



Asthma Policy

St Nicolas' Church of England School Vision

Jesus said 'I am the vine and you are the branches'

Our school is rooted in the Christian Faith. Nourished by God, we want to grow together drawing on His strength to live out our Christian values so that we can reach out to others in our community.

We are all unique and together with God we want to be the best that we can be. As we learn together in a supportive and nurturing school, we will thrive and be ready to face the challenges of life.

Members of staff responsible:

Headteacher
Academy Business Director

Asthma Champion and Lead:

Mrs Lisa Warren – Office Assistant

Date of policy: September 2025
Reviewed: January 2026
Review date: January 2028

This policy is based on the Frimley Health School Asthma policy with minor adaptations to reflect the Academy Trust procedures

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 (Source: Asthma UK)

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,
- an asthma champion and lead,
- all pupils with immediate access to their reliever inhaler at all times,
- all pupils have an up-to-date asthma action plan,
- an emergency salbutamol inhaler
- ensure all staff have regular asthma training,
- promote asthma awareness pupils, parents and staff

Asthma Register

Our asthma register is maintained on our first aid and medication app 'Medical Tracker'. The system is updated regularly and holds all details about which children are diagnosed with Asthma and what medication they are prescribed. Parents/carers are asked during the admission process 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 Medical Tracker and has:

- an up-to-date copy of their personal asthma action plan,
- their reliever (salbutamol/terbutaline) inhaler and a spacer in school,
- 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.

Asthma Lead

This school has an asthma lead who is named above. It is the role of the Asthma Lead to facilitate the resources required to implement and maintain the school's Asthma Friendly Status. These resources include the provision of time for staff to complete required training and implement the Asthma Friendly Schools programme.

This school has an Asthma Champion who is named above. The Asthma Champion has attended specific Asthma Champion training provided by the Frimley Health Respiratory Nursing Team and continue to attend yearly training updates. It is the responsibility of the asthma champion to implement the Asthma Friendly School programme. Including management of 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) ensure measures are in place so that children have immediate access to their inhalers.

Medication and Inhalers

All children with asthma have immediate access to their reliever (usually blue) inhaler or their Symbicort Turbohaler (white and red) 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 UK).

Some children may have a Maintenance and Reliever Therapy (MART) Symbicort Turbohaler. This inhaler is taken morning and night as a preventer inhaler and used as needed to relieve symptoms rather than the blue salbutamol inhaler.

Inhalers and spacers are held in the child's class medication bag which follows the class around the school dependant on the location of their lesson, i.e. Hall, Playground or Field.

School staff are not required to administer asthma medicines to pupils however many children have poor inhaler technique or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler, we will contact the parent/carer and advise they arrange a review with their GP/asthma nurse.

Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. Asthma plans within school are managed on Medical Tracker by the Asthma Lead.

Those who have a Maintenance and Reliever Therapy (MART) Symbicort Turbohaler should have a MART Asthma Action Plan.

Staff training

Staff refresh their asthma training every 2 years which is then reinforced with in person training visits from the school nursing team specifically covering asthma and completion of the Education for Health Supporting Children's Health and Young People with Asthma (educationforhealth.org). tier 1 course as recommended by Frimley Health. We aim to ensure a minimum of 85% of staff complete this.

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, where possible, that pupils will not come into contact with their triggers.

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 UK)

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

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.

Pupils with asthma are encouraged to participate fully in all activities. The class medicine bag follows the class to PE lessons, if a pupil needs to use their inhaler during a lesson, they will be helped to do so.

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 if asthma is impacting on their life 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 Personal 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) which gives guidance on the use of emergency salbutamol inhalers in schools.

We have one emergency kit, which is kept in the 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 using the inhaler and spacer;
- Instruction on cleaning and storing the inhaler;
- 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 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. Those who are on a Symbicort (white and red) MART regime can safely be administered the school emergency salbutamol in the event of their device being empty, not being available or broken.

The school's asthma lead and team 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.
- 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.

Any puffs should be documented so that it can be monitored when the inhaler is running out. The inhaler has 200 puffs, so when it gets to 150 puffs having been used we will replace it.

Following use, the plastic housing which holds the canister of the inhaler will be washed and dried as per manufacturer instructions and can be used again. Once the plastic spacer has been used this should be sent home with the child with a request that the family replace it. It should not be used by another child. In the meantime, the school should replace the spacer. Or if able to do so use the child's personal spacer to administer the school's emergency inhaler.

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 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.

References

- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines.
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

Asthma Attack

For children diagnosed with Asthma/Wheeze

SIGNS OF:

- Wheezing
- Coughing
- Shortness of Breath

Treatment



GIVE UP TO 10 PUFFS OF RELIEVER (BLUE) INHALER

OR



UP TO 6 INHALATIONS OF MART (WHITE AND RED)
TURBOHALER AT A SINGLE TIME

Number of puffs needed of
BLUE inhaler :

2- 6 PUFFS

OR

Number of inhalations
needed of your MART
device:

Take 1 inhalation of your
MART device, wait a few
minutes and repeat if
necessary, up to a total of 6
inhalations.

Tell a member of staff

If better no further action
required

Number of puffs needed of
BLUE inhaler:

6- 10 PUFFS

OR

You can take up to 6
inhalations of your MART
device.

Tell a member of staff

Parents to be called and
child to be collected and
seen by medical
professional the same day.

If little or no improvement
after 10 puffs of BLUE
inhaler:

Dial 999

Continue to give BLUE
inhaler 10 PUFFS every 15
minutes until medical help
arrives or symptoms
improve.

OR

If you have taken 6
inhalations of your MART
device and your symptoms
have not improved or used
your maximum daily
inhalations, seek urgent
help.

***If their own RESCUE inhaler is **NOT AVAILABLE**, please use the school's
emergency inhaler kit ***

