



High Aspirations, Moral Strength, Spiritual Depth

Name of School: Andrews' Endowed C of E Primary School

Named School Asthma Champion: Mrs Lou Gubby

Named Headteacher: Mrs Gemma Gundry

Date of Policy commencement: January 2025

Date of Policy Review: January 2026

School Asthma Healthcare Professional Contact: School Nursing team – Telephone 02382311221

Paediatric First Aiders – Mrs Tracy Slater, Mrs Kate Marsh, Miss Poppy Kaluszniak, Mrs Sarah Barwick

Background

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person 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 becomes inflamed and starts 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 (Source: Asthma and Lung UK).

As a school, we recognise that asthma is a widespread, serious, but controllable condition. Our school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

1. A named staff member who is the Asthma Champion that takes the lead in School for Asthma.
2. An Asthma Policy
3. An Asthma Register
4. An Emergency Medication Kit
5. Request a copy of the Personalised Asthma Action Plan (PAAP) for each child with Asthma
6. Recording and Sharing Information
7. CYP Asthma Training for staff

Asthma Champion (Lead) Mrs Louise Gubby

Our school has an Asthma Champion (or Asthma Lead) who is named above. It is the responsibility of the Asthma Champion to manage 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) ensure measures are in place so that children have immediate access to their inhalers. The Asthma Champion will communicate to



parents/carers regarding any deterioration in a child's condition whilst at school (or on a school activity). This may be delegated to other members of staff as appropriate.

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 suspected Asthma. 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 further to this we:

- Gain consent to use the school's emergency Inhaler if the child does not have their own inhaler with them.
- Where appropriate, request for a reliever inhaler to be in school with an appropriate spacer.
- Request a copy of the Personal Asthma Action Plan (PAAP) for each child with Asthma.

Medication including Inhalers.

All children with asthma should always have immediate access to their reliever (usually blue) inhaler. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe (Source: Asthma and Lung UK).

Types of asthma treatment:

- A) Traditional: Some children may have a separate preventer and reliever inhaler, which is usually taken morning and evening, as prescribed by the doctor/nurse. 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.
- B) Maintenance and Reliever Therapy (MART): Some children and young people in key stage 2, may have one inhaler that they use as a preventer and reliever medication (usually Symbicort). They would use their inhaler morning and evening and use it as a reliever for asthma symptoms in between regular doses during the day if needed. They will need to carry this with them so they can use it.
- C) Anti-inflammatory Reliever Therapy (AIR): Some children with mild asthma may also only have a single inhaler (usually Symbicort) which is used as needed and not regularly when they are having asthma symptoms. They will need to carry this with them so they can use it.

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so and this will apply to children on MART and AIR treatment. We would expect this to be by key stage 2. However, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler.

If the pupil is going on a residential trip, we are aware that they will need to take the inhaler(s) with them so they can continue taking their inhaler as prescribed (Source: Asthma and Lung UK).



School staff are not required to administer asthma medicines to pupils, without written consent, 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 confident to support children as they use their inhaler should do so whenever possible. If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse/asthma specialist nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the Supporting Pupils with Medical Conditions policy for further details about administering medicines.

Personal Asthma Action Plans (PAAP)

Asthma and Lung UK evidence shows that if someone with asthma uses a personal asthma action plan (PAAP) 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 prevent hospital admissions. (Source: Asthma and Lung UK)

Staff Training

Staff will access training for CYP Asthma at least every two years. This training will be delivered by suitable providers or accessed by the NHS England CYP Asthma e-learning which is suitable for school staff. The school commits to training as many staff as possible to ensure children with Asthma are supported in school.

E-learning can be accessed here: [Asthma \(Children and young people\) - elearning for healthcare \(e-lfh.org.uk\)](https://www.asthma.org.uk/learning-for-healthcare)

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/vaping policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not encounter their triggers, wherever possible.

As part of our responsibility to ensure all children are kept safe within the school grounds and on offsite school activities, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to. 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. (Source: Asthma and Lung UK) 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 before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with staff that pupils will carry their inhaler with them within the class medical bag and will have the responsibility of checking their inhalers before the PE lesson at the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so (Source: Asthma and Lung UK). 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, this is also true for children and young people with asthma. It is therefore important that the school involves 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 are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that pupils with asthma, are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, and with consent the school nurse, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated 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 Inhaled Salbutamol Use

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. As a school we can purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We will request consent from parents/carers for emergency inhaler use when the school is notified that a child has Asthma. Once consent is gained we will use the salbutamol emergency Inhaler during the onset of breathing difficulties in the absence of the child's own inhaler or if the child cannot use their own inhaler on that occasion (such as a breath actuated inhaler). This will always be used with a spacer. 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 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 Asthma Champion and team will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available. NB: There are only 200 doses in a salbutamol inhaler, so each dose will need to be recorded and the device disposed of when the maximum number of doses has been reached.



- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use
- Replacement inhalers are obtained following use.
- Inhalers that have been used and need to be disposed of should be taken to the community pharmacy for correct disposal.

The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

Day to day management

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 in an individual basis. We will also send home our own information and consent form for every child with asthma each school year.

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)
- Shortness of breath when exposed to a trigger
- Tight feeling chest

Where a child responds well to their own medication they can usually remain in school however parents/carers should be kept informed to monitor symptoms. Three or more symptoms that require reliever medication within a week can be a sign of deterioration of a child's asthma and therefore every effort will be made to communicate with parents regarding any symptoms that require medication.

Asthma Attacks and Emergency Management

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states 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. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:



- *Appears exhausted is going blue
- *Has a blue/white tinge around lips
- * Has collapsed

It goes on to explain that 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
- Remain with the child while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- 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 puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths or up to 10 seconds)
- 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 you have had to treat a child 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
- 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 doctor/nurse.
- 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

Control Box

Version	1	Date/Effective from	Spring 2025
Author	Lou Gubby	Review Date	Spring 2026
		Responsibility	School Asthma Champion and Headteacher

Associated Policies, Documents, Agencies:
Supporting Pupils with Medical Conditions policy

References
Asthma and Lung UK [Asthma + Lung UK \(asthmaandlung.org.uk\)](http://asthmaandlung.org.uk)
Department for Health (2014) Guidance on the Use of Emergency Inhalers in Schools.



BTS/SIGN guidelines for CYP Asthma.

Adapted from Hull and North Yorkshire Healthier Together Asthma Policy (2023)