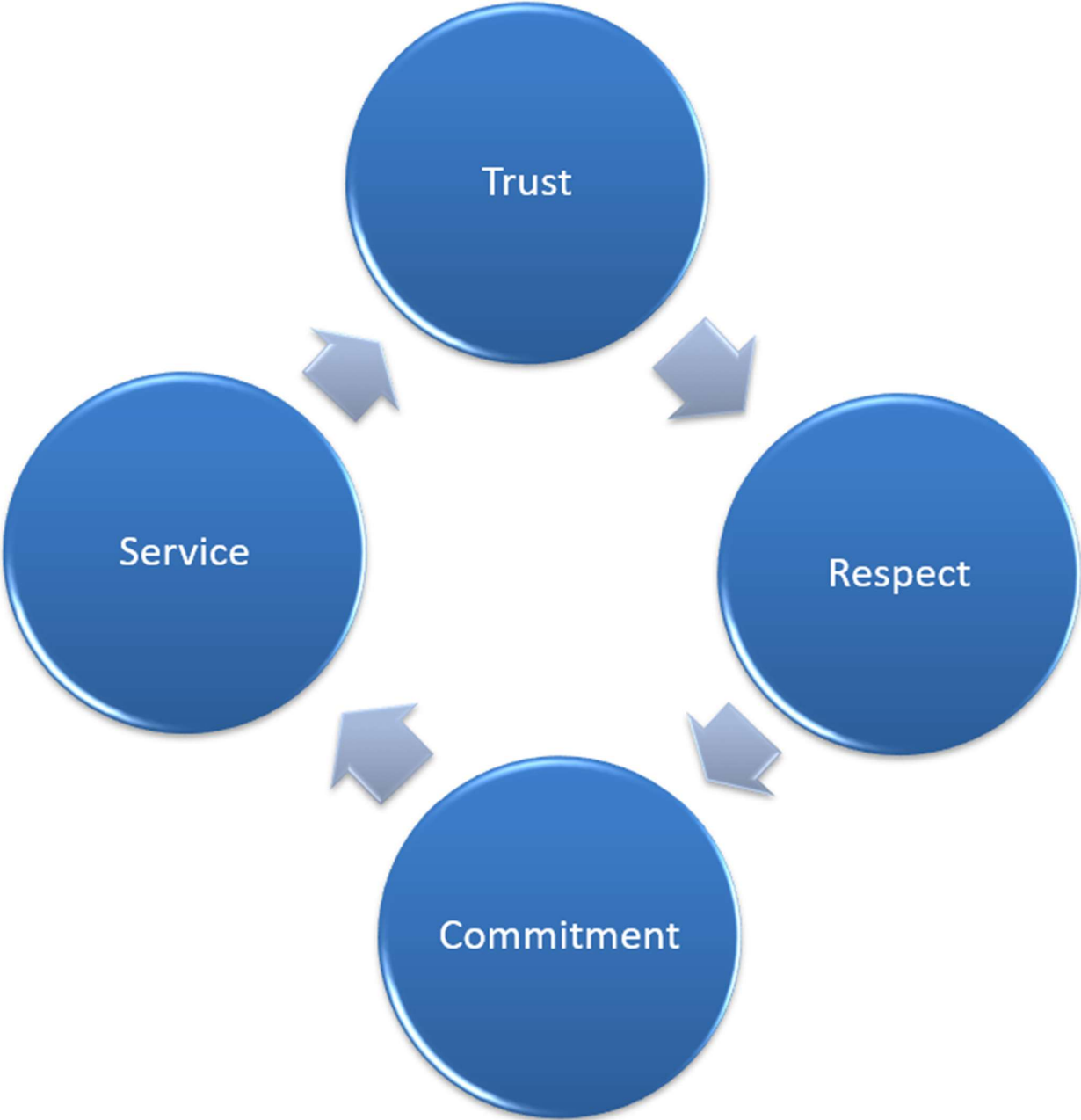




Chess Valley Trust
A primary learning community

Asthma Policy

CHES VALLEY PRIMARY LEARNING TRUST VISION & VALUES



ASTHMA POLICY

Timetable

Action	Date
Reviewed	March 2026
Next review date	March 2029
References	Asthma UK website (2022) Asthma UK – Asthma at School and Nursery Guidelines BTS/SIGN asthma Guideline Department of Health (2014) Guidance on the use of emergency salbutamol inhalers in schools

Introduction

What is asthma?

Asthma is a very common long-term lung condition. It affects the airways that carry air in and out of your lungs. People with asthma often have sensitive, inflamed airways. They can get symptoms like coughing, wheezing, feeling breathless or a tight chest.

Asthma symptoms can come and go. Sometimes people may not have symptoms for weeks or months at a time. Asthma needs to be treated every day, even if the individual feels well, to lower the risk of symptoms and asthma attacks.

What triggers asthma symptoms?

There are lots of things that can make asthma worse, but not everyone will be affected by the same things. Things that set off asthma symptoms are called triggers. Finding out what sets off symptoms - whether it is colds and viruses, pets, pollen, pollution, house dust mites or stress - means measures can be worked out ways to avoid the triggers if possible.

There are certain stages in life that might affect asthma too. For example, hormonal changes at puberty can affect asthma.

The best way to cope with asthma triggers is to always take preventer medicine as prescribed, even when the person feels well. If symptoms get worse always see your doctor or specialist healthcare professional.

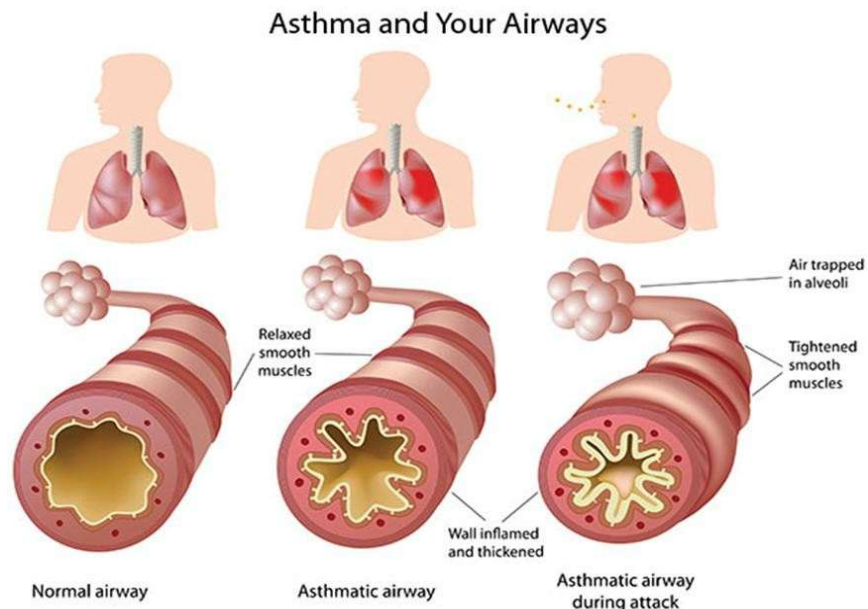
How serious is asthma?

How serious asthma is varies from person to person. There are different types of asthma too. Someone with severe asthma (which affects around 5% of all people with asthma) can have symptoms most of the time and find them very hard to control.

But most people with asthma can manage it well by using a preventer inhaler every day, and a reliever inhaler if their symptoms flare up.

For every type of asthma though, there's the risk of an asthma attack. Asthma attacks can be life-threatening, so it's important to take action if you notice any signs that your asthma is getting worse.

(Source: Asthma UK)



Purpose of this document

This policy sets out how our school(s) will support children with asthma. We work closely with children, parents and health colleagues to ensure we have robust procedures in place to support asthma management.

This policy reflects the requirements of key legislation and in particular two key documents:

1. Supporting children at school with medical conditions (2014).
2. Guidance on the use of emergency salbutamol inhalers in schools (2015).

Asthma-Friendly School Statement

We are an Asthma Friendly Trust and have audited our school(s) practices and procedures in line with the recommendations in this policy. This means we advocate inclusion and are clear on our procedures to ensure these are adhered to.

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

- asthma register;
- an up-to-date asthma policy.
- All children have immediate access to their reliever inhaler at all times.
- All children with asthma have an up-to-date asthma action plan.
- ensure all staff have regular training.
- As soon as children are deemed mature enough by their parent, doctor/specialist healthcare professional and class teacher, they will be encouraged to carry their inhaler with them. These may be kept by the child, in the classroom or in the main office as deemed appropriate by the child, parent and school.
- promote asthma awareness with children, parents and staff.

Common 'day to day' symptoms of asthma

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; and/or
- Tight chest.

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

Asthma Register

We have an asthma register of children within the school(s), which we update yearly and as parents inform us of changes to their child's needs. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the child has been added to the asthma register and has:

- Their medical records updated.
- An up-to-date copy of their personal "School Asthma Card", which is to be completed by parents and their doctor or specialist healthcare professional and returned to the school office to ensure the child's attendance at school is not delayed. This is because it is imperative that relief is given in accordance with the information on the 'School Asthma Card'
- Their reliever (salbutamol/terbutaline) inhaler and spacer in school.

Parents are required to inform the school if the medication changes.

School Asthma Cards

Asthma UK evidence shows that if someone with asthma uses a 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 a hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal Asthma Card to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK)

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. (Source: Asthma UK).

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor or specialist healthcare professional. 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 or specialist healthcare professional **at home**. However, if the child is going on a residential trip, we are aware that they will need to take their preventer inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. However, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhalers.

The school holds inhalers for each child, and they are regularly checked for expiry dates by a member of staff. However, ensuring inhalers are 'in date' is a parental responsibility.

The school will communicate with parents on how many times relief is needed in any one day.

All inhalers must be labelled, by the parent, with the child's name. Siblings should not share a pump or spacer. Each class's pumps are stored together so that they can be collected efficiently for school trips. All school staff will let children take their own medication when they need to.

School staff are not required to administer asthma medicines to children; 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 training will support children as they use their inhalers, which can be essential for the wellbeing of the child. If we have any concerns over a child's ability to use their inhaler, we advise parents to arrange an urgent review with their doctor or specialist healthcare professional. Please refer to the medicines policy for further details about administering medicines. (Source: Asthma UK)

School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school has a definitive no-smoking policy. Asthma triggers will be recorded as part of the Asthma Card and the school will ensure that children 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 (Source: Asthma UK)

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

As far as possible the school will not use chemicals in any lessons that are potential triggers for children with asthma. Children would be encouraged to leave the room and go and sit in an alternative environment if particular fumes trigger their asthma.

The school ensures that all children understand asthma and links are made to the curriculum where appropriate. Children with asthma and their peers are encouraged to learn about asthma; information for children can be accessed from the following website www.asthma.org.uk.

Children more at risk of an attack (as identified by a parent) i.e. due to chest infection or increased blue pump use i.e. due to hayfever will wear a black band as an alert. Parents will inform the school office on the morning of each day where this is the case.

Exercise and activity

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

Children with asthma are encouraged to participate fully in all activities. Teachers/sports coaches will remind those whose asthma is triggered by exercise to take their reliever inhaler before the lesson (as per guidance from their doctor/medical professional on the Asthma Card), and to thoroughly warm up and down before and after the lesson. It is agreed with staff that children who are mature enough will carry their inhalers with them and those that are too young will have their inhalers labelled and kept in a container at the site of the lesson. If a child needs to use their inhaler during a lesson they will be encouraged to do so. (Source: Asthma UK)

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 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 children with asthma as much as possible in and outside of school. The same rules apply for out-of-hours sport as during school hours PE. (Source: Asthma UK)

Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support children 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 who come into contact with children with asthma are aware of what to do, they know how to recognise an asthma attack and how to manage an asthma attack.

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 as 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.
- has a blue/white tinge around lips.
- is going blue.
- has collapsed.

The school follows the following procedure:

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Remain with the child while the inhaler and spacer are brought to them.
- Shake the inhaler and remove the cap.
- Place the mask securely over the nose and mouth, ensuring a good seal.
- 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 5 to 7 above 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 school, it is important that we inform the parents/carers and advise that they should make an appointment with the doctor or specialist healthcare professional.
- Each time a child has their pump, a message will be sent as a means of informing the parent of how many times relief has been needed in any one day.
- If the child does not feel better or our staff are worried at ANYTIME before the child has reached 10 puffs, staff will call 999 FOR AN AMBULANCE and call for parents.
- 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 arrives. No member of staff will take the child in their car as the child's condition may deteriorate.

When asthma is affecting a child's education

The schools are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we identify that asthma is impacting on the life of a child, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents and suggest they make an appointment with their doctor or specialist healthcare professional.

It may simply be that the child needs an asthma review, to review inhaler technique, medication review or an updated personal Asthma Card, to improve their symptoms. However, the school recognises that children with asthma could be classed as having a disability due to their asthma as defined by the Equality Act 2010 and therefore may have additional needs because of their asthma.

When a child is falling behind in lessons

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to a member of the senior leadership team or to the Head of School. The Trust Attendance Lead may also be informed and work with the school and family.

The school recognises that it is possible for children with asthma to have special educational needs because of asthma.

School Asthma Cards

Asthma UK evidence shows that if someone with asthma uses a 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 a hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal Asthma Card to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK)

The school recognises that asthma is a prevalent, serious but manageable condition and we welcome all children with asthma. We welcome the views of our parents and children on how we can continue to improve and build upon our standards.

We ensure all staff are aware of their duty of care to children. We have a 'whole school' approach to regular training so staff are confident in carrying out their duty of care.

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature Date

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?

Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am - 5pm; Mon - Fri)

www.asthma.org.uk



APPENDIX 2 - Example school record of inhaler administered to children at school




Name of school/setting

Date	Childs name	Time	Name of Medication administered	Dose given	Spacer cleaned	Staff signature	Print name

Parents will be notified on every occasion if a child is using their inhaler except for agreed pre-sport use.

The school should be aware of those children who carry their own inhaler and self-medicate. A record of such use should be kept. Under the Data Protection Act 2018 ('DPA'), schools are responsible for ensuring that the collation, retention, storage and security of all personal information they produce and hold meets the provisions of the DPA <https://www.gov.uk/government/publications/data-protection-toolkit-for-schools>.

How to manage an asthma attack in children

<p>T</p> <p>Think</p> <p>?</p> <p>Any of these signs:</p> <ul style="list-style-type: none">• Coughing• Wheezing• Hard to breathe• Tight chest• Cannot walk• Cannot talk <p>Are they having an asthma attack?</p> <p>Remember: stay with the child at all times</p>	<p>I</p> <p>Intervene</p> <p>+</p> <ul style="list-style-type: none">• Keep calm• Reassure child• Sit them up and slightly forward• Ask someone to get blue inhaler and spacer• Administer inhaler (see blue box)• Note time of using inhaler	<p>M</p> <p>Medicine</p>  <ul style="list-style-type: none">• Use blue inhaler• Shake inhaler• Place in spacer• Spray one puff• Take five breaths• Repeat the above up to 10 times if needed• If no improvement, it is safe to repeat the above 10 more times	<p>E</p> <p>Emergency</p> <p> 999</p> <ul style="list-style-type: none">• If no improvement, or if you are worried or unsure, call 999• If ambulance takes longer than 15 mins, repeat Medicine steps• Note time of calling 999 <p>Postcode <input type="text"/></p> <p>Has child taken their inhaler? </p>
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When asthma strikes, it's **TIME** to act

APPENDIX 4 - Using a spacer device

Asthma UK has videos on inhalers and spacers and from Right Breathe.

The International Primary Care Respiratory Group (IPCRG) has developed a gallery to offer free downloadable images that can be used by healthcare professionals, journalists and others who influence public and professional knowledge about respiratory (breathing) diseases, including the correct use of medicines and devices such as inhalers and spacers.

Examples of inhaler and spacer devices for children and young people

