



Penketh Primary Academy

Asthma Policy

Ratified: Dec 2025

Next Review Date: Dec 2026

Policy Responsibilities and Review

Policy type:	School policy
Guidance:	This policy is based on the recommendations of the non-statutory guidance "Working together to improve school attendance" and written with due regard to guidance documents and legislation as detailed in Appendix 2 where you will also find reading references.
Related policies:	<p>This policy should be read alongside the following school policies:</p> <ul style="list-style-type: none">• Supporting Pupils with Medical Conditions• WPAT Health & Safety
Review frequency:	Annually
Chair signature:	Julie Cahill
Changes in latest version:	None

Asthma School Lead: Andrea Wilcock

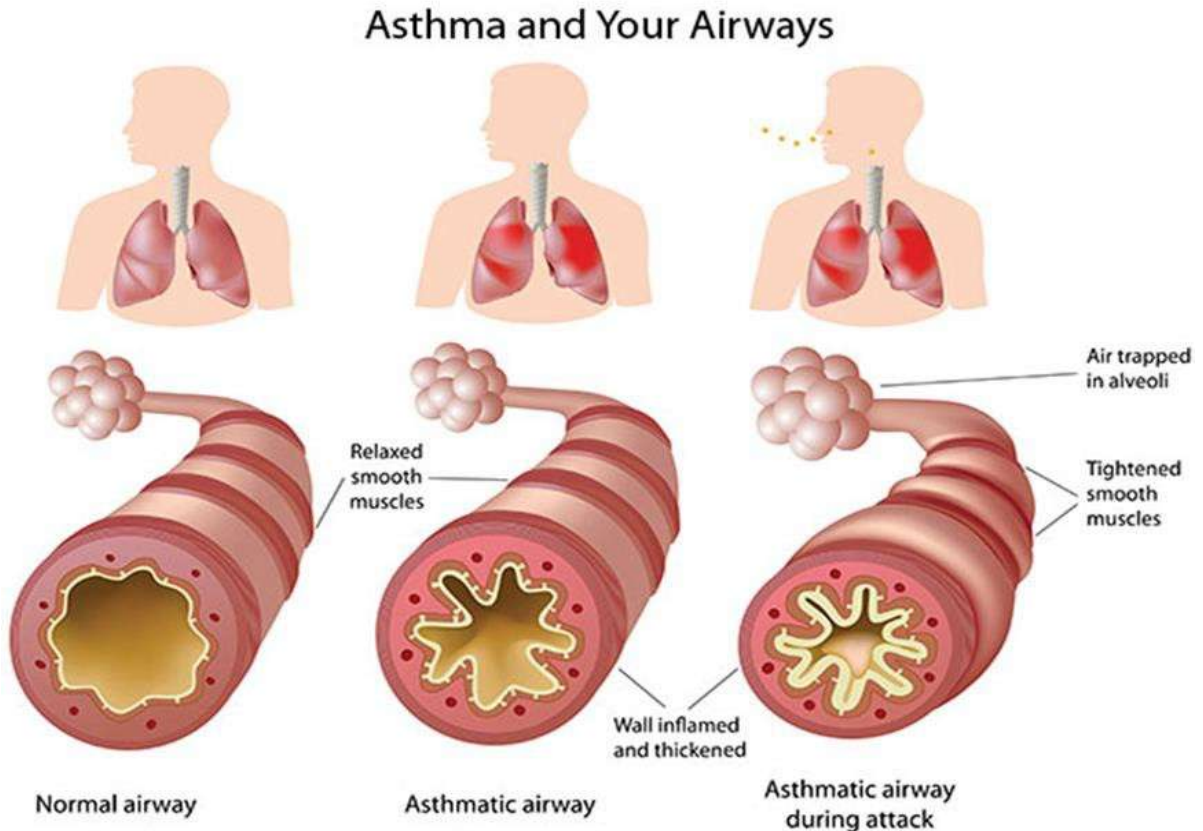
We are an asthma friendly school, advocate inclusion, are clear on our procedures and ensure these are adhered to. We commit to the audit of our procedures yearly. We welcome parents and pupils' views on how we can continue to improve and build upon our standards.

The school recognises that asthma is a prevalent, serious but manageable condition and we welcome all pupils with asthma. This policy was drawn up in consultation with parents, pupils, School Nurses, the Local Authority, School Governors, and health colleagues.

We ensure all staff are aware of their duty of care to pupils. We have a "whole school" approach to regular training, so staff are confident in carrying out their duty of care.

Asthma

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.



This school welcomes all pupils with asthma and aims to support these children to participate fully in school life. We endeavour to do this by ensuring we have:

- ✓ an asthma register
- ✓ an up-to-date asthma policy,
- ✓ an asthma lead,
- ✓ all pupils with immediate access to their reliever inhaler at all times,
- ✓ all pupils with asthma have an up-to-date asthma action plan,
- ✓ an emergency asthma kit with salbutamol inhaler
- ✓ all staff have annual update on asthma,
- ✓ promotion of asthma and management of the condition to 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 has been diagnosed as asthmatic, or has been prescribed a reliever inhaler. When confirmation is received, 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,
- their reliever (BLUE) inhaler in school,
- Consent from the parents/carers to use the emergency salbutamol inhaler if they require it. (see Appendix 1)

Asthma Lead

It is the responsibility of the asthma lead to manage the asthma register and to ensure children have immediate access to their inhalers. The lead will also manage the emergency asthma kits (*please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools. March 2015*). [Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/401111/guidance-on-the-use-of-emergency-salbutamol-inhalers-in-schools.pdf)

Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) 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 (Source: Asthma and Lung UK).

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler into 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 inhaler as prescribed. (Source: Asthma and Lung UK).

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by Key Stage 2. However, we will discuss this with each child's parent/carer and teacher. We also request that parents/carers provide us with a spare inhaler and spacer if required. We recognise that all children may still need supervision in taking their inhaler. These are kept in their classrooms in named wallets within a drawstring bag, in the teacher cupboard.

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/nurse. Please refer to the Supporting Pupils with Medical Conditions Policy for further details about administering medicines.

Personalised Asthma Action Plans (PAAP)

Asthma 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 prevent hospital admissions. (Source: Asthma and Lung UK)

Staff training

We ask staff to access annual Asthma Tier 1 training, which is a free online 40-minute awareness session <https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>

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 pupil's will not come into contact with their triggers, wherever 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/vaping (Source: Asthma and Lung UK)*

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 undertaken by staff. These risk assessments will establish potential asthma triggers that the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where this is 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 before the lesson and to thoroughly warm up and down before and after the lesson. PE staff are aware that pupils who are mature enough, will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in the drawstring bag which will be taken to the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged and supported 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 are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is affecting their life as a pupil, and they are unable to take part in activities, due to tiredness during the day, or falling behind in lessons, we will discuss this with parents/carers, 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 review inhaler technique, medication review or an updated Personalised Asthma Action Plan, to improve their symptoms. However, the school recognises that pupils with asthma could be classed as having a 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). 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 an emergency kit, which is kept in the first aid cupboard in the staffroom, so it is easy to access.

The kit contains:

- Two salbutamol metered dose inhalers;
- Two spacers compatible with the inhalers;
- Instructions on how to use the inhalers/spacers;
- Instruction on cleaning and storage of the inhalers/spacers;
- 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 inhalers and spacers;
- A list of children permitted to use the emergency inhaler:

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, 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.

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 on our Asthma register and listed in our emergency kit. 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.

The school's asthma lead 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;
- 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. Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air

All puffs administered should be documented, so that replacements can be ordered when the inhaler is running out. The inhaler has 200 puffs, so we will replace it once 50 puffs remain.

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 to reduce our carbon footprint.

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 our 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

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). 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.

All staff will receive an asthma update annually, and as part of this training, will be taught how to recognise an asthma attack and how to manage an asthma attack. In addition, guidance will be displayed in the staff room.

The DOH 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 their 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 and attach to appropriate end of the spacer
- *Place the mouthpiece of the spacer 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)
- If there is no improvement, repeat these steps* 30-60 seconds between doses, 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 to 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 ANY TIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE and contact parents/carers.
- The Call handler will advise on further treatment whilst the ambulance is on its 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.

References

- www.asthma.org.uk/
- Department of Health (2015) Guidance on the use of emergency salbutamol inhaler in schools

Associated legislation

- The Children and Families Act 2014
- The Education Act 2002
- Section 3 of the Children Act 1989
- Legal duties on local authorities
- Section 17 of the Children Act
- Section 10 of the Children Act 2004
- Section 3 of the NHS Act 2006
- Equality Act (2010)

REVIEW DATE: December 2026

APPENDIX 1

Dear Parents/Carers,

We are currently reviewing our Asthma Policy and register, to ensure we provide the support and care needed for children and young people in our school with asthma. If your child has been diagnosed with asthma and has been prescribed an asthma inhaler, please complete the forms below and return to school as soon as possible.

Please note that everyone with asthma should use a spacer with their inhaler in order to deliver maximum benefit to the lungs (unless your child has a breath actuated inhaler).

If your child does not have a spacer or has not had an asthma review in the past 12 months, please book an appointment with your GP as soon as possible, who will also provide an up-to-date personalised asthma action plan for us to follow in school.

Yours sincerely,

School Action Plan to be completed for children with asthma and returned to school

<p>Name:.....</p> <p>Date of birth:.....</p> <p>Allergies:.....</p> <p>Emergency contact name:.....</p> <p>Emergency contact number</p> <p>Doctor's phone number:.....</p> <p>Class.....</p>	<p>School to affix photo here</p>
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What are the signs that your child may be having an asthma attack?

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Are there any key words that your child may use to express their asthma symptoms?

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I give my consent for school staff to administer/assist my child with their own reliever inhaler as required. Their inhaler is clearly labelled and in date.

Signed..... Date.....

Print Name..... Relationship to child.....

CONSENT FORM FOR USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/having asthma attack

I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler
(delete as appropriate)

My Child has a working, in-date inhaler, clearly labelled with their name, which they will
bring with them to school every day/that will be left at school (delete as appropriate)

In the event of my child displaying symptoms of asthma, and if their inhaler is not
available or is unusable, I consent for my child to receive salbutamol from an emergency
inhaler held by the school for such emergencies

Signed.....

Date.....

Name (print).....

Relationship to Child.....

Child's Name.....

Class.....

Parent's address and contact details:

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Telephone.....

Email.....