



Newdale Primary School and Nursery

Asthma Policy

Reviewed: June 2025

Next Review: June 2026

(Statutory framework for early years foundation stage Section 3.44 - 3.46)

GDPR Checked and compliant

Newdale Primary School and Nursery

Asthma Policy

Our Asthma Policy ensures children with asthma can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well being

These policies are referred to in the document
Telford & Wrekin guidance kept in the staff room

- Health and Safety Manual
- NHS Asthma Guidance

School policies and documents

Educational Visits Policy

Risk Assessment Folder

School Emergency Plan

Asthma Health Care Plans

Permission to carry medication

Other policies related to Asthma

First Aid Guidance

Pupils' Medical Needs Document

Medical Issues Lists

Health and Safety Policy

Context

Asthma is a common long-term condition; it affects the airways which carry air in and out of the lungs and it can make it difficult to breathe.

- In the UK it is estimated that 5.4 million people have asthma: one in 11 children (1.1 million)
- Approximately 4,000 school age children living in Shropshire Telford and Wrekin have a diagnosis of asthma
- In addition, many children have suspected asthma and are prescribed asthma treatment
- The UK has among the highest prevalence rates of asthma symptoms in children worldwide
- On average there are two children with asthma in every classroom in the UK
- Every 10 seconds someone has a potentially life-threatening asthma attack
- Asthma is the most common long-term medical condition in children and the predominant reason for children to take medication at school
- Asthma causes more absences from school than any other medical condition

All children must be safe and able to fully participate in school life. Asthma is a long term condition and if well controlled (with preventive medication taken at home) should not impact on a child's quality of life or ability to participate in any activity.

Children with asthma must be supported to manage their own asthma at school by people that understand their condition.

A school environment must be sensitive to the needs of a child with asthma.

Children with asthma should not need to routinely take asthma medication at school but must always have access to their reliever medication.

Emergency treatment may be required by **ANY** child with asthma when they are having an asthma attack.

Aim

The aim of this policy is to set out clearly the roles and responsibilities of parents and staff in relation to children with asthma in school.

Objectives

- For all staff to be aware of children in school who have asthma.
- To ensure that procedures relating to the use of inhalers are consistent throughout the school.

- To detail procedures to be followed if a child has an asthma attack.
- To ensure records are kept up to date and are available to all relevant staff.
- To make parents aware of this policy.

The school nursing team

- Will ensure school nurses are up to date in asthma management and receive annual updates on medical developments in asthma and its management
- Will recommend asthma training to schools annually
- Will advise schools on the development of Individual Health Care Plans by signposting to relevant policy and templates
- Will promote and manage the Asthma Friendly Schools Scheme and provide evaluation and feedback to leadership and commissioners

Roles of the School Asthma Lead (Mrs T Marshall)

- Attend an asthma awareness training session every two years.
- Compile and maintain the school's asthma register
- Ensure that all parents are asked every year if their child has asthma
- Ensure a covering letter (Appendix 4) and health care plan (Appendix 1) are sent to all parents of children with asthma. The parents should complete the School Asthma Health Care Plan and return it to the school
- Review the School Asthma Health Care Plan in conjunction with the child's parent
- Ensure that all parents are asked to complete the agreement for the school to administer medicine in school (Appendix 5)
- Raise awareness within the school about the school's asthma policy and guidelines (see Section 2)
- Liaise with the school nurse about individual children, especially when there are any concerns that a child's asthma may be getting worse
- Liaise with teachers who look after children with asthma to ensure children have access to their relieving inhalers
- Support all school staff to understand and manage asthma within the school setting.
- To ensure that an up to date medical register is kept and staff are fully aware which pupils have asthma.
- Ensure that all children with an asthma health care plan have a reliever metered dose inhaler (requested in Appendix 4 letter) in school for emergency use with an individual spacer.
- All medication to go home with the individual at the end of the school year along with a new parental consent and health care plan.

Roles of teaching and support staff

- All staff should be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency. School staff receive annual training on the basic awareness of asthma and the correct use of inhalers. This training is incorporated with the epi pen training annually.
- All staff should understand the school's asthma policy and procedures.
- To allow pupils to have immediate access to their emergency medicines, including inhalers and spacers.
- To ensure that all pupils with asthma are encouraged to participate fully in the life of the school.
- To notify parents if their child has required their inhaler more often throughout the day or when they don't usually. Depending on how serious make a note in the reading diary, let parents aware at home time or contact them by phone.
- To provide an accessible, safe place for the storage of inhalers kept in school.
- To keep a record of inhaler use (where the child records this themselves, this should be countersigned by an adult).
- To ensure that staff have an understanding of what to do in the event of a child having an attack.
- On school trips, both within the school grounds or visits to ensure accompanying staff are aware of the children with asthma and to ensure these children have their inhaler. A designated first aider will carry the inhaler for Key Stage 1 children. In Key Stage 2, when undertaking physical activity where the inhaler may be damaged, the first aider accompanying the trip will carry the inhaler.
- To ensure that children have access to their inhalers during any activity away from the classroom, such as PE and Forest schools.
- To remind parents on ParentPay about trips/ sporting events that children with asthma need to bring an inhaler, all inhalers are kept in school at all times.

Roles of Class Teachers

- To be aware of any children who have asthma in their class and of the child's Asthma Health Care Plan
- To ensure the child's Asthma Health Care Plan is implemented
- Ensure these children have easy access to their relieving inhalers as described in previous sections
- To always inform parents if their child has had an asthma attack and used their reliever inhaler while in the care of school staff, please use letter in appendix
- To talk to the child's parents if the pupil is taking time off school or is frequently tired in class. This could be because they are having asthma symptoms during the night, disturbing their sleep

- To liaise with the school asthma lead and school nurse if there are concerns that a child's asthma is unstable or getting worse
- To encourage a positive attitude to asthma and to children with asthma amongst other class members

Responsibility of Parents

- To notify school if their child has asthma.
- To supply their child with one named inhaler which are in date.
- To notify school if their child's medication is to be administered by a member of staff and to complete the appropriate permission form.
- To complete a School Asthma Record (Appendix 1 with an accompanying letter to parents and carers at Appendix 1A).
- To notify the school of any change in their child's condition or medication.
- To update the asthma record if treatment has changed.
- To check that an inhaler has an adequate dosage remaining, that the inhaler is in date and is labelled by the pharmacist with a child's name and dosage details.
- To ensure that inhalers with adequate levels of medication are sent on school trips especially those which are overnight such as Arthog.
- To complete annually 'Use of Emergency Inhaler Consent Form' (Appendix 2 accompanying letter at Appendix 2A).

Children who have been identified should have one inhaler in school.

Guidelines for Pupils with Asthma

At Newdale Primary School, pupils with asthma are encouraged to:

- take control of their condition and take part in all school activities
- have the appropriate inhalers with them during physical activity and take them when needed

Children should not be forced to take part in activity if they feel unwell.

Reliever inhalers:

- Are essential in treating asthma attacks
- Come in different shapes and sizes but they are usually blue
- Are very safe and effective and have few side effects - some children get a faster heart rate and may feel shaky if they take a large dose
- Are often used just before children do strenuous exercise to prevent an asthma attack

Examples of what relievers can look like are shown below:



Metered Dose inhaler



Accuhaler



Easyhale



Easibreathe



Turbohaler

Please note, there are also preventer inhalers, which can be purple, green, brown and orange. Preventer medication should not normally be kept in school. Some children require inhalers which are taken on a regular basis, to try and prevent asthma symptoms. These are called preventers. They are not used to treat an established asthma attack. Preventers are expected to be administered by parents/carers at home, outside of normal school hours. In general, preventer medication is indicated if a child needs to use their reliever inhaler more than once or twice a week. Preventer inhalers are usually brown, orange, green or purple, as shown below.

Where do we keep inhalers?

Key Stage 1 and 2 pupils should keep their inhalers in a clearly labelled bag in the classroom.

Children with asthma must be able to access their own relieving medication:

- Children who are able to use their inhalers themselves should be allowed to carry them with them (Appendix 3 - example request form for child to carry their own medication)
- If a child is too young or immature to take responsibility for their own inhaler, staff should make sure the inhaler is provided then stored in a safe but readily accessible place, clearly marked with the child's name
- Inhalers should never be in locked storage
- Inhalers should always be easily available during physical education, sports activities and educational visits (see below)
- Pupils with asthma need to be able to access their reliever medicine freely, including whilst away from school on education visits. If children are considered able to carry their own reliever, remind the child to carry their own reliever inhaler at all times. If, after discussion with the parents, it is believed that the child is too young to do this, a member of the school staff accompanying the child on the visit should keep the

reliever in an easily accessible place. This information should be included on school circulars and in advice to parents

- All asthma medicine taken to school should be clearly labelled with the pupil's name
- Staff should ensure that children only receive their own medication. Children's inhalers should not be used for other children
- All medication should be stored in their original containers
- All medication should be sent home with pupils at the end of the school year and should not be stored in school during the summer holidays
- Out of date medication should be returned to parents, who should be asked to return the item to a pharmacy for safe disposal
- When a pupil leaves the school, their medication should be returned to parents

All expiry dates are recorded in the Asthma Folder, which is located in the main school office; this is checked and updated on a regular basis by the asthma lead, Miss Marshall.

School and Nursery Emergency Inhalers

- We have three emergency inhalers in school located in the trolley in the staff room, in the office and by the back fire door in Nursery (Mighty Oaks). The 'Policy Protocol for the Emergency Salbutamol Inhalers in School' is followed and the necessary checks undertaken.
- Parents of each child who has a prescribed inhaler in school are encouraged to complete a 'Use of Emergency Inhaler Consent Form' (Appendix 2). This allows the use of the emergency inhaler should the child's own inhaler either be empty or unsuitable.
- A list of the children who are allowed to use this is available in the box.
- The emergency inhaler from the trolley in the staff room is used at break time and lunch time and taken outside by a designated person on duty.
- Should the emergency inhaler be used, parents will be notified and a letter sent home. (Appendix 3)

Drawing up School Asthma Records

- This school uses an adapted School Health Care Plan to record important details about individual pupil's medical needs, their triggers, signs, symptoms and medicines.
- A School Asthma Record accompanied by an explanation is sent to all parents of pupils with asthma for completion:
 - at the start of the school year
 - at enrolment

- when a diagnosis is first communicated to the school

The parents are asked to fill out the pupil's School Asthma Record (see Appendix 1).

- Parents return these completed forms to the school. Parents may need to liaise with their child's health care professionals to complete the form.
- This school will ensure that a relevant member of school staff is available, if required, to help complete the health care plan for pupils with particularly complex healthcare needs.

Asthma and Physical Education

Children with asthma may experience asthma symptoms during exercise. However, children and young people with asthma, like everybody else, benefit from regular activity. There has been a large emphasis in recent years on increasing the number of children involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is true for children and young people with asthma.

School sports staff should:

- Involve pupils with asthma as much as possible in their lessons and encourage them to get involved in after school clubs and sport activities in the normal way
- Be aware of the potential triggers for pupils with asthma when exercising and should know what to do to minimise these triggers
- Make time to speak to parents to relieve their concerns or fears about children with asthma participating in PE

Children and young people with asthma should:

- Take their reliever inhaler immediately before they warm up. This ensures that the airways are open and the effects of the reliever inhaler can last during the period of exercise
- Always warm up and down thoroughly
- Stop exercise if they start experiencing asthma symptoms. The child should then take their reliever inhaler and wait until they feel better (at least five minutes) before starting again
- If relatively unfit, gradually increase their exercise levels

Asthma and Educational Visits

There are some extra measures that should be taken when a child with asthma is attending an educational or residential visit away from school. The asthma lead

should discuss these measures in conjunction with the child, parents, the class teacher, school head teacher and school nurse if appropriate.

- Ensure that all inhalers are readily available to the pupils who require them at all times during the educational or residential visit
- Ask the parents about their child's asthma and current treatment and check if the school Asthma Health Care Plan is up to date
- Sometimes additional safety measures may need to be taken for educational or residential visits, such as a risk assessment
- Additional supervisors, parents or other volunteers who are accompanying the child may need asthma training
- A copy of the child's School Asthma Health Care Plan should be taken on the visit
- During residential visits, children may need to take their preventer and their reliever inhalers. Information about these inhalers should be included in the School Asthma Health Care Plan
- Children may need supervision when taking their asthma medication

ASTHMA ATTACK - WHAT TO DO.....

It is recognised "best practice" amongst health professionals that any inhaler medication administered to a child either for a MILD/MODERATE or SEVERE attack should be administered through a spacer device (see Appendix 5 for use of a Spacer).

Mild to Moderate Attack

(Cough, wheeze, tight chest, but child able to talk in sentences.)

1. Ensure their usual reliever dose is taken immediately - usually blue inhaler. This should relieve breathing difficulty in 5 to 10 minutes: **IF NOT - Follow 'Severe Attack' guide.**
2. Stay calm and reassuring. Help child breathe. Attacks are frightening. Listen to the child. Assist to sit comfortably. Encourage slow, deep breaths.
3. After a mild attack, children can resume normal activities as soon as they feel better.
Inform their parents.

Severe Attack - Emergency Situation

The following indicates a severe attack, which must be dealt with at once:

- Reliever has no effect within 5 to 10 minutes.
- Child is distressed or unable to talk normally.
- Child is getting exhausted.
- Blue tinge around the lips.
- You have any doubts about the child's condition: only **ONE** sign needed to indicate severity.

N.B. the child may not wheeze.

1. Ensure child takes a second dose of reliever.
2. Second adult dials 999 for ambulance.
State the child is having severe asthma attack requiring immediate attention. Always transport to hospital by ambulance, not staff cars as the child may deteriorate rapidly.
3. Continue giving reliever until help arrives. Use the child's own reliever.
4. Inform the child's parent or guardian of the situation and actions taken.
5. After the event - the link person should document the incident and inform the school nurse.

Staff and visitors on site who suffer with Asthma

Staff and visitors to school should carry their own inhalers and have access to them should they need them. In the event that an adult in school suffers an attack and staff cannot locate their inhaler, they would call emergency services and seek advice which most probably would be for us to administer the emergency inhaler we have on site.

Training

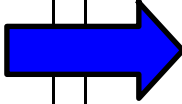
All staff should complete Tier 1 children's asthma training as recommended by NHS England (see appendix 5)

- Asthma Champions should have additional training to support them to implement the school asthma policy locally - this will be provided by the school nursing team or NHS Children's Asthma Specialist
- All school staff will complete an annual update on asthma awareness and correct inhaler technique (see Appendix 5)
- All new school staff to complete Tier 1 children's asthma training as soon as possible after appointment
- Additional/alternative asthma training may be delivered to school staff by a recognised Tier 1 provider e.g. school nursing team or accredited training provider

Flowchart for the Management of an Asthma Attack in School

MILD / MODERATE SYMPTOMS

- Short of breath
- Wheezy
- Coughing
- Complaining of chest tightness
- Maybe unable to talk in full sentences



ACTION

1. Give 2 – 4 puffs of pupil's own reliever (blue) inhaler immediately
2. If symptoms improve, the pupil can return to school activities
3. Record administration of medication and inform the parents, in accordance with the school asthma policy

If symptoms do not improve or become worse then follow instructions for severe attack

SEVERE SYMPTOMS

The pupil may have one or more of these symptoms in addition to the mild symptoms

- Own normal inhaler is not helping to relieve the asthma symptoms
- Too breathless to talk or drink
- Becoming agitated or exhausted
- Lips and/or fingers are going blue

ACTION

1. Give 2 puffs of the pupil's own reliever (blue) metered dose inhaler via a spacer if available every 2 minutes up to a maximum of 10 puffs
Call an ambulance
2. Continue to give 1 puff of the reliever (blue) inhaler via the spacer (if available) every minute, until the ambulance arrives or the symptoms begin to improve
3. Record the administration of medication and inform the parents, in accordance with the school asthma policy

How to Use an Inhaler and Spacer



1. Remove the cap from the inhaler and shake



2. Put the inhaler into the flat end of the spacer



3. Press the inhaler once to puff a single dose into the spacer



4. Encourage the child to breath slowly and deeply ten times in and out of the spacer

Frequently Asked Questions

Q What happens if a pupil takes too much reliever medicine?

A. Relievers are a very safe and effective medicine and have very few side effects. Some children and young people may feel shaky if they take a lot of reliever. However, they cannot 'overdose' on reliever medicines and these side effects pass quickly.

Q What happens if a pupil without asthma experiments with another child's reliever inhaler?

A. It is undesirable, but not harmful, for a pupil without asthma to use another pupil's reliever inhaler. If they take a lot of reliever inhaler, they may experience an increased heart rate or tremor and be a little shaky, but this will pass quickly and will not cause any long-term effects.

Q Do inhalers have an expiry date?

A. Yes, all relievers have an expiry date. Parents are responsible for ensuring that their child's medicines are within the expiry date.

Q Should a pupil with asthma use another pupil's inhaler if they are having asthma symptoms and their reliever inhaler is not available?

A. Reliever inhalers are prescribed for an individual and they should not be used by anyone else. It is extremely important to ensure that all pupils with asthma have easy access to their own reliever inhaler.



Newdale Primary School and Nursery
Asthma Individual Healthcare Plan

Child's name:											
Child's Surname:											
GROUP/CLASS/FORM:											
Child's date of birth:											
Child's address:											
Date Asthma /Inhaler Diagnosed/Prescribed											
Asthma/Inhaler review date:											

Family Contact Information
Parents/Guardians Name

Contact 1 Name:											
Relationship to child:											
Phone no. mobile											
Home											
Work											
Contact 2 Name:											
Relationship to child:											
Phone no. mobile											
Home:											
Work:											

GP Contact

GP Name:											
Address:											
Phone no:											

Asthma Nurse:	
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Clinical Information

Know triggers/allergies:		
Any other medical problems:		
Asthma/Reliever medication Name:		Dose
When taken:		

Describe how the asthma affects your child, including typical symptoms and asthma 'triggers'.

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Describe what an asthma attack looks like for your child and the action to be taken if this occurs.

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Signed: (parent/guardian)	
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Date:	
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ADVICE FOR PARENTS

Remember:

1. It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medications.
2. It is your responsibility to ensure that your child has their 'relieving' medication, **1 inhaler and individual spacer** with them in school and that it is clearly labelled with their name, you should confirm this with your child's teacher.
3. It is your responsibility to ensure that your child's asthma medication has not expired.
4. Your child should not be exposed to cigarette smoke.

Daily care requirements

Specific support for the pupil's educational and emotional needs:

Arrangements for the school visits/trips, etc:

Who is responsible in an emergency (state if different for off-site activities)?

Plan developed with:

Staff training needed/undertaken who, what, when:

Emergency Treatment

If a child is in severe distress or loses consciousness, call an ambulance IMMEDIATELY.

Repeat the inhaler every five minutes until the ambulance arrives.



Dear Parent / Guardian

Use of School Emergency Salbutamol Inhaler

Thank you for informing us in the past that your child has Asthma. Your child continues to be included on our school asthma register. If for any reason your child no longer needs an asthma inhaler in school, then please notify us and we can remove them from the School Asthma Register.

We are now fortunate in school to have three emergency salbutamol asthma inhalers. These **do not** replace your child's prescribed inhaler; this still needs to be provided and kept in date. However, should the need arise, the emergency salbutamol inhaler could be used if there was a problem with a prescribed inhaler.

For your child to be able to receive this emergency salbutamol inhaler if they were showing signs of an asthma attack and their inhaler were not available or was unusable, we must have signed consent from yourself as their parent / guardian.

If we do not get signed consent from yourselves then we would not be able to use this emergency option.

Should you have any queries or questions regarding the use of this emergency asthma inhaler then please do not hesitate to contact me.

Yours sincerely,

Miss Marshall
Whole School Asthma Monitor



USE OF EMERGENCY SALBUTAMOL INHALER

APPENDIX 2

Newdale Primary School and Nursery
Marlborough Way
Newdale
Telford
TF3 5HA

Child showing symptoms of asthma / having asthma attack

I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler Yes No

My Child has a working, in-date inhaler, clearly labelled with their name in school every day. Yes No

In the event of my child displaying symptoms of asthma, and their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by school for such emergencies. Yes No

Signed:Date:.....

Name: (print).....

Child's Name:

Class:

Parent's Address and contact details:

.....
.....
.....
.....

Telephone Number:

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APPENDIX 3

Date:

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 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 child seen by your own doctor as soon as possible.

Yours sincerely,

Miss Marshall (Whole School Asthma Lead)

Advice for children from Royal children's Hospital website
Large Volume Spacers



How to use your Large Volume Spacer

1. Put together the spacer following the instructions that come with your spacer
2. Remove the protective cap from the puffer
3. Shake the puffer well and insert (place) it firmly into the end of the spacer
4. Place the mouthpiece of the spacer in your mouth and put it between your teeth. Now, close your lips around the spacer mouthpiece. Make sure your lips cover the entire mouthpiece so there are no gaps. Hold the spacer level so that it does not tilt up or hang down.
5. Breathe out gently.
6. Press the puffer ONCE to release a dose of the medicine into the spacer. Do not remove the puffer.
7. Breathe in very slowly until you have taken a deep breath. You will hear a whistle sound if you are breathing in too fast. Hold your breath for a few seconds, then breathe out slowly and deeply through your mouth. Breathe in and out 4 or 5 times (do not remove your mouth from the mouthpiece in between each breath - there is a 2 way valve system which will prevent any of the medication from escaping from the chamber).

If a second dose is needed, **shake the puffer again** and repeat steps 4-7. You can shake the puffer while it is still attached/connected to the spacer.

- Make sure this has been shown to you and that you understand it.

How to care for your spacer

- The spacer should be cleaned once a week
- Take the spacer apart and wash it in warm water containing a little dishwashing detergent or mild soap.
- **DO NOT RINSE**
- Allow the spacer to drip dry. Do not wipe the spacer dry with a tea towel. Allow it to air dry. This can be done overnight.
- Put the spacer back together
- Do not allow anyone else to use your spacer

Appendix 5

Whole School Asthma Awareness

Asthma Training for School Staff

The NHS National bundle of care for children and young people with asthma <https://www.england.nhs.uk/publication/national-bundle-of-care-for-children-and-young-people-with-asthma/> sets out a capability framework <https://www.edfh.org.uk/programmes/children-and-young-peoples-asthma/> detailing the skills and capability required for all health and non-healthcare professionals involved in the care of children with asthma. There are 5 Tiers in the framework.

The level of skills and capability for school staff is set out in Tier 1 of the framework as follows:

Level of care: Signposting

Example profession: School staff, social care staff, leaders of children's clubs

Knowledge and skills: Basic awareness of asthma, its management, inhaler use and basic modifiable risk factors. Able to signpost families to appropriate support and resources.

A free online Tier 1 course is available here:

<https://www.edfh.org.uk/supporting-children-and-young-peoples-health-improving-asthma-care-together/> This course is accredited by the Royal College of Paediatrics and Child Health is recommended for all school staff in Shropshire, Telford and Wrekin.

Additional local supplementary training will also be available but does not replace the need for completion of the recommended Tier 1 training. Information about this will be shared via local authority communication and the school nursing team.

Asthma awareness and education for pupils and parents

Whole school asthma awareness offers many benefits for the school community:

- Supports school inclusivity for children with asthma
- Helps parents of children with asthma to be confident that their child will be safe at school

- Improves awareness and understanding of the most common medical condition experienced by children across the whole school community
- Provides opportunities for relevant curriculum activities