# Woodlands School

# Asthma Policy

REVIEWED: October 2026

HEADTEACHER/CHAIR OF GOVERNORS: Kristina Penny

**Table of Contents**


Asthma ..... 3

Asthma Register ..... 4

Asthma Lead ..... 4

Medication and Inhalers ..... 4

Personalised Asthma Action Plans (PAAP) ..... 5

Staff training ..... 5

School Environment ..... 5

Exercise and activity ..... 5

When asthma is affecting a pupil's education ..... 6

Emergency Salbutamol Inhaler in school ..... 6

Common 'day to day' symptoms of asthma ..... 7

Asthma Attacks ..... 8

It goes on to explain that in the event of an asthma attack ..... 8

References ..... 9

Associated legislation ..... 9

**APP 1 Supporting children with asthma–parent/carer letter ..... 0**

The asthma friendly schools (AFS) programme sets out clear, effective partnership arrangements between health, education, and local authorities for managing children and young people with asthma at primary and secondary schools.

We are an asthma friendly school and have gained asthma friendly status for our care of students with asthma. This means we advocate inclusion, are clear on our procedures and have designated Asthma Leads to ensure these are adhered to. We commit to the audit of our procedures yearly.

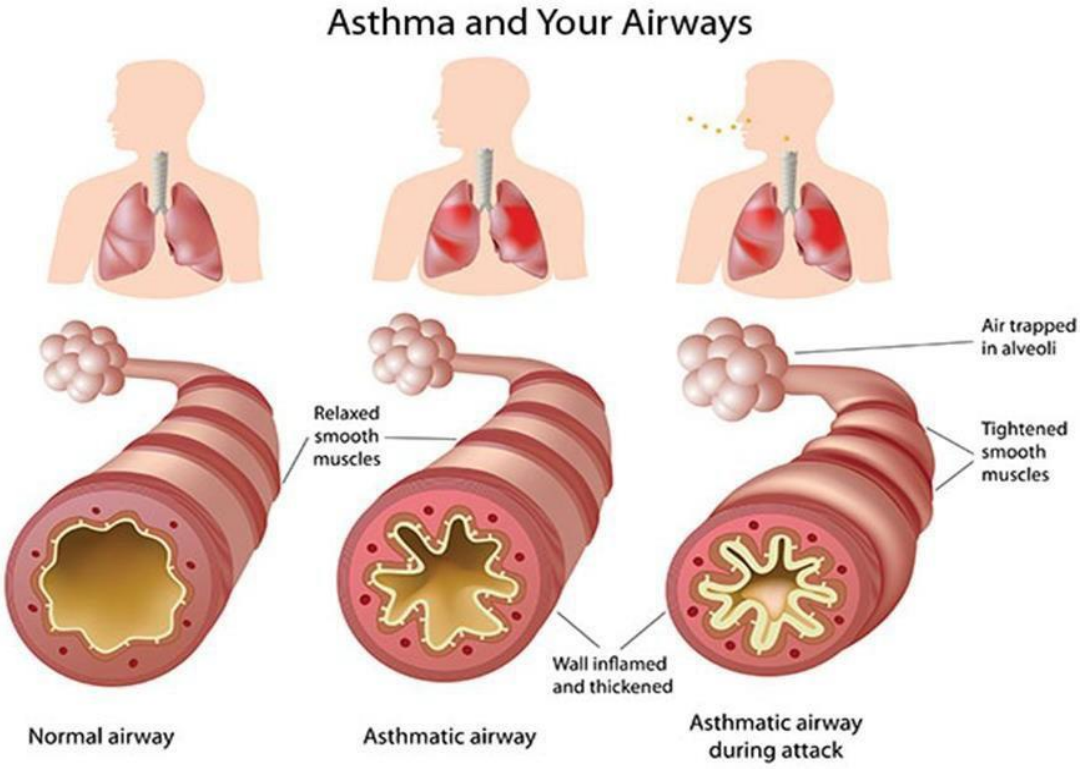
We welcome parents and pupils' views on how we can continue to improve and build upon our standards.

The school recognises that asthma is a prevalent, serious but manageable condition and we welcome all students with asthma. This policy was drawn up in consultation with parents, students, School Nurses, Local Authority, School Governors, and health colleagues.

We ensure all staff are aware of their duty of care to our pupils and we have a "whole school" approach to regular training, so staff are confident in carrying out their duty of care.

**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 controllable condition. This school welcomes all pupils with asthma and aims to support these children to participate fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- an up-to-date asthma policy,
- an asthma lead,
- all pupils with immediate access to their reliever inhaler at all times,
- all pupils with asthma have an up-to-date asthma action plan, - In our setting this is their Care
- an emergency asthma kit with salbutamol inhaler in each building
- all staff have regular asthma training,
- promotion of asthma and management of the condition to pupils, parents, and staff.

**Asthma Register**

We have an asthma register of children within the school, which we update yearly. 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 (BLUE) inhaler in school,
- Consent from the parents/carers to use the emergency salbutamol inhaler if they require it

**Asthma Lead**

Our school asthma lead is Carly Aspden and she has responsibility for managing the asthma register, updating the asthma policy, and ensuring children have immediate access to their inhalers. The lead will also manage the emergency asthma kits (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools. March 2015).

**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 and Lung UK).

Reliever inhalers are kept in the classroom as per our policy – in locked box

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. (Source: Asthma and Lung UK).

Where appropriate 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 inhaler.

**Personalised Asthma Action Plans (PAAP)**

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 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. (Source: Asthma and Lung UK)

**Staff training**

Staff will be given regular asthma update training. .

**School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The 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 pupil's will not come into contact with their triggers, where this is 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 and Lung UK)*

**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 Sports Leaders will be made aware of which pupils have asthma from the school's asthma register. (Source: Asthma and Lung UK)

Pupils with asthma are encouraged to participate fully in all activities. Teachers and Sports Leaders will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, where this is known to be a trigger and to thoroughly warm up and down before and after the lesson. All pupils will have their inhaler available during every lesson or sports activity. If a pupil needs to use their inhaler during a lesson they will be encouraged and supported 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 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 school. The same rules apply for out-of-hours sports activities as during school hours PE. (Source: Asthma and Lung UK)

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

The 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, the school nurse, with consent, 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 Personalised 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 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) 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.

We have two emergency kit(s), which are kept in the main school office so it is easy to access.

Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;
- Instructions on how to use the inhaler and spacer;
- Instruction on cleaning and storage of the inhaler and spacer;
- 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's asthma lead will ensure that:**

- On a monthly 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

The emergency inhalers will be monitored on a monthly basis by the asthma lead and replaced in a timely manner and always before they become empty.

The spacer cannot be reused and so 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 parental consent for use of the emergency inhaler has been given.

The name(s) of these children will be clearly written on our Asthma register and listed in our emergency kit(s). 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 DOH 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 is 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.

The DOH 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 with a good seal, 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* 30-60 seconds between doses, 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 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 call for parents/carers.
- The Call handler will advise on further treatment whilst the ambulance is on its 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**


- www.asthma.org.uk/
- Department of Health (2015) Guidance on the use of emergency salbutamol inhaler in schools.


**Associated legislation**

- The Children and Families Act 2014
- The Education Act 2002
- Section 3 of the Children Act 1989
- Legal duties on local authorities
- Section 17 of the Children Act
- Section 10 of the Children Act 2004
- Section 3 of the NHS Act 2006
- Equality Act (2010)

**APP 1 Supporting children with asthma–parent/carer letter**

**Dear Parent/Guardian**

We are currently reviewing our asthma policy and register to ensure we provide the support and care needed for children and young people in our school with asthma.

In order to ensure the information we have for your child is up to date in regards to asthma can you please provide us with the following information about your child?

| | |
|---|---|
| • My child **does not** have Asthma and **has not** been prescribed an asthma inhaler | ❒ |
| • I confirm that my child **has** been diagnosed with asthma | ❒ |
| • I confirm my child **has** been prescribed an inhaler | ❒ |
| • My child has a working, in-date inhaler and spacer clearly labelled with their name, which they will have with them at school every day or will be left on school premises. | ❒ |
| • Please tick if you **DO NOT** wish the school to use the schools' inhaler in an emergency | ❒ |

Our updated asthma policy means we will have an emergency salbutamol reliever inhaler on site for children already diagnosed with asthma or that have a prescribed inhaler.

This is a precautionary measure. You still need to provide your child with their own inhaler and spacer as prescribed.

If you do not wish for us to use the schools' inhaler in an emergency, please fill in the details above and return to school as soon as possible.

Please note that everyone with asthma should use a spacer with their inhaler in order to deliver maximum benefit to the lungs (unless your child has a breath actuated inhaler).

If your child does not have a spacer or has not had an asthma review in the past 12 months, please book an appointment with your GP as soon as possible who will also provide an up to date personalised asthma action plan for us to follow in school.

For more information on reasons for and how to use a spacer see Asthma UK:www.asthma.org.uk

Yours sincerely,

**Carly Aspden**
**School Asthma Lead**