



Asthma Policy 2025

Date Issued:	April 2025
Prepared by:	Deputy Head Teacher
Review date:	May 2026
Date Adopted by Governing Body:	

Introduction

Asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma. We ensure that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.

The school:

- recognises that pupils with asthma need immediate access to reliever inhalers at all times;
- keeps a record of all pupils with asthma.

Staff Responsibilities

ALL staff should be aware of:

- symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- the asthma policy;
- which children are diagnosed with asthma;
- how to access and use an inhaler;

Asthma Medication

- Immediate access to reliever medicines is essential. Inhalers are stored in classroom cupboards in a labelled box and the staff and children have access to these whenever necessary. During PE lessons, the box of inhalers is taken by the staff member to wherever PE is taking place. Outside coaches are given the box by the teacher. On residential visits, pupils with asthma are encouraged to carry their reliever inhaler, at all times.
- All inhalers must be labelled with the child's name by the parent/carer.
- Inhalers must be taken on school trips by the teacher and must be available to the child at all times.

Record Keeping

As part of a health questionnaire or when a child joins the school, parents/carers are asked if their child has any medical conditions (including asthma) on their enrolment form. When this has been established, further details will be required from the parent/carer regarding the guidelines for managing asthma in school.

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 animals in the building other than for short periods of time as part of curriculum study in shared central areas. We have a definitive no-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.

Curriculum Access

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers/coaches at the school are aware of which pupils have asthma from the school's asthma register.
- Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers will remind pupils, whose asthma is triggered by exercise, to take their reliever inhaler before the lesson (where necessary or on the child's plan), and to thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so and inhalers are always at hand.

ASTHMA ATTACKS

- All trained first aid staff who come into contact with pupils with asthma, know what to do in the event of an asthma attack.
- There is a copy in each classroom of: - 'How to recognise an asthma attack'

This Policy will be reviewed in 2026

Responding to asthma symptoms and an asthma attack

Inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of an inhaler in such cases could lead to a delay in the child getting the treatment they need.

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.

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
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

Responding to signs of an Asthma Attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Remain with child while inhaler and spacer are brought to them. **Use the child's own inhaler, but if for any reason it's not available, there is an emergency inhaler in the office.**
- Immediately help the child to take two puffs of the inhaler
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between 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 staff are still concerned, parents should be contacted.
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes, give another 10 puffs in the same way

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

If the child has an asthma attack in school, no matter how severe, parents should be contacted and informed.

Changes to policy

Jan 2023

Page 2 - The following has been changed or added:

- Inhalers are stored in classroom cupboards in a box and the staff and children have access to these whenever necessary. During PE lessons, the box of inhalers is taken by the staff member to wherever PE is taking place. Outside coaches are given the box by the teacher. On residential visits, pupils with asthma are encouraged to carry their reliever inhaler, at all times.
- Inhalers must be taken on school trips by the teacher and must be available to the child at all times.

Page 3- The following has been removed-Each classroom has a red triangle for a child (**if there is not another adult in the classroom**) to take into the next classroom or the school office to summon first aid help in the case of any emergency.

Page 3- The following has been added -If the child has an asthma attack in school, no matter how severe, parents should be contacted and informed.

April 2025

Page 2 part in brackets added- PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson (where necessary or on the child's plan)

Page 3 added- but if for any reason it's not available, there is an emergency inhaler in the office

Page 6 added-(in an absolute emergency, there is an emergency inhaler available in the office);

ASTHMA INFORMATION FORM



Child's Name: _____

1. The triggers of an asthmatic attack are:

.....

.....

2. I confirm that:

- ☐ My child has been diagnosed with asthma and has been prescribed an inhaler
- ☐ My child is not able to self-administer the contents of the reliever inhaler whilst he/she is at school which has been prescribed by his/her doctor. A member of school staff may need to assist my child when he/she requires the asthma inhaler and medication.
- ☐ My child may need to take emergency medication during the school day and is able to take responsibility for the self-administration of his/her asthma medication.
- ☐ I give consent for my child to be given the school's emergency inhaler if their own inhaler is unavailable.
- ☐ My child should have their asthma inhaler kept in a designated area of classroom, accessible by them at all times
- ☐ My child will need a working and in date inhaler to be kept in school at all times. I will ensure that a spare asthma inhaler is supplied to the school for use by my child.
- ☐ My child will need to take an inhaler on all external school visits and trips.

Details of the inhaler and medication are as follows.

Name of inhaler and medication:

Dosage:

Method of administering the medication:

Signed: (parent/guardian)

Emergency Telephone Number:

Date

HOW TO RECOGNISE AN ASTHMA ATTACK



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 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);

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

WHAT TO DO 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 (in an absolute emergency, there is an emergency inhaler available in the office);**
- Remain with the child while the inhaler/spacer are brought to them;
- Immediately help the child to take two puffs;
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, 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 the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE;**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.



CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name
(print).....

Child's name:
.....

Class:
.....

Parent's address and contact details:
.....
.....
.....

Telephone:
.....

E-mail:
.....

DURHAM LANE PRIMARY SCHOOL

LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE



Child's name:

Class:

Date:

Dear.....

This letter is to formally notify you that.....has had problems with his / her breathing today.
This is what happened (please state, when, where and how the incident occurred):

A member of staff helped them to use their asthma inhaler.

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.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,