Kingsland CE Primary School

Asthma Policy

Let your light shine

“Let your light shine before others that they may see your good deeds and glorify your Father in heaven.” Matthew 5:16

Let your light shine on our vision:

As God’s children, overflowing with His light, we will shine before others to inspire, nurture and bring joy so all may embrace life in its fullness to the glory of God.

September 2026

Kingsland CE Primary School
Asthma Policy

Date for full implementation: **September 2026**

Review date: **September 2028**

This Policy has been written with advice from the NHS UK, Asthma + Lung UK, Parents, First Aiders and asthma sufferers. Our Lead First Aider will be the lead staff member for asthma. The school recognises that asthma is an important condition affecting many pupils, which requires partnership between pupils, parents/carers and the school to ensure effective control of symptoms.

Kingsland CE Primary School:

- Recognises that asthma is a serious condition affecting many school age children;
- Ensures that pupils with asthma participate fully in all aspects of school life including PE /Trips;
- Recognises that immediate access to reliever inhalers is vital;
- Keeps records of pupils with asthma and the medication they take, when the pupil takes that medication & whether the school's emergency Salbutamol reliever was required to be used;
- Ensures the school environment is favourable to pupils with asthma;
- Ensures that other pupils understand asthma as appropriate to their age;
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack;
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure that policy is implemented and maintained successfully.

Kingsland CE Primary School encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, the Governors and pupils. Supply teachers and new staff are also made aware of the policy. All staff who comes into contact with pupils with asthma will know who amongst school staff is first aid trained to assist with effective treatment.

This policy is written in Ference to NHS advice: Asthma - NHS and Herefordshire and Worcestershire Asthma Guidance 2025.

Our whole-school approach to asthma:

- to encourage all children to achieve their potential in all aspects of school life
- to support and encourage children with asthma to move towards managing their own condition, safely and effectively
- to ensure that pupils with asthma have the confidence to ask for support from the school when required
- to increase awareness in all children and staff about asthma, and what to do, should they witness an asthma attack

Training:
The school has a number of fully-qualified first-aiders who have all been trained in asthma, the use of inhalers and emergency procedures. At least one of our First-Aiders is also qualified in Paediatric First Aid. Asthma training includes:

- What is Asthma and why it is important
- Asthma Triggers
- Asthma signs and symptoms
- How to use an inhaler
- Cleaning and disposal of inhalers / spacers
- What to do if a child has an asthma attack

At the Upper end of Key Stage 2, children learn about the heart and lungs, and about conditions like asthma which affect lung function, in Science.

Medication:
Immediate access to inhalers is vital, and children are **always** allowed access to their inhaler whenever they feel it to be necessary. However, the whole-school approach will be pre-emptive; therefore for most children, this will usually be regular dosage, according to their care plan. In certain circumstances, for example, while recovering from a cold, children may need to use their inhaler more often. **Parents will be informed if a child regularly needs to use their blue/white inhaler at school more often than on the care plan, as this may indicate that the asthma is not fully under control, and that medication may need to be adjusted.**

In most circumstances, the use of steroid (brown/purple) inhalers is not necessary during school hours.

Depending on how severe the pupil's symptoms are, they may be offered either:

- an inhaler to use only when you get symptoms – this is called an anti-inflammatory reliever (AIR) inhaler
- an inhaler to use every day to help prevent symptoms, as well as when you get symptoms – this is called a maintenance and reliever therapy (MART) inhaler
- 2 separate inhalers – a preventer inhaler to use every day to help prevent symptoms, and a blue reliever inhaler to use when you get symptoms (you should not be given a blue reliever inhaler to use on its own)

Inhalers are stored securely in classrooms and are easily accessible at all times.

Younger children, from Reception to Year 2, will be reminded and supported in taking their inhaler at the times specified in their care plan, as well as other times when they require it. It should be noted that school staff are not required to administer medication to children except in an emergency. In practice, all school staff will let children take their own medication when they need to, and most younger children will be supported when doing so.

By Year 3, and with the agreement of parents, children will be supported in gradually becoming more independent in identifying times when they need to use their inhaler, and in using it by themselves. Most children at this age are capable of this increasing independence, so that by Year 4, they are almost completely independent, apart from the occasional reminder from a member of staff (there may be occasional exceptions to these expectations, e.g. a child with Special Needs may still require support).

With the emphasis on pre-emptive action, all children will be supported to/reminded to use their inhaler directly before a PE/Games/Swimming lesson or match. As they take part in more competitive sports as they move through Key Stage 2, this becomes more important in asthma

control, and avoidance of emergency-type situations which can be very distressing for the child (and staff) involved. Should a child be at school, but cannot take part in a PE/Games lesson due to a prolonged attack, a letter should be sent by the parent to school informing them.

During a school PE/Games lessons, the emphasis should be on warming up the heart, lungs and muscles gradually, as well as warming them down. This is of benefit to all children, not just to asthma-sufferers. Should a child need to stop exercising, despite having used their inhaler, they will be able to rest for a few minutes before participating again.

Storage of Inhalers:

Labelled inhalers and spacers will be kept in the classroom in an unlocked cupboard, bag or box. Importantly, a child must be able to access the inhaler by themselves in an emergency (not on a high shelf or in a locked drawer). The hazard of easy access to reliever inhalers by non-asthmatic children is small, compared to the risk if an asthmatic child cannot get his/her medicine. Cases where a child has used someone else's inhaler will be taken very seriously and dealt with according to the school's usual disciplinary sanctions.

Labelled inhalers and spacers will be carried to all sporting events/trips/fixtures in a First Aid bag unless they are being carried by the child themselves (Upper Key Stage 2 only). Inhalers mustCPR
be taken outside for Games lessons on the field, and left in a box or bag with the teacher.

In an emergency where a pupil is having an attack i.e. if the school have called for an ambulance, and that pupil does not have a reliever inhaler / spacer in school or the reliever inhaler runs out, the school has a supply of emergency reliever inhalers & single use spacers available as this may potentially be a life-saving response.

In every situation, the use of a spacer with the inhaler is strongly recommended, and the pupil's reliever & spacer should be cleaned & dried after use.

The responsibility of providing functioning, appropriate inhalers remains with the parent.

Parental Responsibilities:

- to inform the school using the medical form before enrolment of their child's asthma, or when a diagnosis is made
- to inform the school if their child's medication **changes**
- to inform the class teacher if a child's asthma is requiring them to use their inhaler more often for a period of time (e.g. due to illness/fatigue/allergy etc)
- to provide a labelled inhaler plus spare to be kept in school, and spacer
- to check regularly whether inhalers need replacing, and whether they are in date (as often as is necessary)
- to wash their child's spacer regularly, or as often as is necessary

School Responsibilities:

- to keep a record of children with asthma and the medication they take (electronic information stored on School Information Management System - SIMS)
- to ensure that these records are annually updated (and again, if condition or medication changes)
- to ensure that all staff have access to the record of medical conditions
- to store inhalers safely, ensuring that children and staff have access to them at all times

- to supervise and support younger children in taking their inhaler
- to supervise and promote independence in Key Stage 2 children
- to communicate with parents and carers in partnership, supporting the child with asthma
- to enable children with asthma to be fully included in all aspects of the school curriculum
- to encourage children with asthma to reach their full potential in all aspects of school life
- to ensure the requisite number of staff are trained in First Aid, including the care and management of asthma
- to ensure that all staff (and supply-staff) are aware of how to support children with asthma, and which children in their class are asthma-sufferers

Record keeping:
When a pupil starts at school, medical conditions, if any, including Asthma are noted. These conditions are noted on a record for medical conditions and Parental Consent which is held in the school office and in addition in the individual class registers. A dedicated Register of pupils suffering from asthma is also held. School will & expect to receive a copy of the GP/ Hospital produced written Personal Asthma Action Plan (PAAP) for the pupil. When medicine/asthma reliever inhaler is administered, this is recorded in the School, on our Record of Inhaler administered to Pupils. The School Accident/Incident Report form may also be completed as applicable.

In early years settings, inhalers should not be accepted from parents without a Personal Asthma Action Plan (PAAP) or an equivalent written document. Early years settings typically do not administer medication without clear written guidance, so accepting inhalers without this documentation is not appropriate. If a child without an inhaler experiences symptoms such as shortness of breath, coughing, or wheezing, staff should contact NHS 111 for clinical advice and support or contact the Ambulance Service if the child appears critically unwell. If a critical situation arises, and an emergency salbutamol inhaler and spacer are available, staff may choose to administer it, however, advice from the Ambulance Service/ NHS 111 should be sought wherever possible before doing so.

Emergency Evacuation of Premises
In the event of a fire drill or any evacuation procedure, staff should take the bag of inhalers out with them from their classrooms.

PE/Trips.
Taking part in sports is an essential part of school life. Teachers are aware of which pupils have asthma from the school asthma register. Pupils with asthma are encouraged to participate fully in PE but will not be forced to take part in that activity if they feel unwell. Likewise, they will not be excluded from participation if their asthma is well controlled. If needed when on site, a pupil or TA may fetch the bag from the classroom.

The School environment:
The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery pets and has a non-smoking policy. As far as possible, the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. If needed, pupils are encouraged to leave the room if particular fumes trigger their asthma. School complies with CLEAPPS advice.

When a pupil is falling behind in lessons:
If a pupil 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 the school nurse and SENCO about the situation. The school recognises that it is possible for pupils with asthma to have special educational needs because of asthma.

Asthma attacks:
The school will normally follow these steps if asthma signs and symptoms are noted:

- **Keep calm and reassure the child**
- **Encourage the child to sit up and slightly forward**
- **Use the child's own reliever inhaler – if not available, use the School's emergency inhaler**
- **Remain with the child while the inhaler and spacer are brought to them**
- **If they have a blue reliever inhaler, they should take 1 puff every 30 to 60 seconds until they feel better, up to a maximum of 10 puffs. Shake the inhaler between each puff and use a spacer with the inhaler if you have one. They should lift their chin slightly before breathing in.**
- **If they have an AIR or MART inhaler (used for both preventing and treating symptoms), they should take 1 puff every 1 to 3 minutes until you feel better, up to 6 puffs. They should lift their chin slightly before breathing in.**
- **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 the child does not feel better or you are worried at ANYTIME before they have reached maximum dose or 10 minutes has lapsed, CALL 999 FOR AN AMBULANCE**
- **If an ambulance does not arrive in 10 minutes give another course of puffs in the same way**

*If the pupil's PAAP has a different maximum dose for treating an asthma attack, staff will follow that dosage.

After the attack
Minor attacks should not interrupt a pupil's involvement in school. When they feel better, they can return to school activities*. The pupil's parents/carer must be told about the attack. A letter will be sent to parents/ carer informing them that either the child's own reliever was administered, or the school's emergency reliever was used & the reason why this was necessary.
*If the asthma attack was brought on by physical exertion / PE activities it would be prudent for the pupil not to participate for the rest of that school day.

Emergency Procedures:
Despite our best efforts, an asthma emergency may still occur. Staff will be trained in what to look out for in a child undergoing an asthma attack. The school uses the following emergency procedures which are carried in all first aid bags:

First Signs:

- coughing
- shortness of breath/wheezing
- chest may be tight (children may describe this as 'tummy-ache')

Response:

- remind child to use inhaler/support child in using inhaler (repeat every 2 minutes)
- loosen clothing
- sit child upright
- keep calm and reassure child
- get child to take slow steady breaths
- do not leave child alone

Developing into Moderate/Severe Attack:

- child cannot speak in full sentences
- child is exhausted

Response:

- give Salbutamol (2 puffs, through a spacer)
- After 2 minutes, any improvement? If not: (2 puffs, through spacer)
- Repeat
- **If, after a total of 10 x 100mcg doses or a total of 15 minutes, the patient is not better, an ambulance is called**

Severe Attack:

- child is exhausted
- rapid deterioration
- child is cyanosed (blue around the lips)
- and/or unable to speak
- and/or a pulse rate 130+

Response:

- **an ambulance is called straightaway**
- give Salbutamol as above
- if necessary, CPR (defibrillator is stored in the cupboard in the Throne Room).

Calling an ambulance

Contact Ambulance Service on 999 and parent urgently from the School Office if:

1. The reliever has no effect after 10 minutes
2. The casualty is either distressed or unable to talk
3. The casualty is getting exhausted or cyanosed (blue lipped)

If pupil has forgotten reliever or the contents run out during treatment, then the use of school's emergency Inhaler will be utilised.

Important things to remember in Asthma attacks:

- Never leave a pupil who is having an asthma attack;
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer;
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent;
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing;
- Send another pupil to get another Teacher/Adult if an Ambulance needs to be called;
- Contact the pupil's parents or carers immediately after calling the Ambulance/doctor;
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Generally, staff will not take pupils to hospital in their own car. However, in some emergency situations it may be the best course of action.
- Another adult will always accompany anyone driving a pupil having an asthma attack to emergency services.

Monitoring:

The effectiveness of this policy will be monitored in line with the school's monitoring and reviewing of all school policy procedures.

An Asthma Treatment Flowchart which shows the process for First Aid treatment is shown as Appendix 1 below: