out** via written refusal
- Emergency kits must be taken on:
    - **Off-site activities**
    - **Residential trips**

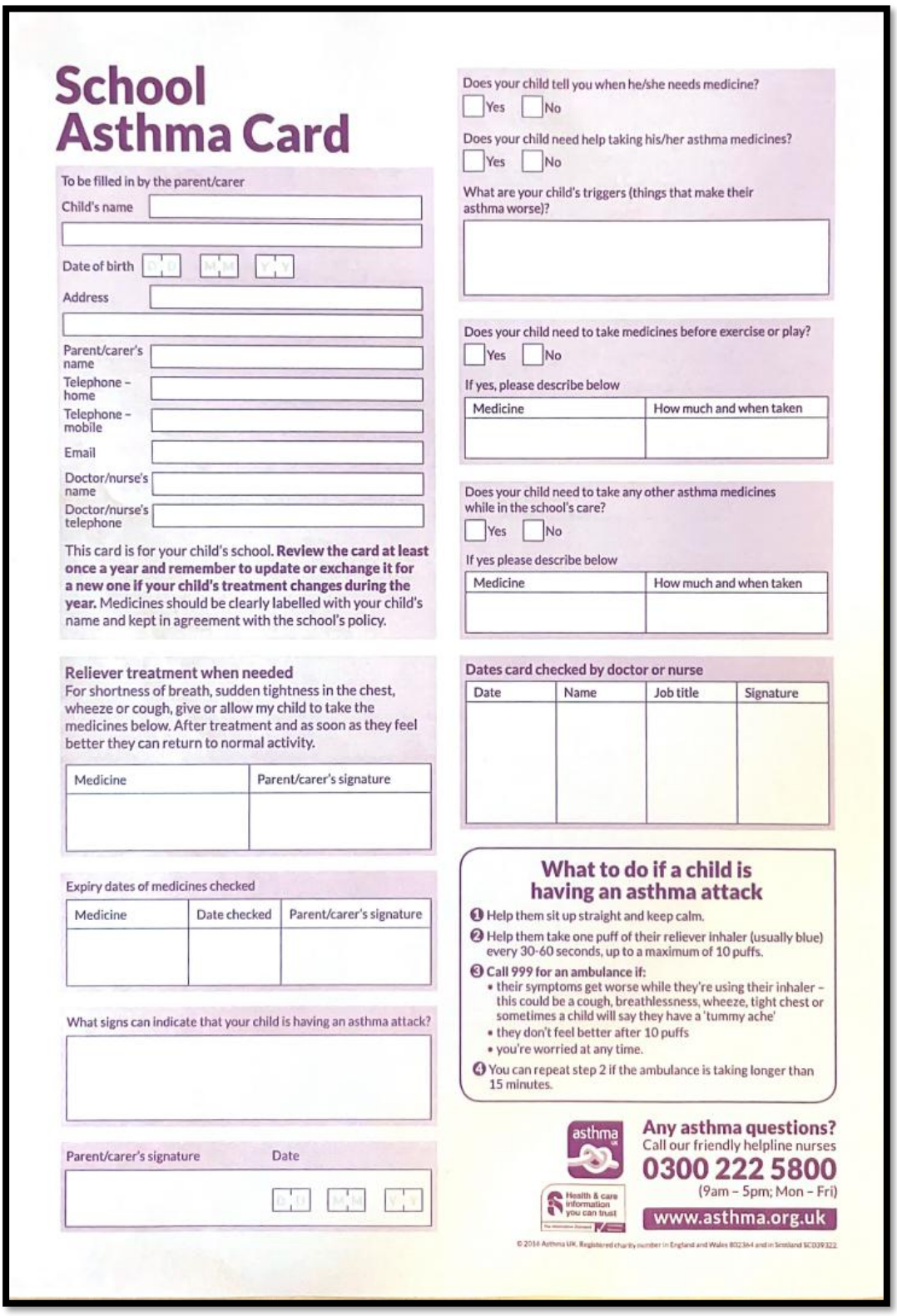
After Use:

- Used inhalers must be **disposed of at a pharmacy**.
- Spacers used for one pupil may be:
    - Labelled and kept for future use by that pupil
    - Given to the parent for home use
    - Returned to pharmacy for disposal

APPENDIX 13

PERSONAL ASTHMA ACTION PLAN (PAAP)

National Guidance recommend that every child who has asthma is provided with a Personal Asthma Action Plan (PAAP), in order to ensure asthma symptoms are managed effectively.



School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth D D M M Y Y

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 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, give 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

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature Date D D M M Y Y

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)?

Does your child need to take medicines before exercise or play?

☐ Yes ☐ No

If yes, please describe below

Medicine	How much and when taken

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

Dates card checked by doctor or nurse

Date	Name	Job title	Signature

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. **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.
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

asthma uk

Health & care information you can trust

Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(9am – 5pm; Mon – Fri)
www.asthma.org.uk

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APPENDIX 14

BENEFICIAL RESOURCES

The following resources provide essential guidance, training, and support materials to help schools manage asthma safely and effectively.

NATIONAL GUIDANCE AND POLICY

- **National Bundle of Care for Children and Young People with Asthma (NHS England)**
  - National Bundle of Care
- **Emergency Salbutamol Inhalers in Schools – Department of Health Guidance (March 2015)**
  - Download PDF
- **Supporting Pupils at School with Medical Conditions – Statutory Guidance (December 2015)**
  - Read guidance

TRAINING AND PROFESSIONAL DEVELOPMENT

- **e-Learning: Supporting Children and Young People's Health – Education for Health**

(Covers Tier 1 asthma awareness training)

- Course Access

ASTHMA SUPPORT ORGANISATIONS

- **Asthma UK / Asthma + Lung UK**
  - Professional Resources
  - Asthma.org.uk – Professionals
- **Health Conditions in Schools Alliance**
  - Medical Conditions at School
- **Beat Asthma UK**
  - Beat Asthma

CLINICAL REFERENCE

- NICE Clinical Knowledge Summary: Asthma
  - [3] NICE CKS Asthma Guidance (last updated March 2026)

REFERENCES

This policy is informed by the following national guidelines:

1. Asthma UK – Asthma at School Policy Guide.
2. 2014 Department of Health – Guidance on the use of emergency salbutamol inhalers in schools.
3. 2014 Department for Education – Supporting Students at School with Medical Conditions.
4. 2021 NHS England – National Bundle of Care for Children & Young People with Asthma.