



**Gamston St Peter's  
CofE Primary School  
Asthma Policy  
Updated July 2025**



## **Introduction**

Gamston St Peter's CofE Primary School is fully inclusive and welcomes and actively supports pupils with asthma, and ensures that all pupils with medical conditions enjoy the same opportunities and experiences as other pupils.

## **Asthma**

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.

As a school, we recognise that asthma is a widespread, serious, but a controllable condition. We welcome all pupils with asthma and aim to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- up-to-date asthma policy
- an asthma lead in school
- all pupils with immediate access to their reliever inhaler at all times
- all pupils have an up-to-date asthma action plan
- an emergency salbutamol inhaler is available
- ensure all staff have regular asthma training
- promote asthma awareness to pupils, parents/carers and staff

## **Asthma Register**

We have an asthma register of children within the school, which we update annually. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic, or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date copy of their personal asthma action plan
- their reliever (salbutamol/terbutaline) inhaler is in school
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

## **Asthma Lead**

Gamston St Peter's CofE Primary School has a named asthma lead. It is the responsibility of the asthma lead to manage the asthma register, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) ensure measures are in place so that children have immediate access to their inhalers.



## **Medication and Inhalers**

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe.

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed.

Each classroom will have a box whereby the child's individual inhalers are kept. This will then be taken with them if they go to another part of the school or on trips.

School staff are not required to administer asthma medicines to pupils; however, many children have poor inhaler technique, or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma or first aid training, and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler, we will advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines.

## **Asthma Action Plans**

Asthma UK evidence shows that if someone with asthma uses their personal asthma action plan, they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions.

## **Staff training**

The school will provide annual asthma training to all staff. This training can be provided by the school nursing team.

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

## **School Environment**

The school does all that it can to ensure that the school environment is favourable to pupils with asthma. Each school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupils will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke.

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

### **Exercise and activity**

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. All pupils will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of the school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of the school. The same rules apply for out of hours sport as during school hours PE.

### **When asthma is affecting a pupil's education**

The school is aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if 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, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, the school recognises that Pupils with asthma could be classed



as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

### **Emergency Salbutamol Inhaler in the school**

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March, 2015). We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

An emergency kit is kept in the staff room.

#### Kit contents

- A salbutamol metered dose inhaler
- At least two spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instruction on cleaning and storing the inhaler
- 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
- A record of administration.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary 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.

We will ensure that the emergency salbutamol 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.

The school asthma lead and team will ensure that:

- On a termly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- Replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary. Before using a salbutamol



inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air.

Any puffs should be documented so that it can be monitored when the inhaler may run out and need replacing.

The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler **AND** for whom written or in an emergency verbal parental consent for use of the emergency inhaler has been given.

The name(s) of these children will be clearly written in our emergency kit. The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

### **Common 'day to day' symptoms of asthma**

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. We will also send home our own information and consent form for every child with asthma each school year. This needs to be returned immediately and kept with our asthma register.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per Department of Health document; they would not usually require the child to be sent home from school or to need urgent medical attention.

## **Asthma Attacks**

The school recognises that if all of the above are in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

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

### **The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

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

### **It goes on to explain that in the event of an asthma attack:**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- Place the mouthpiece between the lips, or place the mask securely over the nose and mouth
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths)
- If there is no improvement, repeat these steps up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in the school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP



- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and then call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.

### **References**

- Asthma UK website
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools.

## **Symptoms of an asthma attack**

- Not all symptoms listed have to be present for this to be an asthma attack
- Symptoms can get worse very quickly
- If in doubt, give emergency treatment.
- Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky, or stating that the heart is beating faster.

### **Cough**

A dry persistent cough may be a sign of an asthma attack.

### **Chest tightness or pain**

This may be described by a child in many ways including a 'tight chest', 'chest pain', tummy ache.

### **Shortness of breath**

A child may say that it feels like it's difficult to breathe, or that their breath has 'gone away'.

### **Wheeze**

A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may, or may not be wheezing.

### **Increased effort of breathing**

This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger children, the stomach may be obviously moving in and out. Nasal flaring.

### **Difficulty in speaking**

The child may not be able to speak in full sentences.

### **Struggling to breathe**

The child may be gasping for air or exhausted from the effort of breathing.

### **What to do if a child or adult has an asthma attack:**

- Remain calm
- Encourage the person having an attack to sit up bending slightly forward and remain with them ... never leave them on their own.
- Make sure that they take two puffs of their reliever inhaler immediately, preferably through a spacer. If the pupil does not have an inhaler with them, amend to the classroom or office for a spare one.
- Ensure that clothing which appears tight is loosened



- Send someone for a First Aider.

If there is no improvement continue to make sure that the child or adult takes one puff of reliever inhaler every minute for five minutes until the symptoms improve. Reliever medicine is safe and there is no danger of overdose.

**CALL 999 if:**

- The child or adult is not showing any signs of improvement in 5-10 minutes
- The child or adult is too breathless or exhausted to talk
- Appears exhausted
- Has blue/white tinge around the lips
- Is going blue
- Has collapsed
- There is any doubt

**If an ambulance is called:**

- Make sure that the child or adult takes one puff of the reliever every minute until the ambulance arrives.

**IT IS THE RESPONSIBILITY OF THE OFFICE STAFF\* TO ENSURE THAT:**

- Parents of a pupil having an asthma attack are contacted. If parents are not contactable, a member of staff must accompany the child in the ambulance and remain with the child until the parents arrive at the hospital.
- In the case of an adult having an attack, a member of their family should be informed.
- A member of staff should be outside the building to direct the ambulance.
- Full details should be written down to give ambulance staff ... name, address, date of birth, address, home contact number. parent's mobile numbers.

*\*Extended Services Assistant if the attack takes place during breakfast/After-school Club.*

If a child has had a minor attack, and has been able to return to school activities, it is important that parents are informed.



## Asthma Action Plan

**Today's Date:**

<b>Name</b>	
<b>Date of Birth</b>	
<b>Allergies</b>	
<b>Emergency contact Name</b>	
<b>Emergency contact number</b>	
<b>Medical Practice Name</b>	
<b>Doctor's telephone no.</b>	
<b>Class</b>	
<b>Please indicate below any signs to look out for when your child may be having an asthma attack?</b>	
<b>Please include any keywords that your child may use to express their asthma symptoms?</b>	
<b>Is the name of your child's reliever medicine and the device?</b>	



<b>Does your child have a spacer device? (please circle)</b>		<b>Yes</b>	<b>No</b>
<b>Does your child need help using their inhaler? (please circle)</b>		<b>Yes</b>	<b>No</b>
<b>What are your child's known asthma triggers?</b>			
<b>Does your child need to take their reliever medicine before exercise?</b>			
<b>(please circle)</b>		<b>Yes</b>	<b>No</b>
<b>If YES, warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:</b>			
<b>I give my consent for school staff to administer/assist my child with their own reliever inhaler as required. Their inhaler is clearly labelled and in date.</b>			
<b>Name</b>			
<b>Signed</b>			
<b>Relationship to child</b>			
<b>Date</b>			



**Name of Child:**

<b>Date</b>	<b>Time</b>	<b>Dosage</b>	<b>Comments</b>	<b>Staff Name</b>	<b>Witness Name</b>
<b>Collected - Parent/Carer Name, Signature and date</b>					
<b>Parent contacted to request new inhaler</b>					

We adhere strictly to the terms of the Data Protection Act 1998 and any future amendments or applicable legislation, such as General Data Protection Regulation (2018). This form will be retained inline with the Trusts Retention Policy. Please see our Privacy Policy regarding how we use the pupil information and who we may share it with. Consent can be withdrawn at anytime by email the school office.



## CONSENT FORM

### Use of Emergency Salbutamol Inhaler and Permission to display name on Asthma list

<b>I can confirm that my child has been diagnosed with asthma and/or has been prescribed an inhaler</b>	
<b>My Child has a working, in-date inhaler, clearly labelled with their name that will be left at the school</b>	
<b>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.</b>	
<b>In line with the Data Protection Act and new GDPR regulations we would like your approval to include your child's name and class location on the Asthma list. This list would be located in each classroom, corridors, hall, library, offices and staff room. This will enable Teachers, Teaching Assistants, Supply Teachers, Administrative staff, Lunchtime staff and Extended Services Assistants to have this information readily available for Health and Safety reasons.</b>	
<b>I give permission for my child's name to be included in a list of children who have inhalers in the school and for this list to be displayed accordingly.</b>	
<b>Name of Child</b>	
<b>Class</b>	
<b>Name of Parent/Carer</b>	
<b>Signed</b>	
<b>Relationship to child</b>	
<b>Date</b>	

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## Notification of Use of Salbutamol Inhaler

<b>Name</b>	
<b>Class</b>	
<b>Date</b>	
<b>Time</b>	

This letter is to formally notify you that the above child has had problems with their breathing today. This happened as indicated above.

- A member of staff helped them to use their own 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.
- Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler contained salbutamol.

They were given \_\_\_\_\_ puffs.

- Although they soon felt better, we would strongly advise that your child's inhaler is replaced as soon as possible and that they are seen by a doctor.

<b>Signed</b>	
<b>Name</b>	
<b>Position</b>	

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## **Asthma Policy**

We are aware of the need to review the school Asthma Policy regularly so that we can take account of new initiatives and changes within the school and Department of Health guidance.

The Local Governing Body at their meeting in July 2025, adopted this policy. It will be reviewed in July 2026.

Signed:

\_\_\_\_\_ (Head Teacher)

\_\_\_\_\_ (Chair of LGB)