Asthma Policy

We are ‘seeds sown in the good soil’
(Matthew 13:23)

Adopted: October 2026

Approved by Governors: October 2026

Review date: October 2027

Introduction

Asthma is a condition which particularly affects children, and which causes the airways in the lungs to narrow, making it difficult to breathe. Currently 1 in 10 children in the UK has asthma. Children with asthma have airways which are almost continuously inflamed and are therefore very sensitive to a variety of common stimuli. Together, schools and families can provide vital support for children and young people with asthma. By providing a pathway of care for each child and good awareness within the wider community, the vast majority of children and young people with asthma can lead full and active lives.

This guide is based on the Asthma UKasthma at school policy guide.' It is intended to help all understand and implement arrangements for supporting pupils with asthma. Wide circulation amongst professionals and others affected by asthma will provide assurance that school nurses, general practitioners and specialists concerned with respiratory care will be working within the same broad framework.

Schools are asked to review their arrangements in line with this guidance to help ensure that pupils with asthma are healthy, stay safe, achieve their potential and are able to make a positive contribution.

Responsibilities:

Headteachers:

• Ensure the school has arrangements that enable parents to be informed if their child suffers a significant asthma attack at school;
• Ensure the school has arrangements for assessing and meeting asthma-related training and development needs of staff;
• Plan the school's asthma policy in line with national guidance;
• Ensure that all the policy's requirements are implemented and monitored;
• Set up arrangements to ensure supply teachers and new staff are briefed on the asthma policy;
• Delegate a staff member to maintain the school asthma register;
• Inform the parents if a child has had an asthma attack and if they used their reliever medicines.

School staff:

• Ensure children who miss school due to asthma are helped to catch up/keep up with class work by appropriate means;
• Read and implement the school asthma policy;
• Take appropriate action when dealing with any child with asthma;
• Know what to do in an asthma attack;
• Allow pupils with asthma immediate access to their reliever inhaler;
• Ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom;
• Be aware that a pupil may be tired because of asthma symptoms occurring outside of school hours.

Physical Education teachers:

• Understand asthma and the impact it can have on pupils;
• Know which pupils have asthma and what their triggers are;
• Pupils with asthma should not be forced to take part in an activity if they feel unwell;
• They should also not be excluded from activities that they wish to take part in if their asthma is well controlled;
• Ensure pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when they need to;
• If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait at least five minutes);

• Remind pupils with asthma whose symptoms are triggered by exercise, to use their reliever inhaler a few minutes **before** warming up;
• Ensure pupils with asthma always warm up and down thoroughly.

Parents/carers:
• Inform the school if their child has asthma;
• Ensure the school has a completed and up-to-date school asthma card for their child;
• Inform the school about the medicines their child may need during school hours;
• Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out of school hours activities such as school team sports;
• Inform the school about any changes to their child's medicines, including dose and frequency;
• Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma);
• Provide the school with a spare reliever inhaler (and spacer where relevant) labelled with their child's name;
• Ensure their child's reliever inhaler, that they take to school with them, is labelled with his/her name;
• Ensure that their child's reliever inhaler and the spare is within its expiry date;
• Keep their child at home if he/she is not well enough to attend school;
• Ensure their child catches up on school work missed if their child is unwell.

Pupils:
• Treat other pupils with and without asthma equally;
• Let any pupil having an asthma attack take their blue inhaler and ensure a member of staff is called;
• Tell their parents, teacher or PE teacher when they are not feeling well;
• Treat asthma medicines with respect;
• Know how to gain access to their medicine in an emergency;
• Know how to take their own asthma medicines.

Asthma control - Personal Asthma Action Plans and Reviews

Every parent/carer of a child or young person with asthma should be offered a written personal asthma action plan for their child. **The child or young person's local doctor or nurse should complete their personalised plan in discussion with the parent/carer at the child's regular asthma review (most children and young people should have a review every six months, or more regularly if they have just been diagnosed).**

The plan includes information parents need in order to keep control of their child's asthma, including:
• How their child can get better control over their asthma;
• Details about their child's asthma medicines;
• How to tell when their child's asthma symptoms are getting worse and what they should do about it.

At the beginning of each school year or when a child or young person joins a school, parents should be asked if their child has any medical conditions including asthma on their enrolment form.

Asthma medicines and where to keep them at school

At school most pupils with asthma will only need to use inhaler medicine.

Reliever inhalers (usually blue)

Every child and young person with asthma should have a reliever inhaler. 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. However, relievers do not reduce the swelling in the airways.

Delay in taking a reliever medication when needed, even for a few minutes, can lead to a severe attack. Children who have asthma symptoms at school must have free access to their relief inhalers at all times and in all places. Inhalers will be stored in the classroom in the child's classroom, in a clearly marked cupboard that will be kept unlocked.

NB: Children must have free access to their relief inhalers at all times.

Preventer inhalers (usually brown, orange, red or white)

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 or young person with asthma is less likely to react badly when he/she comes into contact with an asthma trigger. However, not all children and young people with asthma will need a preventer. Preventers are usually prescribed for children and young people using their reliever inhaler three or more times a week.

Occasionally children need to take extra doses of their preventer inhaler during the day, for instance during prolonged school outings, or when asthma has become more troublesome, and in this situation, staff who work with these children should be aware of the type and correct dosage of preventative medication to be taken, and the correct technique for using the inhaler device.

Normally, pupils should not need to take preventer inhalers in school hours. If they are needed, they may need to be reminded to take them. This should be written on the pupil's school asthma card.

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. Spacers are used to help deliver medicine to the lungs. They make inhalers easier to use and more effective. A doctor or other practitioner may recommend a child keep a spacer ready for use and, if this is the case, the parent/carer is advised to provide the spacer for use in school.

Spacers may often be needed and used at school, especially by pupils under 12. If a pupil brings a spacer into school, it should be individually labelled and kept with their inhaler, or if this is impractical, with their spare inhaler.

Steroid tablets

A short course of steroid tablets (usually 3-5 days) is sometimes needed to treat a child's asthma after an asthma attack. They are very effective at bringing severe asthma symptoms under control quickly.

Steroid tablets are usually taken in the morning, before school. They give a much higher dose of steroid than a steroid preventer inhaler. However, children and young people should not experience any side effects from the occasional course of steroid tablets. Please note it is extremely rare for a pupil with asthma to have steroid tablets at school

Nebulisers

A nebuliser is a machine that creates a mist of medicine that is then breathed in through a mask or mouthpiece. Nebulisers are sometimes used to give high doses of medicine in an emergency. However, research shows that spacers work as well as nebulisers in most asthma attacks. Use of nebulisers in emergency situations is becoming far less common.

Some children and young people with asthma have nebulisers at home. However, normally pupils with asthma should not need to use a nebuliser in school.

NB: If a doctor or nurse does advise that a child or young person needs to use a nebuliser in school, the staff involved will need training by a health professional.

Asthma, activity and exercise at school

Exercise can trigger asthma symptoms even when asthma is otherwise well controlled. It should still be possible for virtually all children to take part in sports, but many may need to take a dose of their reliever inhaler before starting and possibly again during or after exercise. Children should not be made to exercise if they feel unwell.

Physical activity staff should speak to the parents if they are concerned that their child has undiagnosed or uncontrolled asthma (or ask the form teacher to). These pupils may need to have their asthma reviewed by their doctor or practice nurse.

For teachers – When a child with asthma joins your class

There are measures that should be taken when a child or young person with asthma joins your class:

• Parents will be asked to complete an Asthma UK school asthma card - they should be requested to do this by letter (or email) using the draft letter in Appendix 1;
• This card will be provided to the school and discussed with the class teacher and Headteacher;
• Staff who teach the child will receive a copy of this card and a copy placed in the child's classroom by their medication. The original will be stored in the child's folder;
• Allow the pupil with asthma to access their reliever medicine freely. This means allowing them to carry it on them. If, after discussion between the parents and the doctor or nurse, it is believed that the child is too young to do this, it should be kept in the classroom in an easily accessible place. Reliever inhalers should not be locked away;
• Some children and young people need a discreet reminder to take asthma medicines, especially before exercise;
• Remember some people are shy about taking medicine in front of others. Encouraging and developing positive class attitudes towards pupils with medical conditions will help;
• Remind the pupil to carry his or her reliever inhaler at all times, including on school trips. Include this information on school circulars and in advice to parents;
• Always inform the parents if their child has had an asthma attack and used their reliever inhaler;
• If you are worried about a pupil who appears to have 'severe' asthma, it may be helpful for teachers to consult either the school nurse, or the child's local doctor or nurse (through the child's parents);
• If the pupil is taking time off school or is frequently tired in class, this could be because s/he is having asthma symptoms during the night, disturbing their sleep. The teacher should first talk to the parents, and then the school nurse and special educational needs coordinator.

Staff training

Ideally, all staff should have some knowledge of asthma and its treatments as they may become involved with the problem at any time.

At least one member of staff in each school should receive training in the management of asthma. Recommended training is a free online training from Asthma Uk which takes 45 minutes to complete (registration is required but it is free).

The knowledge gained can be passed on to other staff through normal channels of information exchange.

What happens during an asthma attack?

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 begins to swell, making it difficult to breathe and leading to symptoms of coughing, wheezing, shortness of breath or feeling tight in the chest. It is at this point that the child or young person with asthma will need to take a dose of their reliever medicine.

Most children experiencing deterioration in their asthma control show warning signs such as increased symptoms of breathlessness, and/or cough or wheeze, or a requirement for increased relief medication. Staff members who notice a child with increasing discomfort or symptoms should bring this to the attention of the Headteacher or use the school's critical incident procedure.

NB: wheeze may be absent and coughing is the only apparent symptom.

Common signs of an asthma attack:

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Tummy ache (sometimes in younger children)

Mild – Moderate Attack

Child feels breathless, may have an audible wheeze or cough, but looks quite well and can speak quite normally.

RESPONSE:
• Ensure child takes his/her usual dose of relief (usually blue) inhaler;
• Let the child choose the easiest position for breathing, usually upright, encourage the child to take slow steady breaths. This should produce improvement within 15 minutes;
• Keep calm and reassure the child;
• Call parents/contact person;
• Continue to give the child two puffs of reliever inhaler every two minutes; they can take up to 10 puffs. If they do not feel better after taking the inhaler as above or you are worried at any time then call 999 for an ambulance;
• Even if the child is feeling better, ask the parents/guardian to ensure that the child sees a doctor that day 18 After a minor asthma attack Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities;
• The parents/carers must always be told if their child has had an asthma attack.

Severe Attack

Some children become very ill very quickly and action must not be delayed.

The following signs indicate that a child is having a severe attack which must be dealt with at once.
• The usual relief inhaler does not work very well or at all
• The child cannot speak normally because of difficulty in breathing
• The child cannot move about normally because of difficulty in breathing
• The child may have a blue tinge around his/her lips.

Only ONE of these signs is needed to indicate the severity of the attack.

RESPONSE

• Check that the child is known to have asthma and that there is no history of allergy/ anaphylaxis e.g. allergy to peanuts, bee stings etc. The emergency procedure is as follows:
• Ensure child takes his/her usual dose of relief (usually blue) inhaler
• Let the child choose the easiest position for breathing; try to ensure that the room temperature does not vary too much
• Ask for the help of another member of staff and dial 999 for an ambulance, stating that the child is having a SEVERE ASTHMA ATTACK requiring immediate attention
• Ensure a member of staff stays with the child
• Continue to give the child one puff of their reliever inhaler every minute until the ambulance or doctor arrives OR If the child has a metered dose aerosol reliever inhaler, ensure they receive up to 10 sequential puffs (one puff per minute) of their inhaler through the school's emergency large volume spacer, giving the individual puffs one at a time until relief is obtained (see blue emergency instruction card)
• Contact the child's parent or guardian to inform them of the situation and the action being taken. If staff are concerned about their ability to help the child while waiting for the ambulance to arrive, they should contact the nearest GP and request immediate assistance

Important things to remember in asthma attack

• Never leave a pupil having an asthma attack
• If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent
• Reliever medicine is very safe
• During an asthma attack do not worry about a pupil overdosing
• Send another pupil to get another teacher/adult if an ambulance needs to be called Contact the pupil's parents or carers immediately after calling the ambulance/doctor
• A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives
• Generally staff should not take pupils to hospital in their own car. However in some situations it may be the best course of action
• Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services

Appendix 1

Dear Parent/Carer

Re: The School Asthma Card

Thank you for informing us of your child's asthma on his/her registration form.

As part of accepted good practice and with advice from the Department for Education, Asthma UK and the school's governing bodies, our school has recently established a new School Asthma Policy.

As part of this new policy, we are asking all parents and carers of children and young people with asthma to help us by completing a school asthma card for their child/children. Please take this card to your child's doctor/nurse to fill in and return it to the school by DATE.

The completed card will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand your child's individual condition.

Please make sure the card is regularly checked and updated by your child's doctor/nurse and the school is kept informed about changes to your child's medicines, including how much they take and when. I look forward to receiving your child's completed school asthma card.

Thank you for your help.

Yours sincerely

Mr Head
Headteacher

Appendix 2

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: .....

Class: .....

Date: .....

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Signed.....

Appendix 3

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

ORFORD C of E PRIMARY SCHOOL AND NURSERY

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. 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).....

Child's name: .....

Class: .....

Parent's address and contact details:

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