



Asthma Policy

Date policy created: September 2026

Policy Statement

This policy:

- Recognises the needs of pupils with asthma;
- Ensures that children with asthma participate as fully as possible in all aspects of school life, including, for example, Physical Education, visits, outings and field trips;
- Ensures staff are trained in how to deal with an asthma attack.

St Giles' and St George's C of E Academy recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The Academy 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, their employers and pupils.

Guidance

In order to achieve the above:

- All staff are given basic awareness training on an annual basis about asthma and the use of inhalers.
- All staff have a clear understanding of procedures to follow when a child has an asthma attack.
- To support all staff, a Whole School Asthma Plan is on display in each classroom.
- Reliever inhalers for pupils are accessible at all times. Where appropriate, pupils in KS2 may carry their inhaler around with them.
- The school maintains a register of pupils with asthma and each individual pupil with asthma has a school asthma card which details triggers and pertinent information. Copies of each child's asthma card is kept in the whole school medical file as well as in each class medical file.

Asthma

Asthma is a condition that affects the airways - the small tubes that carry air in and out of the lungs. When a child or young person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus can be produced. All these reactions cause the airways to become narrower and irritated - leading to the symptoms of asthma.

Children and young people with asthma have airways that are almost always red and sensitive (inflamed). These airways can react badly when they come into contact with something that irritates their airways (an asthma trigger). The usual symptoms of asthma are:

- Coughing,
- Shortness of breath,
- Wheezing,
- Tightness in the chest,
- Being unusually quiet,
- Difficulty speaking in full sentences,
- Sometimes younger children will express a tight feeling in the chest as a tummy ache.

A trigger is anything that irritates the airways and causes asthma symptoms. There are many asthma triggers. Everybody's asthma is different and everyone will have different triggers. Common triggers include: viral infections (colds and flu), house-dust mites, pollen, cigarette smoke, furry and feathery animals, exercise, outdoor air pollution, laughter, excitement and stress.

Management of Asthma in school

- Early administration of the correct reliever treatment will cause the majority of attacks to be completely resolved.
- As immediate access is vital to early administration of the inhaler, it should be stored in an easily accessible area in school and in the case of older children in KS2, the reliever inhaler should be carried around with them when parents/carers, doctor or asthma nurse or class teacher agree that they are mature enough
- All inhalers for children are stored in the classroom in a medication box. Children are made aware of where the inhaler is kept.
- The medication box is indicated by a First Aid sign in the classroom.
- For each child with asthma, parents/carers should provide a self-management plan along with their child's inhaler with the does to take in the event of an attack. It is also their responsibility to inform school of any changes to their child's treatment. Parents should provide the plan for school.
- School will also complete a School Asthma Card with parents of children with asthma.
- If a child does not carry their own inhaler, a parent/carer should supply the inhaler in its original packaging with the expiry date clearly labelled. School will take a copy of all children's expiry dates. Parents are responsible for ensuring inhalers do not go beyond their expiry date. Inhalers will be sent home at the end of the academic year.
- School staff may aid a child in administering asthma medications to pupils although are not required to do so.
- Pupils are encouraged to take their own medicines when they need to, however a member of staff needs to be present to the child can be monitored.

Emergency inhalers in school

The Department of Health guidance on the use of emergency salbutamol inhalers in school (DH, 2015) recommends school keep an emergency salbutamol inhaler. The inhaler should only be used for children who have a diagnosis of asthma and are prescribed a reliever inhaler. In this instance there should be a separate parental consent form (See Asthma Consent Form). This inhaler can only be used if the pupil's own inhaler is not available to them. To avoid possible risk of cross infection the plastic spacer is NOT to be reused. School to return the inhalers to the community pharmacy for safe disposal. School to obtain a new spacer as per guidance on obtaining an inhaler and spacer.

- School keeps an emergency inhaler for use when a child's inhaler is not available or the inhaler they have provided school with has expired.
- School will seek consent from parents to provide emergency salbutamol.
- Emergency salbutamol inhalers and spacers for use in emergency are kept along with a register of children who have prescribed inhalers and their parental information in the medical room.

Asthma Medicines:

At school, most pupils with asthma will only need to take reliever inhaler medicines and should be using this with their spacer.

1) Reliever Inhalers:

Every child with asthma should have a reliever inhaler (usually blue) and a spacer. Relievers are medicines that can be taken immediately when asthma symptoms start. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again.

- Relievers are essential in treating asthma attacks,
- Reliever inhalers are usually blue.
- It is very important that a pupil with asthma has a reliever inhaler that they can use reliably and effectively.
- Relievers are a very safe and effective medicine and have very few side effects. Sometimes, children do get an increased heart rate and may feel shaky if they take a lot. However, children cannot overdose on reliever medicines and these side effects pass very quickly.
- All inhalers have an expiry date. Parents/carers should be responsible for ensuring that all their child's asthma medicines are within the expiry date. Reliever inhalers and preventers usually last about two years. In addition, a named member of staff should be checking the inhalers of every pupil with asthma in school every six months.

2) Preventer Inhalers:

Preventers protect the lining of the airways. They help to calm the swelling in the airways and stop them from being so sensitive.

Taking preventer medicines means that a child with asthma is less likely to react badly when they come into contact with an asthma trigger. However, not all children with asthma will need a preventer inhaler.

- Preventers are usually prescribed for children who are using their reliever inhaler at least three times a week.
- Preventers reduce the risk of severe attacks.
- Preventer inhalers are usually brown.
- The protective effect of preventer medicines builds up over time, so preventers need to be taken every day (usually morning and evening), even if the child is feeling well.
- At school, children should not normally need to take the preventer inhaler during school hours. If they are needed, they may need to be reminded to take them. This should be written on the School's Asthma Card.
- If children are attending a residential visit and they have asthma, it is likely that they will need to use their preventer inhaler. This should be discussed with parents and the child and recorded in the risk assessment.

3) Spacers:

A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other end. Spacers are helped to deliver medicines to the lungs. They make inhalers easier to use and more effective. Spacers are used with aerosol inhalers.

At school, spacers may often be needed and used at school, especially by pupils under the age of 12.

Each pupil, who has been prescribed a spacer by their doctor or asthma nurse, should have their own individually labelled spacer. This should be kept with their inhaler.

In the event of an asthma attack

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 through the training provided. All staff will understand their duty of care to children in an event of an emergency.

- Ensure that the reliever is taken immediately. Whenever possible, allow medication to be taken where the attack occurred.
- Stay calm and reassure the child. Stay with the child until the attack is resolved.
- Follow the guidance in the Whole School Action Plan.
- Help the child to breathe by encouraging them to breathe as slowly and deeply as possible.
- After the attack, and as soon as they feel better, the child can return to normal school activities.
- The child's parent/carer must be informed of the attack and any medication that has been administered.

In all emergencies, follow the traffic light system:

Mild	If the child is: • Requiring to use their inhaler (reliever) regularly throughout the day for cough or wheeze, but is not breathing quickly and is able to continue day-to-day activities.	Ask the parents to make contact with their GP to be seen the next day. Always inform parents as to how frequently their child has had to use their inhaler during the day.
Moderate	If the child is: • Wheezing and breathless and not responding to usual reliever treatment.	Immediately contact parents to collect the child from school and advise that the child is taken to see the GP that day. Advise parents also to contact 111 for 24 hour advice if unable to contact the GP.
Severe	If the child is: • Drowsy or unable to respond • Frightened • Unable to speak in sentences • Breathless with heaving of the chest	Ring 999 You need help immediately. If the child has a blue inhaler, use it now. 10 puffs using the spacer until the ambulance arrives. 1 puff every minute for 10 minutes.

All staff should be clear that when calling for an ambulance in an emergency situation that a Paramedic is requested.

Implementing the Policy

- The Headteacher is responsible for the policy for asthma in school. The delegated member of staff responsible for implementing the policy in school is the SENDCo.
- Asthma awareness training is carried out on an annual basis for all school staff.
- All classes have a medical file which contains a copy of the school's asthma register. A copy of the asthma register is also kept in the First Aid room in the whole school medical file. Children with asthma are also recorded on Arbor.
- All parents and carers receive a school asthma card to complete on an annual basis and a copy of this information is kept in the asthma care folder. Copies of all school asthma cards are kept in each child's class medical file as well as in the whole school medical file.
- Parents and carers are encouraged to share any plans developed with their GP/ Asthma Nurse with school and copies are kept in the class medical file and whole school medical file.
- Parents and carers are encouraged to keep the school and the School Nursing teams informed of changes in their child's plan.

Staff Responsibilities

The designated asthma staff member is responsible for:

- Supporting staff in an emergency
- Ensuring that inhalers are checked termly to guarantee that replacement inhalers are obtained before the expiry date
- Ensuring that used or out of date inhalers are returned to parents/carers and/or the local pharmacy for disposal
- Ensuring that the asthma register is accurate and up to date

All staff responsibilities:

- Staff must inform designated asthma staff member if a school emergency inhaler has been used so that a new spacer can be ordered/replaced.
- If pupils require their inhaler, then staff need to record the amount of usage and inform parents.
- All staff should be aware of which children have asthma, be familiar with the content of their individual action plan and have read the schools Asthma policy.
- All staff must ensure children have immediate access to their emergency medicines.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure children have their medicines with them when they go on a school trip or out of the classroom.
- Be aware of children with asthma who may need extra support.
- Liaise with parents, the child's healthcare professionals, SENCO and welfare officers if a child is falling behind with their work because of their condition.
- Ensure all children with asthma are not excluded from activities they wish to take part in.
- Parents to be informed if child/young person has used their inhaler due to asthma symptoms.

School will ensure that there is parental/carers contact if it is felt that the child's asthma is impacting upon attendance as well as upon participation and engagement with learning. School staff will advise parents/carers to contact their GP/ Asthma Nurse for a review of the child's asthma.

Record Keeping

At the beginning of each school year, or when a child joins the school, parents/carers are asked if their child has any medical conditions.

If a child has asthma, school will request that parents complete a school asthma card to inform the school of:

- Reliever treatment
- Signs and indications
- Triggers
- Other medication

School will ask parents/carers to ensure that their child's inhaler is:

- Correctly labelled
- In good working order
- In-date
- Cleaned at least once per term

Schools will also ask parents to provide a spacer for their child's use in school. This is particularly important if the child is having an asthma attack.

It is the responsibility of the school to keep parents/carers informed of any differences in their child's condition and treatment and to record this for future reference. Equally, it is the responsibility of the parent to inform school if any triggers, symptoms and medication change.

Each class has a medical file which contains letters to complete should a child have had to have used his/her inhaler during the school day. This can then alert parents to any changes in their child's use of the salbutamol inhaler.

Parents will also be informed if their child has had to use the emergency salbutamol inhaler.

The asthma register is updated by the SENDCo on a termly basis and when new children are diagnosed.

Exercise and Activity

Taking part in games, sports and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and this information will be shared with other members of staff who may be present teaching or supporting teaching in the classroom. This includes teachers and/or Learning Support Assistants who are leading after-school activities.

Pupils with asthma are encouraged to participate fully in all PE lessons. Staff, who are delivering the PE lesson, will need to remind pupils, whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and cool down after the lesson. All inhalers need to be taken to the hall or the playground in the medical box for each class for potential use in a PE lesson. If a pupil needs to use his/her inhaler during a lesson, they will be encouraged to do so.

Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Visits, Outings or School Trips

When pupils are taken out on school trips or on residential visits, it is the responsibility of school staff to ensure that the following are taken on the visit:

- The child's inhaler and spacer;
- The child's School Asthma Card;
- The emergency salbutamol inhaler and spacer;
- An information leaflet on how to administer the inhaler with the spacer;
- A copy of the School Action Plan on what to do in an emergency.

Staff members will also ensure that they have a mobile phone to contact an ambulance, parents or school depending upon the severity of the situation.

The School Environment

St Giles' and St George's C of E Academy does all it can to ensure the school environment is favourable to pupils with asthma. The school does not keep any furry or feathered animals and has a no-smoking policy. The school works to ensure that it does not use any chemicals in products that are potential triggers for pupils with asthma.

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



SCHOOL ASTHMA PLAN

Asthma+Lung UK:
How to use a spacer



Beat Asthma:
Asthma Attacks



Keep calm and reassure the child. Encourage them to sit up and slightly forward.

If coughing, wheezing, or experiencing difficulty breathing, remain with the child whilst the spacer & inhaler are brought to them:

- **Shake** the inhaler and give **one puff** with the spacer
- Take **5 big deep breaths**
- Wait **30-60 seconds**, **shake** the inhaler, and give a **second puff**
- **Reassess** and **repeat up to 10 puffs** if their symptoms haven't resolved
- If this **doesn't stop** their symptoms, or the child cannot finish a sentence due to breathlessness:

Ring **999**

Ring **parents/main carer**

If the ambulance takes longer than **10 minutes** repeat the **10 puffs**.

If the child uses their **blue inhaler** at school tell their parents how many **times/puffs** and ask them to book a **GP appointment**

If the child needs their **blue inhaler** **twice** in the space of **2 hours** ring the parents/carers and ask them to collect the child and book an **urgent GP appointment**. Flag to the GP receptionist that they need to be seen that day.



My asthma triggers

Tick the triggers that make your asthma worse:

- ☐ Pollen ☐ Air pollution
☐ Exercise ☐ Other
☐ Cold/flu (please list here):
☐ Stress
☐ Weather

“Always keep your blue reliever inhaler and your spacer with you. You might need them if your asthma gets worse.”

Dr Andy Whittamore

Asthma + Lung UK's GP

Book your child's asthma review

You should book an asthma review at least once a year, or more if your child needs it. If your child has been to A&E, or been prescribed steroid tablets or liquid, you should book an asthma review straight away. Remember to bring:

- their action plan, to see if it needs updating
- any inhalers and spacers they have, to check they're using them in the best way
- their peak flow meter if they use one
- any questions about their asthma and how to manage it.

Date of next asthma review:

Healthcare professional contact details:

Asthma and Lung UK is a charitable company limited by guarantee with company registration number 01653614, with registered charity number 326730 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man.



Parents and carers

As well as wheezing, coughing and a tight chest, your child might have their own unique symptoms that tell you their asthma is getting worse. You can list them here:

Does your child tell you when they need their asthma inhaler?

- ☐ Yes ☐ No

Does your child need help taking their asthma medicines?

- ☐ Yes ☐ No

Get the most from your child's action plan:

- take a photo and keep it on your phone, and on your child's phone if they have one
- stick a copy on your fridge door
- share your child's action plan with their school, holiday club or grandparents – whoever is caring for your child.

Learn more about what to do during an asthma attack:

www.asthmaandlung.org.uk/asthma-attacks

Get advice, support and information at AsthmaAndLung.org.uk or find us on social media:



Questions about asthma?

Talk to our friendly respiratory nurse specialists for more support.

Call **0300 222 5800**

(Monday to Friday, 9am to 1pm and 2pm to 5pm)

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Child asthma action plan

Fill this in with your healthcare professional

This asthma action plan is for children who use separate preventer and reliever inhalers. If you are on a MART or AIR regime, please use our MART or AIR asthma action plan.

Name and date:

1 My daily asthma routine

I need to take my preventer inhaler every day.

My preventer inhaler is called:

and its colour is:

I take puff(s) in the morning.

I take puff(s) at night.

I rinse my mouth out afterwards. I do this every day even if my asthma's okay.

I must remember to use my spacer with my inhaler. If I do not have one, I'll go back to my healthcare professional and ask for one.

Other asthma medicines I take every day:

My reliever inhaler helps when I have symptoms.

My reliever inhaler is called:

and its colour is:

IMPORTANT: If I need my blue reliever inhaler when I do sports or activity, I need to see a healthcare professional.

2 When I feel worse

My asthma is getting worse if I have any of these symptoms:

- I wheeze, cough, my chest hurts, or it's hard to breathe
- I need my blue reliever inhaler 3 or more times a week
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my healthcare professional).

If my asthma gets worse, I will:

- take my preventer medicines as normal
- take puff(s) of my blue reliever inhaler every 4 hours if needed
- see my healthcare professional within 24 hours if I do not feel better.

URGENT! If your reliever inhaler is not lasting 4 hours, you need to take emergency action now. **See section 3.**

Other things my healthcare professional says I need to do if my asthma is getting worse:

3 In an asthma attack

I'm having an asthma attack if I have any of these symptoms:

- my reliever inhaler is not helping or it's not lasting 4 hours at a time
- I find it hard to walk or talk
- I find it hard to breathe
- I'm coughing or wheezing a lot
- my chest is tight or it hurts.

If I have an asthma attack, I will:

1. Call for help. Sit up and try to keep calm.
2. Take 1 puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I'm worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

IMPORTANT: If you have a MART or AIR inhaler, please tell the responder when you **call 999**.

What to do after your child's asthma attack:

- If the asthma attack was managed at home, contact your GP surgery or call **111**.
- If your child was treated in hospital, take them to see a healthcare professional within 48 hours of being discharged.
- Make sure your child finishes any medicine they're prescribed, even if they start to feel better.
- If your child does not improve after treatment, see a healthcare professional urgently.