



Asthma Policy

King David Primary School

Approved by: Deborah Taylor
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About asthma and this policy

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood. Asthma is caused by swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, so they temporarily narrow.

Common asthma symptoms include:

- Coughing
- Wheezing
- Shortness of breath
- Tightness in the chest

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

Although asthma deaths are thankfully rare and the asthma death rate in children and young people is low, missed school days due to poorly controlled asthma are common. Absence from school impacts on a child's education, overall performance and attainment. Research suggests that up to 18% of school absences are asthma related.

In school, we recognise that asthma is a widespread, serious, yet controllable condition.

Those with asthma may need to be supported to help manage symptoms and prevent missing time engaging in the school day.

The purpose of this asthma policy is to ensure the immediate safety, and long-term well-being of all pupils with asthma. King David Primary School aims to provide a supportive environment enabling all pupils to fully participate in all school activities while managing their condition effectively to promote optimal academic performance. This policy applies to all pupils, staff, and parents or caregivers of King David Primary School and outlines the procedures for managing and supporting pupils with asthma during school hours and during activities that may take place beyond the normal school day.

We endeavor to support our pupils with asthma in school by having the following in place:

- An appointed Asthma Champion (s)/ Lead in school
- An up-to-date School Asthma Policy, accessible to all staff, parents, care givers and pupils
- An up-to-date Asthma Register of all pupils with an asthma diagnosis
- An easily accessible emergency Salbutamol inhaler and spacer device
- All pupils with asthma have an Asthma Care Plan and a letter to parents has been sent, to request their child's Personalised Asthma Action Plan (PAAP)

from the GP. The information from the PAAP will be transferred onto the Asthma Care Plan.

- Processes and procedures to recognise when asthma is impacting on a pupil's attainment
- Asthma training provided to at least 85% of school staff
- A school risk assessment which identifies/mitigates asthma triggers

Asthma File

The asthma file will include:

- The asthma register
- Asthma Care Plans/PAAPs
- Record of Emergency Inhaler use form
- A poster with instructions on how to use the inhaler and spacer
- An asthma attack flow chart
- The expiry dates, batch numbers and half-term checks of all inhalers

This file will be stored at the first aid station, in the lower cupboard. A duplicate of this file will be stored in the Deputy Headteacher's office. The SENDCo also has the asthma register and a copy of the medical care plans.

The emergency inhalers/spacers will be stored at the first station in the lower cupboard and in the Deputy Headteacher's office.

All class teachers will store childrens' own inhalers/spacers in their grab bags which are kept in classrooms.

The role of Asthma Champions & Leads

The School Asthma Champions and Lead are 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 and manage the emergency asthma kit ensuring emergency inhalers and spacers are present, checking every half term, 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 (publishing.service.gov.uk)]
- Ensure that children always 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*
- Keep a record of expiration dates on inhalers
- Check all inhalers and spacers are present at the beginning of every team
- Arrange the purchase of new inhaler once they have expired and/or ran out
- Arrange the purchase of new spacer devices once they have been used
- *These responsibilities may be delegated to other members of staff when appropriate, ensuring continuous support for students with asthma.

The role of parents & care givers

Parents and care givers 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 – labelled with their child's name, date of birth, drug name and expiry date
- Provide the school with an up-to-date Personalised Asthma Action Plan (PAAP) 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

The role of all teachers & school staff

All teachers and school staff will be expected to:

- Be aware of which students in their class have asthma
- Have completed Tier 1 National Capabilities Asthma Training and refresh training every two years
- Understand and follow a pupil's Asthma Care Plan
- Ensure that pupils always have access to their asthma medication, including on school trips, during sporting activity, and on outdoor activities
- Be aware of where the emergency inhalers are stored
- Take immediate action if a pupil is experiencing asthma symptoms by following the school's emergency procedures.
- Record when a child's own inhaler is used, outside of what is written in the Asthma Care Plan on the 'Record of Own Inhaler Used' form

Asthma register

An asthma register is kept by school, which is updated yearly.

We do this by asking parents/carers if their child is diagnosed with or suspected of having 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 reliever inhaler to be in school with an appropriate spacer
- Parental/carer consent to allow use of the school's emergency inhaler in the event of their child's inhaler not being available
- Made an asthma care plan in consultation with parents and requested a copy of the child's Personalised Asthma Action Plan (PAAP).

Asthma Management Procedures

There are seven key steps in our asthma management procedures

Step 1- Asthma Action Plans

All pupils with asthma have an Asthma Care Plan. Letters have been sent to parents to request a Personalised Asthma Action Plan (PAAP), which will need to be completed by their healthcare provider. This plan should outline daily management strategies, triggers, signs of worsening asthma, and steps to take during an asthma attack.

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 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 Personalised Asthma Action Plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma + Lung UK)

These plans must be updated annually or whenever there is a significant change in a pupil's asthma management.

Step 2- Medication Administration

Pupils should have immediate access to their reliever asthma medication (e.g., inhalers, spacers) at all times.

Children should not bring their preventer inhaler to school as it should be taken morning and night as prescribed by their doctor/nurse. 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 asthma medication as prescribed.

All teachers and teaching assistants have had asthma training. Staff will support children as they use their inhaler.

Class teachers will store their pupils' inhalers and spacers in the grab bag. Children must know the whereabouts and how to access the emergency inhaler. Children must never be left alone or be sent to get the inhaler if requiring it.

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.

Step 3- Managing asthma in the classroom

A pupil's Asthma Care Plan informs us of the day-to-day symptoms of their asthma and how to respond to them on an individual basis.

Where a child responds well to their own medication, they can usually remain in school, however parents/carers should be kept informed to monitor symptoms.

Three or more symptoms that require reliever medication within a week can be a sign of deterioration of a child's asthma and therefore every effort will be made to communicate with parents regarding any symptoms that require medication.

Teachers should be aware of asthma triggers and work to minimise exposure (e.g. ensuring good air quality, avoiding use of strong chemicals or perfumes).

Step 4- Staff training

Staff will access training for CYP Asthma at least every two years. This training can be accessed by following the link:

Asthma (Children and young people) - elearning for healthcare (e-lfh.org.uk)

King David Primary School commits to training as many staff as possible to ensure children with Asthma are supported in school.

Step 5- School environment

King David Primary School does all that it can to ensure the school environment is favourable to pupils with asthma.

The school has a definitive no-smoking/vaping policy. Pupils' asthma triggers will be recorded as part of their asthma care plan and the school will ensure that pupils 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.

Step 6- Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. The health benefits of exercise are well documented, this is also true for pupils 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 sport as during school hours PE.

All staff will know which children in their class have asthma and 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 inhalers should be taken to all PE sessions and kept at the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so.

Step 7- When asthma is affecting a pupil's education

The school is aware 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 a pupil's life 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 check inhaler technique, review medication or update their PAAP, to improve their symptoms.

Emergency Inhaled Salbutamol Use

As a school we can purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

We will request consent from parents/carers for use of the emergency inhaler when the school is notified that a child has asthma.

Once consent is gained, a trained member of staff will use the salbutamol emergency inhaler during the onset of breathing difficulties in the absence of the

child's own inhaler or if the child cannot use their own inhaler to relieve symptoms (such as with a breath actuated inhaler). This will always be used with a spacer.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Side-effects of inhaled salbutamol 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

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 Champion and team will ensure that:

- Every half term, the inhaler and spacers are present and in working order, and the inhaler has enough doses available
- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use
- Inhalers that have been used and need to be disposed of should be taken to the community pharmacy for correct disposal.
- We will record where use of the emergency inhaler has been required, and 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

After the emergency inhaler is used, the following steps will be followed:

1. **Complete an accident slip**

Tick 'Asthma' and record that the emergency inhaler was used. Include the reason (e.g. child's own inhaler was empty, not available, or inaccessible) and the number of puffs administered.

2. **Inform parents/carers**

Contact the child's parents or carers to inform them that the emergency inhaler has been used and state how many puffs were given.

3. **Complete the inhaler usage record**

Fill in the '*Record of Emergency Salbutamol Inhaler Use in School*' form to formally document the incident.

4. **Clean the inhaler**

Ensure the inhaler is cleaned.

5. **Notify the class teacher**

Inform the child's class teacher that the emergency inhaler has been used.

6. **Provide the spacer**

Give the spacer to the class teacher for that child's use. Spacers must not be shared between children.

7. **Inform the asthma team**

Notify the asthma lead (Chloe Shonn) and asthma champions (Michelle Toole and Gabi Nesbit), who will arrange a replacement spacer if needed.

Asthma Attacks and Emergency Management

Recognising an Asthma Attack:

Common asthma attack symptoms include:

- coughing
- wheezing
- shortness of breath
- tightness in the chest
- difficulty speaking in full sentences

Staff must remain calm, reassure the pupil and follow the child's Asthma Care Plan.

Emergency Procedure

If a pupil exhibits severe symptoms (such as difficulty breathing, blue lips, or symptoms not relieved by inhaler), staff should:

- Stay with the pupil and remain calm
- Administer reliever medication as outlined in the pupil's Asthma Care Plan
- Call emergency services (999) if the pupil does not improve after administering the medication or if the attack is severe
- Notify parents/guardians at the earliest opportunity

Review of Policy

This policy will be reviewed annually or as necessary to ensure it meets current medical guidelines and the needs of students with asthma.

References

Asthma +Lung UK www.asthma.org.uk

Department for Health (2014) Guidance on the Use of Emergency Inhalers in Schools BTS/SIGN guidelines for CYP Asthma.

https://assets.publishing.service.gov.uk/media/5a74eb55ed915d3c7d528f98/emergency_inhalers_in_schools.pdf

Awareness of Supporting Pupils in school with medical conditions (Department for Education 2015)

https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting_pupils_at_school_with_medical_conditions.pdf

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