



Ayresome Primary School

Asthma Policy

Approved by:

Headteacher - Charlotte Haylock

Chair of Local Academy Committee - Emily Carr

Date approved: July 2025

Date to review: July 2025

Statement of intent

At Ayresome Primary School, we recognise that asthma is a serious but controllable condition and therefore we welcome all pupils with asthma. As a school, we are working towards becoming recognised as an 'Asthma friendly school'. We hope to have achieved this accreditation by Summer term 2025.

This policy sets out how we ensure that pupils with asthma can participate fully in all aspects of school life including physical exercise, school trips and other out-of-school activities. It also covers how we enable pupils with asthma to manage their condition effectively in school, including ensuring immediate access to reliever inhalers where necessary.

Legal Framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- [Equality Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk)
- [Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Asthma at school | Asthma + Lung UK](#)
- [First aid in schools, early years and further education - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Allergens and Anaphylaxis Policy
- First Aid Policy
- Supporting Pupils with Medical Conditions Policy

Roles and Responsibilities

The Local Academy Committee has a responsibility to:

- Ensure the health and safety of staff and pupils is protected on the school premises and when taking part in school activities
- Ensure that this policy, as written, does not discriminate against any of the protected characteristics, in line with the Equality Act 2010
- Handle complaints regarding this policy as outlined in the school's Complaints Policy
- Ensure this policy is effectively monitored and updated
- Report any successes and failures of this policy to the Headteacher, members of school staff, local health authorities, parents and pupils
- Provide indemnity for teachers and other members of school staff who volunteer to administer medicine to pupils with asthma in need of help

The Headteacher has a responsibility to:

- Create and implement this policy with the help of school staff, school nurses, local guidance and the Local Academy Committee
- Ensure this policy is effectively implemented and communicated to all members of the school community
- Arrange for all members of staff to receive training on supporting pupils with asthma
- Ensure all supply teachers and new members of staff are made aware of this policy and provided with appropriate training

- Monitor the effectiveness of this policy
- Ensure that first aiders are appropriately trained regarding asthma, e.g. supporting pupils to take their own medication and caring for pupils who are having asthma attacks
- Delegate the responsibility to check the expiry date of spare reliever inhalers and maintain the school's asthma register to a designated member of staff
- Report incidents and other relevant information to the Local Academy Committee and Local Authority, as necessary

All school staff have a responsibility to:

- Read and understand this policy
- Know which pupils they come into contact with have asthma
- Know what to do in the event of an asthma attack
- Allow pupils with asthma immediate access to their reliever inhaler
- Inform parents if their child has had an asthma attack
- Inform parents if their child is using their reliever inhaler more than usual
- Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom
- Ensure pupils who are unwell due to asthma are allowed the time and resources to catch up on missed school work
- Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms
- Be aware that pupils with asthma may experience bullying due to their condition, and understand how to manage these instances of bullying

During PE sessions, staff have a responsibility to:

- Understand asthma and its impact on pupils - pupils with asthma should not be forced to take part in activities if they feel unwell
- Ensure pupils are not excluded from activities that they wish to take part in, provided their asthma is well-controlled
- Ensure pupils have their reliever inhaler with them during physical activity and that they are allowed to use it when needed
- Allow pupils to stop during activities if they experience symptoms of asthma
- Allow pupils to return to activities when they feel well enough to do so and their symptoms have subsided (the recommendation is a five-minute waiting period before allowing the pupil to return)
- Remind pupils with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up

Pupils with asthma have a responsibility to:

- Tell their teacher or parent if they are feeling unwell due to their asthma
- Treat asthma medicines with respect by not misusing the medicines and/or inhalers
- Know how to gain access to their medication in an emergency
- Know how to take their asthma medicine

All other pupils have a responsibility to:

- Treat other pupils, with or without asthma, equally, in line with the school's policies for Anti-Bullying and Behaviour
- Understand that asthmatic pupils will need to use a reliever inhaler when having an asthma attack and ensure a member of staff is called immediately

Parents have a responsibility to:

- Inform the school if their child has asthma
- Ensure the school has a complete and up-to-date asthma care plan for their child
- Inform the school of the medication their child requires during school hours
- Inform the school of any medication their child requires during school trips, team sports events and other out-of-school activities
- Inform the school of any changes to their child's medicinal requirements
- Inform the school of any changes to their child's asthmatic condition, e.g. if their child is currently experiencing sleep problems due to their condition
- Ensure their child's reliever inhaler (and spacer) is labelled with their child's name
- Ensure that their child's reliever inhaler is within its expiry date
- Ensure their child catches up on any school work they have missed due to problems with asthma
- Ensure their child has regular asthma reviews with their doctors or asthma nurse (recommended every 6-12 months)
- Ensure their child has a written Personal Asthma Action Plan at school to help the school manage their child's condition

Asthma medicines

Pupils with asthma are encouraged to carry their reliever inhaler as soon as their parent and school staff agree that they are old enough and/or have sufficient capabilities and independence. If not, inhalers are given to the school to be looked after.

Reliever inhalers kept in school are held in the pupil's classroom in a designated storage area. Inhalers, spacers and care plans are kept in individual bags, clearly labelled with the child's name. They are then all stored within a medical box within each classroom, they are transported (where appropriate) by the child, through school for PE and other activities which require the pupil to leave their class. Parents will be required to label their child's inhaler with the child's full name and year group.

Administration

Members of staff are not required to administer medicines to pupils, except in circumstances where it would be detrimental to the pupil not to do so. Staff members who have volunteered to administer asthma medicines will be insured by the school's appropriate level of insurance which includes liability cover relating to the administration of medication.

Staff will administer the asthma medicines in line with the school's **Administering Medication Policy**. For pupils who are old enough and/or have sufficient capabilities and independence to do so, staff members' roles in administering asthma medication will be limited to supporting pupils to take the medication on their own.

This policy is predominantly for the use of reliever inhalers. The use of preventer inhalers is very rarely required at school. In the instance of a preventer inhaler being necessary, staff members may need to remind pupils to bring them in or remind the pupil to take the inhaler before coming to school.

Emergency Inhalers

As a school, we keep a small supply of salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. These are kept in the medicine cabinet in Miss Massey's office, which is located centrally to all children. They have been purchased from a local pharmacy for emergency use and should only be used by pupils for whom parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication.

Expired or used-up emergency inhalers are returned to a local pharmacy to be recycled. Spacers must not be reused in school, but may be given to the pupil for future home-use. Emergency inhalers may be reused, provided that they have been properly cleaned after use.

In line with the school's, **Administering Medication Policy** and **First Aid Policy**, appropriate support and training will be provided for relevant staff, e.g. First Aid trained staff, on the use of the emergency inhaler and administration. Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration and the school's records. The records will indicate where the attack took place, how much medication was given, and by whom. The pupil's parents will be informed of the incident.

A designated staff member is responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining an asthma register.

The designated staff member who oversees the supply of salbutamol inhalers is responsible for:

- Checking that inhalers and spacers are present and in working order, with a sufficient number of doses, on a monthly basis
- Ensuring replacement inhalers are obtained when expiry dates are approaching
- Ensuring replacement spacers are available following use
- Ensuring that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary

Mrs A. Goring and Mrs T. Stephenson have responsibility for the above at Ayresome Primary School.

Symptoms of an asthma attack

Members of staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

Younger pupils may express feeling tightness in the chest as a 'tummy ache'.

Response to an asthma attack

In the event of an asthma attack, staff will follow the procedure outlined below:

- Keep calm and encourage pupils to do the same
- Encourage the pupil to sit up and slightly forwards - do not hug them or lie them down
- If necessary, call another member of staff to retrieve the emergency inhaler - do not leave the affected pupil unattended
- If necessary, summon the assistance of a member of suitably trained first aid staff to care for the pupil and help administer an emergency inhaler
- Ensure the pupil takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the pupil

Staff will not administer any medication where they have not been trained to do so.

If there is no immediate improvement, staff will continue to ensure the pupil takes 2 puffs of their

reliever inhaler every two minutes, until their symptoms improve, but only up to a **maximum of 10 puffs**. If there is no improvement before the pupil has reached 10 puffs:

- Call 999 for an ambulance
- If an ambulance does not arrive within 10 minutes, the pupil can administer another 10 puffs of the reliever inhaler as outlined above

Staff will call 999 immediately if:

- The pupil is too breathless or exhausted to talk
- The pupil is going blue
- The pupil's lips have a blue or white ting
- The pupil has collapsed
- You are in any doubt

Emergency Procedures

Staff will never leave a pupil having an asthma attack unattended. If the pupil does not have their inhaler to hand, staff will send another member of staff or pupil to retrieve their spare inhaler.

As reliever medicine is very safe, staff will be made aware that the risk of pupils overdosing on reliever medicine is minor. Staff will send another pupil to get another member of staff if an ambulance needs to be called. The pupil's parent will be contacted immediately after calling an ambulance.

A member of staff should always accompany a pupil who is taken to hospital by ambulance and stay with them until their parent arrives. Generally, staff will not take pupils to hospital in their own car unless in exceptional circumstances, e.g. where a pupil is in need of professional medical attention and an ambulance cannot be procured. In these exceptional circumstances, the following procedure will be followed in line with the **First Aid Policy**:

- A staff member will call the pupil's parents as soon as is reasonably practical to inform them of what has happened, and the course of action being followed - parental consent is not required to acquire medical attention in the best interests of the child
- The staff member will be accompanied by one other staff member, preferably a staff member with first aid training
- Both staff members will remain at the hospital with the pupil until their parent arrives

Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child has any medical conditions, including asthma.

As a school, we keep a record of all pupils with asthma, complete with medication requirements, in our asthma register. Parents will be required to inform the school of any changes to their child's condition or medication during the school year. All emergency situations will be recorded, and staff practice evaluated, in line with the **First Aid Policy**.

Exercise and physical activity

See PE, School Sport and Physical Activity Policy

Games, activities and sports are an essential part of school life for pupils. All teachers will know which pupils in their class have asthma and will be aware of any safety requirements.

Outside providers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity via the school's asthma register.

Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up

and cool down before and after the session.

During any PE, school sport or physical activity, each pupil's labelled inhaler will be kept in a box at the site of the activity and in close proximity to the pupil. Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

As a school, we believe that sport is of great importance and therefore we offer a range of extra-curricular activities in order to benefit pupils and increase the number of pupils involved in sport and exercise. Pupils with asthma are encouraged to become involved in extra-curricular activities and sports as much as possible and will never be excluded from participation. Members of school staff and contracted external providers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in this policy.

School Environment

As a school, we do all that we can to ensure that our school environment is favourable to pupils with asthma. **This includes being a definitive no-smoking environment.** Awareness/assessment of common triggers to asthma can reduce risk.

Potential triggers in school:

- **Chemicals/fumes:** *as far as possible, pupils should try to avoid fumes in science, art and craft lessons that are known to trigger their asthma. They may need to leave the room until the fumes are no longer in the room.*
- **Mould/damp:** *classrooms should be well aired and ventilated. Any evidence of damp/mould within school should be acted on quickly. Where possible, autumn leaves falling from trees, forming piles should be kept away from pupil areas and regularly removed as the mould from these can be a trigger to asthma.*
- **Grass and pollens:** *pupils with asthma should be able to use their salbutamol regularly every 4 hours if the pollen count is known to be high or if they are having troublesome hay fever symptoms. Pupils may need to be given an option to do indoor PE if the pollen count is high. Where possible, grass cutting should be avoided during school hours or limited to late afternoons.*
- **Aerosols/sprays:** *many children have asthma that can be triggered by strong odours and aerosols. Ensure changing rooms are well ventilated and encourage the use of roll-on deodorants and unscented products. Consideration should be given to allowing pupils with this trigger to have alternative changing facilities.*
- **Changing weather:** *pupils may need to use their blue inhaler before outside play depending on the weather. Commonly, cold, damp, weather can be a trigger. Thunderstorms can also trigger asthma attacks as large quantities of pollen are released into the air.*

Staff Training

All staff have attended an asthma awareness course

www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/

Monitoring and Review

This policy will be reviewed every two years by Mrs A. Goring and Mrs T. Stephenson as the designated members of staff with key responsibility for overseeing asthma policy and practice. Support will be provided by the Headteacher, where necessary.

The next scheduled review date for this policy is September 2025. A review will take place sooner if there are updates to government or health guidance or if updates are received as to how this policy and practice could be improved. All changes to this policy will be communicated to all relevant stakeholders following approval by the Local Academy Committee.



Appendix 1

Ayresome Primary School Asthma Health Care Plan

Name:			
Date of Birth:			
Condition:	Asthma		
Trip requirements:	Do inhalers need to be taken on school trips? Yes/No Are they only needed if child becomes wheezy? Yes/No		
Name of School:	Ayresome Primary School	Date: March 2025	Review Date: March 2026

CONTACT INFORMATION

Family Contact 1:		Family Contact 2:	
Name:		Name:	
Phone No Home:		Phone No Home:	
Work:		Work:	
Mobile:		Mobile:	
Relationship:		Relationship:	

Clinic/Hospital Contact (if under a consultant):		GP Contact:	
Name:		Name:	
Phone No:		Phone No:	

Describe the condition and give details of the pupil's individual symptoms:

Daily care requirements: (e.g. before sport/at lunchtime):

Describe what constitutes an emergency for the pupil and the action to be taken if this occurs:

CONSENT FOR THE USE OF EMERGENCY SALBUTAMOL (VENTOLIN) INHALER

Guidance from the Department of Health enables schools to keep a Salbutamol inhaler for use in an emergency if the child's own is unavailable or unusable. However, written consent must have been obtained from parents/guardians prior to the administration of the emergency Salbutamol.

Having a Ventolin inhaler on site for emergencies, means that should your child be unable to find their inhaler or it is unusable they will be able to access the emergency one. It should be noted that the school still highly recommends that each student carries their own Salbutamol inhaler.

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CONSENT FOR USE OF EMERGENCY SALBUTAMOL (VENTOLIN) INHALER

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 (Ventolin) from an emergency inhaler held by the school for such emergencies.

Parents name:	
Signature:	
Date:	

NB: It is a parent/carers responsibility to inform school of any changes in their child's health care needs.

It is a parent/carers responsibility to ensure that in date inhalers are in school.

How to Use a Metered-Dose Inhaler with a Spacer



1. Shake the medicine.



2. Insert the mouthpiece of the inhaler into the rubber-sealed end of the spacer.



3. Breathe all of the air out of your lungs. Then put the spacer into your mouth between your teeth. Make a tight seal around the mouthpiece with your lips.



4. Press the metered-dose inhaler down once to release a spray of medicine. The medicine will be trapped in the spacer. Breathe in slowly and deeply.



5. Hold your breath for at least 5 to 10 seconds. Breathe out slowly.

HOW TO RECOGNISE AN ASTHMA ATTACK

It is important to recognize the signs and symptoms of an asthma attack in a Child/Young person (CYP). The onset of an asthma attack can gradually appear over days. Early recognition can reduce the risk of a hospital admission.

A CYP may have one or more of these symptoms during an asthma attack:



BREATHING HARD AND FAST

You may notice faster breathing or pulling in of muscles in between the ribs or underneath the ribs. (recession)



WHEEZING

This is typically a high-pitched whistling noise heard on breathing in and out, a sound produced by inflamed and narrowed airways that occur in asthma.



COUGHING

A cough may become worse, particularly at night preventing your child from having restful sleep and making them seem more tired in class.

BREATHLESSNESS

A child may become less active and reluctant to join in activities. Lack of interest in food or restlessness can be a sign that the child is too breathless to exercise or eat.



TUMMY OR CHEST ACHE

Be aware that younger children often complain of tummy ache when it is actually their chest that is causing them discomfort.

INCREASED USE OF THE RELIEVER INHALER

If the CYP is old enough, he/she may ask for the reliever inhaler more frequently during an attack. It is important that you follow the asthma action plan and recognize that if the reliever inhaler is not helping that it is time to seek medical help.

How Do I Manage a Child/Young Person Having an Asthma Attack?

What are you seeing?

Mild/Moderate Symptoms

- Cough
- Wheeze
- Shortness of breath
- Chest tightness/pain
- Sore tummy
- Not as active/quiet

Severe/life threatening Symptoms

- Rapid breathing rate
- Heaving upper body
- Inability to talk in full sentences
- Colour change in skin or lips
- Distress/confusion

Actions

- Be calm and reassuring
- Encourage CYP to sit down and loosen clothing if needed
- Administer 2 puffs of the blue inhaler through a spacer 1 puff at a time. Make sure you shake the inhaler before each puff.
- Keep doing every 10 minutes if there are still symptoms up to a total of 6 puffs.
- OR if a child has a combined inhaler (MART) give 1 dose wait 10mins if there are still symptoms an extra 4 doses may be given.
- Encourage a normal breathing rate if they are able.

Actions

- Ask a colleague to DIAL 999 (ambulance) and then contact parent/guardian
 - Be calm, confident, reassuring
 - Administer 1 puff reliever (blue)inhaler every 30 secs through a spacer
 - Shake before each puff, 1 puff at a time, 4-5 breaths for each puff
 - Follow actions above until the ambulance arrives
- If losing consciousness (rare) follow emergency first aid procedures

Is the CYP responding?

Yes

Actions

- Allow to sit for 15-20 mins observed by a member of staff
- Allow to return to class
- Inform parent/carer
- If symptoms return after 4 hours, repeat and ask parent/carer to collect

No

Appendix 3

HOW TO ADMINISTER A METERED DOSE INHALER WITH A SPACER.

