East-the-Water Asthma Policy

Approved by Governors: Sept 2026
Next Formal Review: Sept 2027

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 (Source: Asthma UK).

The Principles of our Asthma Policy

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 in participating fully in school life. We endeavour to do this by ensuring we have:

- ✓ an asthma register
- ✓ up-to-date Asthma Policy
- ✓ asthma leads (Mrs Everett and Mrs Smith)
- ✓ all pupils with immediate access to their reliever inhaler at all times,
- ✓ a copy of the pupil's Asthma Care Plan (when provided by the parent)
- ✓ an emergency salbutamol inhaler
- ✓ ensure nominated staff have regular asthma training
- ✓ promote asthma awareness amongst pupils, parents and staff.

We have a clear policy that is understood by school staff. New staff are also made aware of the policy. School training has been undertaken with E-learning for health taken by all the teaching assistants in school, about 90% of these are also first aiders. Mrs Smith has a list of school staff trained.

Medication

Immediate access to a reliever inhaler (usually blue) is vital. Children are encouraged to self-manage their inhaler as soon as their parents, carer, doctor, nurse or class teacher agree they are mature enough to manage their own medication. At East-the-Water, we discuss this self-management in Year 6 to support transition into Secondary School. Children should always tell their class teacher or first aider when they have used their inhaler independently.

- Records are kept each time an inhaler is used. Inhalers are kept in their classroom in a named wallet alongside the Record of Asthma Medication Administered form (Appendix 2 and the Asthma Care Plan (latter when provided), in a designated first aid box unless the school have been told that the child is able to carry their inhaler themselves. Parental agreement must be sought in advance.
- All inhalers must be labelled with the child's first and last name
- School staff are not required to administer medication to children except in an emergency however many of our staff our happy to do this as many children have poor inhaler technique, or are unable to take the inhaler by themselves. School staff who agree to do this are insured by the local education authority when acting in accordance with this policy.
- All school staff will let children take their own inhaler when possible.
- We recognise that all children may still need supervision in taking their inhaler.
- Parents will need to be informed at the end of the day that the child has taken their inhaler.

Asthma Register and Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child is asthmatic. We have an asthma register of children within the school, which we update as circumstances change. Each class has their own asthma register. A copy of the whole school asthma register is kept centrally and in the first aid file. We ensure that the pupil that has been added to the asthma register has:

- an up-to-date copy of their personal asthma care plan (when available from the GP),
- their reliever (salbutamol/terbutaline) inhaler in school,
- permission for staff to support their child with their inhaler in school. This form also details the known triggers and signs of asthma for the child as well as 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.

If any changes are made to a child's medication it is the responsibility of the parents or carer to inform the school.

East-the-Water Primary School holds an emergency inhaler and spacer as per 'Guidance on the use of Emergency Salbutamol inhalers in schools' March 2015. This medication can only be administered to children on the Asthma Register whose parents have given written consent. First aiders are able to administer the emergency inhaler – ensuring that they use the child's own spacer if available alongside the spare inhaler. Guidelines on how to use the emergency inhaler are available in the school office in the file by the inhalers. There is also a copy in each class asthma file.

All Asthma inhalers for each child are regularly checked for expiry dates by the asthma leads

All staff members are responsible for acquainting themselves with the triggers of a possible attack (allergies, colds, cough, cold weather) for each individual child in their care. All this information is found in their asthma plan or the parental agreement/record of asthma medication form.

PE

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Each child's inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so. Records are kept every time a child uses their inhaler and parents informed that day.

School Trips and Outside Activities

When a child is away from the school classroom on a school trip, club, outside sport or PE, their reliever inhaler should accompany them and be made available to them at all times. Children will need to take their preventer inhaler on residential trips so they can continue taking their inhaler as prescribed. This also includes taking the asthma box outside during fire drills when staff are exiting from the classroom. If the fire drill happens at play or lunchtime, the office staff will bring the spare inhaler box outside.

The School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. As far as possible the school does not use chemicals in science or art lessons that are potential triggers for children with asthma. Please note that strong perfumes may exacerbate asthma. Children are encouraged to leave the room and go and sit in the break out area if any particular fumes trigger their asthma.

Making the School Asthma Friendly

The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website www.asthma.org.uk.

Asthma Lead

This school has 2 asthma leads who are named above. It is the responsibility of the asthma leads to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) and ensure measures are in place so that children have immediate access to their inhalers.

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 the life of 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 asthma care 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.

When pupils have complex or severe asthma, in discussion with the parents, they will have an Individual Healthcare Plan.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences

All staff who come into contact with children know what to do in the event of an asthma attack. The school follows the procedure under Appendix 5, which is clearly displayed in all classrooms.

1. Stay calm and reassure the child.
2. Help the child to breathe by ensuring tight clothing is loosened and that the child is seated in an upright position and slightly forward.
3. Ensure that the reliever inhaler is taken immediately (NB if child does not have their own, check whether parents have given consent for the emergency inhaler to be used (see register)
4. Stay with the child while the inhaler & spacer is brought to them and follow the child's asthma plan. Remember to shake the inhaler between puffs
5, If there is no immediate improvement, continue to give 2 puffs at a time every 2 minutes, up to a maximum of 10 puffs.

The child's parents must be informed about the attack.

Emergency procedure

If the pupil does not feel better or you are worried at any time before reaching 10 puffs from the inhaler, call 999 for an ambulance, inform parents & SLT.

If the ambulance has not arrived after 10 minutes, give an additional 10 puffs as detailed on the plan

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

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

In the event of a pupil being taken to hospital by ambulance, they should always be accompanied by a member of staff until a parent or carer is present.

APPENDIX 1

PARENTAL AGREEMENT FOR EAST-THE-WATER PRIMARY SCHOOL TO ADMINISTER MEDICINE

Notes to Parents/Guardians

Note 1: *This establishment will only give your child their inhaler when you have completed and signed this form and where there is a school policy that staff can administer inhalers*

Note 2: *All inhalers must be in the original container as dispensed by the pharmacy, with the young person's name, its contents, its dosage*

Note 3: *The information is requested in confidence, to ensure that the school is fully aware of the medical needs of your child. While no staff member can be compelled to give medical treatment to a young person, it is hoped that the support given through parental consent, the support of Devon County Council through these guidelines will encourage staff to see this as part of the pastoral role. Where such arrangements fail, it is the parent's responsibility to make appropriate arrangements.*

ASTHMA MEDICATION

Date to start	
Child's name	
Date of Birth	
Name and Strength of Reliever Inhaler. Spacer provided?	
Name of GP and Surgery Name	
Expiry Date of Inhaler	
What signs can indicate that your child is having an asthma attack?	PLEASE tick or cross out: Shortness of breath Sudden tightness in the chest Wheeze or cough Anything else?
How much to be given (dose)	
Do you have a copy of your child's asthma plan? Please provide it to the school. If you don't, are you in agreement to use the school plan?	Yes/No Yes/No
In agreement with the school, I give permission for my child to carry their own asthma inhaler and manage its use by him/herself (including informing staff when they have taken it)	Yes/No
Does your child tell you when they need their inhaler?	Yes/No

Does your son/daughter need help to take the asthma inhaler?	Yes/No
What are your child's triggers (things that make their asthma worse)?	Pollen/ Stress/Exercise/ Weather/ Cold or flu /Air pollution If other please list:
Does your child need to take any other asthma medicines while in the school's care?	Yes/No

I confirm that the asthma inhaler detailed above has been prescribed by a doctor/asthma nurse, and that I give my permission for the Head Teacher (or his/her nominee) to administer the inhaler to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I am also responsible for collecting any unused or out of date supplies and that I will dispose of them.

Parent's signature _____ Date _____

(Parent/Guardian/Person with parental responsibility)

If the school holds a central reliever inhaler (Salbutamol) and spacer for use in emergencies, I give permission for my child to use this.

Parent's signature _____ Date _____

(Parent/Guardian/Person with parental responsibility)

APPENDIX 2

RECORD OF ASTHMA MEDICATION ADMINISTERED TO AN INDIVIDUAL YOUNG PERSON

Class teacher must debrief TAs and PPA teacher so that the entire class team are informed in case of a teacher/TA not being present.

Teacher informed	Signature	Date

Child's name	
Name and Strength of Reliever Inhaler. Spacer provided?	
Asthma Plan attached	Yes/No
Signs that indicate that the child is having an asthma attack	Shortness of breath Sudden tightness in the chest Wheeze or cough
Will child tell you when they need their inhaler?	Yes/No
How much to be given (dose)	
Permission given for child to carry their own asthma inhaler and manage its use by him/herself (including informing staff when they have taken it)	Yes/No
Does child need help to take the asthma inhaler?	Yes/No
Triggers (things that make their asthma worse)?	Pollen Stress Exercise Weather Cold or flu Air pollution
Any other asthma medications held in school?	Yes/No
Parent authorised that the central reliever inhaler and spacer can be used in emergencies	Yes/No

APPENDIX 3

LOG OF INHALER USE (including emergency inhaler)

Date	Time given and during which lesson	Dose Given	Member of staff supporting child to take inhaler	Member of staff the child told they had taken their inhaler	Emergency Inhaler used? (if used, inform asthma lead)	Parent informed and by who *NB must be informed the same day*

APPENDIX 4

East-the-Water Community Primary School
Mines Road
Bideford
North Devon
EX39 4BZ

Headteacher: Mr Adam Buckeridge

Dear Parent/Carer

Emergency Salbutamol Inhaler Use Form

Child's name: ……

Class: ……..

Date: ……..

This letter is to formally notify you that …….. has had problems with his/her breathing today. This happened when ……..

*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.

Although they soon felt better, we would strongly advise that you have your child seen by their asthma nurse/doctor as soon as possible.

Yours

Mrs K Everett
Asthma Lead

*Delete as appropriate

APPENDIX 5

Asthma Attack Procedure

If a child is having an asthma attack:

1. Stay calm and reassure the child.
2. Help the child to breathe by loosening any tight clothing. Sit them upright and leaning slightly forward.
3. Ensure the child uses their reliever inhaler immediately. If they do not have their own inhaler, check whether parental consent has been given for the emergency inhaler to be used (see the asthma register).
4. Stay with the child while the inhaler and spacer are brought to them, and follow the child's asthma care plan. **Shake the inhaler between each puff.**
5. If there is no immediate improvement, give **2 puffs every 2 minutes**, up to a maximum of **10 puffs**.

The child's parents or carers must be informed of the asthma attack.

Emergency Procedure

- **Call 999 immediately** if the child does not improve, or if you are concerned at any time before **10 puffs** have been given.
- Inform the child's parents/carers and the Senior Leadership Team (SLT).
- If the ambulance has not arrived after **10 minutes**, give **a further 10 puffs** as directed in the child's asthma care plan.

Call 999 Immediately if the Child:

- Appears exhausted
- Has a blue or white tinge around the lips
- Is turning blue
- Has collapsed

If a pupil is taken to hospital by ambulance, they must be accompanied by a member of staff until a parent or carer arrives.