



Lancaster Christ Church C of E Primary School

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Asthma Policy

Introduction

Lancaster Christ Church C of E Primary School is fully committed to safeguarding and promoting the welfare of all its pupils, and to providing an environment where children feel safe and are kept safe. All adults in our school recognise that **safeguarding is everyone's responsibility** irrespective of the role they undertake or whether that role involves direct contact or responsibility for children.

Asthma is the most common chronic childhood condition in the UK and affects one in 11 children. This means on average there are between one and three children with asthma in every classroom in the UK.

Whilst asthma deaths are thankfully rare, children with poorly controlled or severe asthma are more likely to miss school, with research studies suggesting asthma is responsible for 18% of school absences. At Lancaster Christ Church C of E Primary School we recognise that asthma is a widespread, serious, but controllable, condition. We also understand that having asthma can affect a pupil's schooling and learning.

Lancaster Christ Church C of E Primary School welcomes all pupils and aims to support these pupils in participating fully in school life.

Aim and Objectives of the Policy

The **aim** of this policy is to ensure children and young people with asthma are both enabled and supported to attend as fully as possible, and to participate as fully as possible in all aspects of life in the school, including trips and extracurricular activities, as well as to identify the role played by all staff in achieving this.

The **objectives** of the policy are to identify:

- How Lancaster Christ Church C of E Primary School will identify children and young people with asthma.
- How staff will be trained in asthma awareness and emergency response.
- How individuals with asthma will have access to their prescribed inhalers, alongside emergency inhalers.
- How children and young people with asthma will be able to participate in visits and trips.
- How the wellbeing and inclusion of children and young people with asthma will be promoted.

At Lancaster Christ Church C of E Primary School, we endeavour to support our pupils with asthma in school by having the following in place:

- An appointed asthma lead in school.
- An up-to-date school asthma policy, accessible to all staff, parents, care givers and students.
- An up-to-date asthma register of all students with an asthma diagnosis.

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- An easily accessible emergency salbutamol inhaler/spacer device—to use where appropriate.
- All pupils with asthma have an up to date personalised asthma action plan (PAAP)
- Processes and procedures to recognise when asthma is impacting on a pupil's attainment
- At least 85% of school staff to have completed recognised accredited asthma training A school risk assessment which identifies/mitigates asthma triggers.
- Regular promotion of asthma awareness to pupils/parents and staff.

Links with other Policies

- Allergy Safety
- Behaviour
- Safeguarding and Child Protection
- Supporting Pupils with Medical Needs

What is asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs.

When a child with asthma is exposed to something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrow and inflamed.

Sticky mucus or phlegm also builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.

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
- Tummy ache in younger children

Asthma Triggers

- Common asthma triggers can include:
- Exercise
- Colds and viruses
- Pollution
- Mould
- Allergies such as pollen, animal fur, dust
- Cigarette smoke
- Chemicals
- Cleaning products
- Stress



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Emergency Treatment and Management of Asthma

How to Recognise an Asthma Attack

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).

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted.
- Has a blue/white tinge around lips.
- Is going blue.
- Has collapsed.

What to do 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.
- Immediately help the child to **take two separate puffs of salbutamol via the spacer**.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs. **The inhaler should be shaken between 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 the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.**
- If an ambulance does not arrive in 10 minutes **give another 10 puffs** in the same way.
- The child's **parents or carers should be contacted** after the ambulance has been called.

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- A member of staff should **always accompany a child taken to hospital** by ambulance and stay with them until a parent or carer arrives.

Identifying Individuals with Asthma

Children and Young people

Before a child starts school, we obtain written information from parents / carers about any known medical needs which a child may have via a data collection sheet. If a child has asthma, school will meet with parents to gather relevant information, including known triggers and the type of treatment that they need (e.g. a reliever inhaler).

Copies of any Individual Healthcare Plan (from a previous settings or relevant healthcare professionals) and/or Asthma Action Plan will be sought.

Lancaster Christ Church C of E Primary School will make every effort to ensure that all necessary arrangements relating to a child or young person's asthma will be in place at the start of the relevant school term. In cases where children join the school mid-term, we will ensure that arrangements are put in place within two weeks, where it is appropriate for the school to do so.

All medical needs must be disclosed to the school by parents and carers prior to the child starting school. Should asthma develop whilst the child is already at the school, parents should inform school immediately.

Staff and Visitors

Lancaster Christ Church C of E Primary School recognises that the measures intended to keep children and young people with allergy safe are equally relevant to adults.

School will request information from staff regarding any known medical needs as part of their induction so that they can be supported appropriately. If asthma is declared, an individual risk assessment will be co-produced to ensure that the member of staff has a safe working environment.

For members of staff, any necessary arrangements will be in place when they commence work.

Staff will be expected to take responsibility for their own inhaler and its use as appropriate.

Treatments for Asthma

Asthma is usually treated by using an inhaler, a small device that lets you breathe in medicines. The main asthma treatments are:

- Reliever inhalers – used when needed to quickly relieve asthma symptoms for a short time.
- Preventer inhalers – used every day to prevent asthma symptoms happening.



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- Maintenance and reliever therapy (MART) inhalers – this is a combination inhaler of preventer and reliever medication.
- Tablets – some people also need to take tablets.

Asthma Register

An asthma register is kept by school, which is reviewed and updated at least annually.

We do this by asking parents/carers if their child is diagnosed with or suspected asthma. When parents/carers have confirmed that their child has asthma or has been prescribed a preventer and/ or reliever inhaler we ensure that the pupil has been added to the asthma register and the school has:

- Made a request for a child's prescribed reliever inhaler with appropriate spacer to be brought into school.
- Obtained parental/carer consent to allow use of the schools emergency inhaler in the event of their child's inhaler not being available (Appendix A)
- Requested a copy of the child's PAAP to be shared with school.

Personalised Asthma Action Plan (PAAP)

Asthma UK evidence shows that if someone with asthma uses a personalised asthma action plan, they are four times less likely to be admitted to hospital.

As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all pupils with asthma have a PAAP to ensure asthma is managed effectively within school to prevent hospital admissions.

A PAAP is used to help them, and others know what to do, to manage their asthma and how to escalate care when their symptoms are worsening.

A PAAP should be completed by a healthcare professional in partnership with children/young people and their parents/carers. Children should have their PAAPs reviewed at their annual asthma review, which usually happens at their GP practice.

A copy of their PAAP should be given to school, by the child or young person's parent/carer, so staff are aware of each pupil's needs. If a PAAP is not available a whole school action plan can be used.

Parent/carer must ensure that these plans must be updated annually or whenever there is a significant change in the child or young person's asthma management.

Medication

Asthma medication supplied by parents or carers for the pupil's use in school needs to be labelled with:

- the pupil's name and date of birth.
- the name of the medicine.

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- expiry date.
- the prescriber's instructions for administration, including dose and frequency.

We support all pupils with asthma to have immediate access to their reliever (usually blue) inhaler and spacer. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe.

We encourage all pupils to carry and administer their own inhaler when their parents and health care provider determine they are able to start taking responsibility for their condition.

Staff who have had asthma training and are confident to support children as they use their inhaler will do so in situations where the pupil may have poor inhaler technique or are unable to take the inhaler by themselves.

We ensure that pupils who do not carry and administer their own emergency medication know where their inhalers are stored (within their classroom).

If we have any concerns over a pupil's ability to use their inhaler, we will advise parents or carers to arrange a review with their GP/ nurse. Please refer to the medicines policy for further details about administering medicines.

Asthma Aware Culture

Roles and Responsibilities

Asthma Lead

The school asthma lead is responsible for ensuring the supportive measures are implemented.

Their role requires them to:

- Take responsibility for the management of the asthma register, ensuring it is up to date and accurate.
- Update the school's asthma policy, ensuring it reflects current medical guidelines and best practices.
- Manage the supply of emergency salbutamol inhalers in school, adhering to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools. Guidance on the use of emergency salbutamol inhalers in schools.
- Support all pupils to have immediate access to their inhalers, including during off-site school activities.
- Communicate with parents/carers regarding any deterioration in a child's asthma condition whilst in school including requiring of any medication administered to relieve symptoms or given in an emergency.

The school **Asthma Lead** is Miss Emma Simpson (Headteacher).



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These responsibilities may be delegated to other members of staff when appropriate, ensuring continuous support for children with asthma.

Parents / Carers

Parents and caregivers of pupils will be expected to:

- Inform school if their child has been given a diagnosis or suspected diagnosis of asthma and a reliever inhaler has been prescribed.
- Ensure prescribed asthma reliever inhaler and spacer device is sent into school where appropriate – labelled with their child's name, date of birth drug name and expiry date.
- Provide the school with an up-to-date asthma action plan for their child, completed by the health professional who supports their child's asthma management – this may be the GP, practice nurse, asthma nurse or consultant.
- Provide consent for use of the school emergency reliever inhaler where appropriate and required.
- Inform the school of any changes in their child's asthma or medication.
- Ensure their child knows how to correctly use their asthma inhaler where age or developmentally appropriate

School Staff

All teachers and school staff will be expected to:

- Be aware of which children in their class have asthma.
- Complete asthma training and refresh training as required.
- Understand and follow a pupil's PAAP.
- Ensure that pupils always have access to their asthma medication, including on school trips, during sporting activity, and on outdoor activities.
- Take immediate action if a student is experiencing asthma symptoms by following the school's emergency procedures.

Awareness Training

All staff will receive asthma training **at least annually**.

Training may be delivered **in person, online**, or via **e-learning** and will ensure that all staff are:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms.
- aware of the asthma policy.
- aware of how to check if a child is on the register.
- aware of how to access the inhaler.
- aware of who the designated members of staff are, and the policy on how to access their help.
-

School Environment

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Lancaster Christ Church C of E Primary School will do all that it can to ensure the school environment is favourable to pupils with asthma.

Lancaster Christ Church C of E Primary School has a definitive no-smoking/vaping policy. Pupil's asthma triggers will be recorded as part of their PAAP and the school will ensure that pupil's will not encounter their triggers, wherever possible.

As part of our responsibility to ensure all children are kept safe within the school grounds and on offsite school activities, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to. Plans will be put in place to ensure these triggers are avoided/mitigated, where possible.

Pupils who are known to have specific triggers will not be excluded from any activities and alternative options will be sought if required.

Potential Triggers in School

There are other asthma triggers, for example house dust mites, viruses, damp, mould and air pollution.

Outdoor air pollution: Idling in cars, which means keeping the engine running while stationary when waiting to drop off or pick-up pupils from school, increases the number of toxic pollutants in the air which can trigger asthma symptoms. Exposure to these triggers should be limited wherever possible.

Chemicals/Fumes: Chemicals and fumes in science, cookery and art have the potential to trigger an asthma response and teachers and support staff should be aware of any pupils who may be at risk from these activities.

Grass/Pollen: Pupils with asthma should be able to use their salbutamol regularly every four 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, cleaning and grass cutting should be carried out at the end of the school day.

Wellbeing and Support

Lancaster Christ Church C of E Primary 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 impacting on their life as a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons, we will discuss this with parents/carers, 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, a medication review or an updated PAAP, to improve their symptoms. However, the school recognises that pupils with asthma could be classed as having a disability, as defined by the Equality Act 2010, and therefore may have additional needs.

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If a pupil's regular school attendance is affected, the school will contact parents or carers in line with their attendance policy and procedures, to see what further help and support might be offered.

School-wide Policies

Emergency Salbutamol Inhalers

Lancaster Christ Church C of E Primary School are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015).

In accordance with the [Human Medicines Regulations 2012](#) Lancaster Christ Church C of E Primary School maintains an emergency asthma reliever inhaler (salbutamol inhaler device and spacer), without a prescription, for use in emergencies.

Emergency asthma inhalers may only be used in the circumstances set out in the relevant guidance, i.e. for a child or young person who has been prescribed a reliever inhaler, but where their own prescribed inhaler is not available. Importantly, emergency asthma inhalers can only be used where written consent has been obtained.

Salbutamol

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary 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 main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Storage and care of Emergency Inhalers

Lancaster Christ Church C of E Primary school ensures that:

- Emergency inhalers are readily accessible and not locked away.
- Emergency inhalers are clearly labelled, to avoid confusion with inhalers prescribed to a named individual.

Emergency inhalers are stored in the "Emergency Asthma Kit" in the School Office. The kit contains:

- salbutamol metered dose inhaler
- two plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- instructions on cleaning and storing the inhaler

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- 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 inhaler and spacers.
- a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans
- A record of administration.

The Emergency Asthma Kit will be checked monthly by a member of school staff to ensure that the inhalers are present, in date, and that the inhaler has sufficient number of doses available.

The inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

Replacements will be secured one month before the current inhalers expire.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use. Any spacers which are used will be replaced as soon as practicably possible.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Disposal of Devices

Spent or out of date inhalers will be taken to a pharmacy to be disposed of and must not be thrown away.

Children Who Can Use an Emergency Inhaler

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason the emergency inhaler should only be used by children:

- **who have been diagnosed with asthma, and prescribed a reliever inhaler;**
- **OR who have been prescribed a reliever inhaler;**



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- **AND for whom written parental consent for use of the emergency inhaler has been given.**

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Use of the emergency inhaler must be recorded in the first aid book. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.

The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The draft letter in Appendix B may be used to notify parents.

School Trips and External Visits

Off-Site Visits and Activities

No pupil will be denied the opportunity to take part in school trips/ residential visits because of asthma, unless so advised by their GP or consultant.

The pupil's reliever inhaler will be readily available to them throughout the trip, being carried either by the pupil themselves or by the supervising adult in the case of early years/primary school pupils.

It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip.

Parents must be responsible for ensuring an adequate supply of medication is provided which is clearly labelled with the prescribed instruction.

Staff attending off site visits must be aware of any pupils on the visit with asthma, have brought their medication, will have appropriate contact numbers, have a copy of the PAAP and be trained what to do in an emergency. An emergency inhaler kit may also be taken.

Some pupils will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor or nurse. This medication needs to be taken regularly for maximum benefit.

Pupils should not need to bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. 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.

Exercise, Activity and After School Clubs



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Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which pupils 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.

All pupils who have been advised to take their reliever inhaler before participating in exercise should be encouraged to take 15-30 minutes before the activity begins.

PE staff will remind pupils who are mature enough to carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson.

Record keeping and Information Sharing

School maintains written records of individuals with asthma. These records are available in the School Office and the Headteacher's Office, and are available to all relevant staff.

Staff will be made aware of individuals with asthma within their class. A visual prompt in each classroom informs staff which children have asthma and Personalised Asthma Action Plans. Copies of Personalised Asthma Action Plans are stored securely and are available to all staff.

Any occasions which have required a child to use their inhaler will be recorded in the first aid book, as well as on CPOMs. This will enable school to track patterns and report back to parents.

Lancaster Christ Church C of E Primary School takes its role as a Data Controller, as defined by article 4 (7) of GDPR, seriously. We recognise that a child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections.

Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, and this will always be done in a controlled and respectful way.

Further information about how we share information can be found in our [GDPR Policies](#).

Related Documents

The following documents have been referenced in developing this policy:

- [Guidance on the use of emergency salbutamol inhalers in schools](#)
- [Supporting pupils at school with medical conditions](#)

Asthma Information and Training

- [How to use your inhaler | Asthma + Lung UK](#)
- [Education for Health - Educating Healthcare Professionals](#)
- [Asthma \(Children and young people\) – elearning for healthcare](#)



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Policy Awareness, Adoption, Monitoring and Review

This policy is available via the school website. Printed copies of the policy are available on request.

The policy is reviewed at least annually as part of the school's evaluation cycle.

This policy is shared with staff as part of their annual induction.

This policy was reviewed by the Board of Governors of Christ Church Church of England Primary School on:

The scheduled review date of this policy is:

Signed: (Chair of Governors)

Date:



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Appendix A

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

Child's name:

Date of Birth:

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
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):

Relationship to Child:



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Appendix B

Dear Parent / Carer,

LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Date:

Child's name:

Class:

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 were given puffs.*

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.

Yours sincerely,

Miss E. Simpson
(Headteacher)



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REVIEW

The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date (if any).

Version Number	Version Description	Date of Revision
1	Original	August 2026