

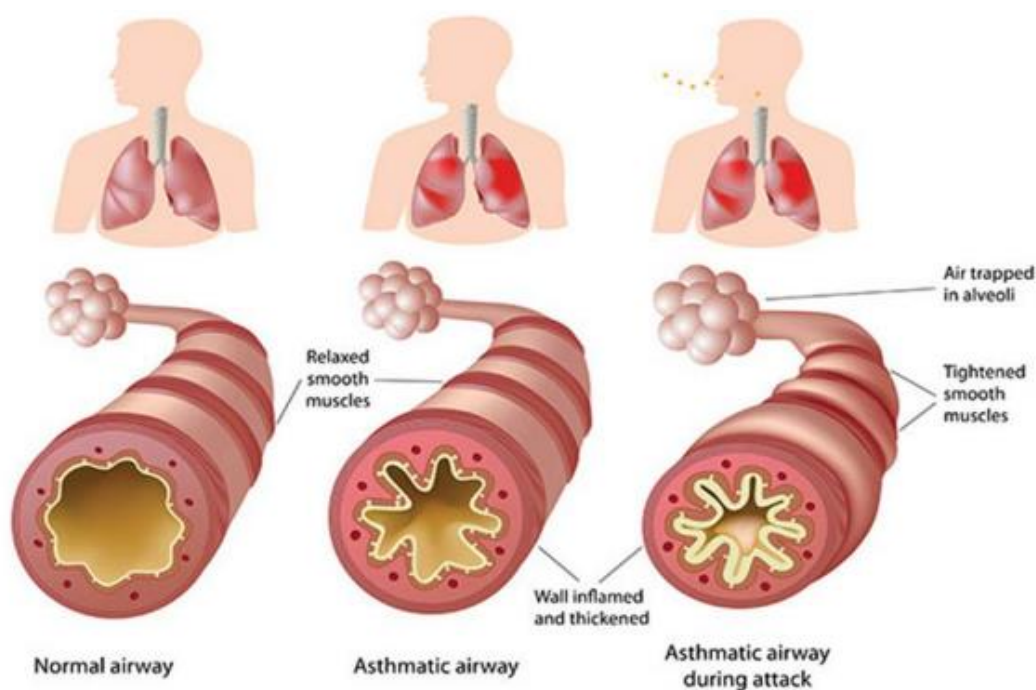
ASTHMA POLICY

At Boyne Hill CE Infant & Nursery School we acknowledge the need to support pupils with asthma and for staff to be trained appropriately in order to confidently administer emergency asthma medication when needed.

Our Asthma Lead and Asthma Champion is Mrs Abi Quinn.

Introduction

Asthma is a condition that affects the 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. We welcome all pupils with asthma and aim to support them in participating fully in school life. We endeavour to do this by ensuring that we have:

- An asthma register
- An up-to-date Asthma Policy
- An Asthma Lead – currently Mrs Abi Quinn (SENCo)
- An Asthma Champion – currently Mrs Abi Quinn (SENCo)
- All pupils with asthma have immediate access to their reliever inhaler at all times
- All pupils with asthma have an up-to-date Asthma Action Plan
- An emergency Salbutamol (blue) inhaler
- All staff with regular contact with the children have regular asthma training from the school nursing team

Asthma Register

We have an Asthma Register of pupils within the school which we update annually. We do this by asking parents/carers 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 the Asthma Register and we have:

- An up-to-date copy of their Personal Asthma Action Plan
- Their reliever (Salbutamol/Terbutaline) inhaler in school
- Permission from parents/carers to use the school's emergency salbutamol inhaler if they require it and their own inhaler is broken, out-of-date, empty or has been lost

Asthma Lead

The school has an Asthma Lead whose responsibility it is to manage the Asthma Register, update the Asthma Policy, manage the emergency salbutamol inhaler (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 pupils have immediate access to their inhaler.

Asthma Champion

The school has an Asthma Champion who has attended the Asthma Champion Training (refreshed yearly), is responsible for the implementation of the Asthma Friendly requirements and helps maintain links with community asthma services, as needed.

Medication and inhalers

A reliever inhaler is a fast-acting medication that opens the airways and makes it easier for the child to breath. (Source: Asthma UK).

Some pupils will also have a preventer inhaler which is usually taken morning and night, as prescribed by a doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should **not** bring their preventer inhaler into school.

Whilst school staff are not required to administer asthma medication, we recognise that pupils at Boyne Hill CE Infant & Nursery School are too young to carry their inhaler with them and/or administer it independently. Each child's inhaler is kept out or reach in their classroom and will be taken with them to other parts of the school.

The majority of staff have undertaken the necessary training to support any child who needs to use their reliever inhaler. Failure to receive their medication could end in hospitalisation or even death. If we have concerns about a child's increased frequency of use, we will refer to the school nurse and advise parents/carers to arrange a review with their GP/nurse.

Personal Asthma Action Plan – see Appendix 1

Asthma UK evidence shows that if someone with asthma uses a Personal 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 pupils with asthma have a Personal Asthma Action Plan to ensure their asthma is managed effectively within school to prevent hospital admission (Source: Asthma UK).

School environment

The school does all that it can to ensure the environment is favourable to pupils with asthma. The school has a strict no smoking policy anywhere on school grounds. Pupils' asthma triggers will be recorded as part of their Personal Asthma Action Plan and the school will endeavour to ensure that they will not come into contact with their triggers wherever possible.

We are aware that triggers can include:

- Colds and infections
- Dust and house dust mites
- Pollen, spores and moulds
- Feathers
- Furry animals
- Vigorous exercise
- Stress
- Cold air/change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke

As part of our responsibility to ensure all children are kept safe within the school grounds and on off-site trips, a risk assessment will be performed by staff. The risk assessment will establish asthma triggers which the pupils could be exposed to and plans will be put in place to try and make sure these triggers are avoided as much as 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 pupils in their class have asthma and all external PE teachers/club coaches will be aware of which pupils have asthma, from the school's Asthma Register. If a pupil needs to use their inhaler during a lesson they will be supported to do so.

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involves pupils with asthma as much as possible in and outside school. The same rules apply for out of hours sport as during the school day PE lessons (Source: Asthma UK).

When asthma is affecting a pupil's education

The school is 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 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 with consent, the school nurse, and suggest they make an appointment with their asthma nurse/GP. It may simply be that the pupil needs an asthma review to improve their 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 a 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). The document can be found [here](#) under the downloads for schools section on.

We have summarised the key points from this policy below:

As a school, we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We can do this using the NHS request form which can be found on the website mentioned above.

At Boyne Hill CE Infant & Nursery School we have two emergency kits. One is kept in the First Aid cupboard in the main school staffroom. The other is kept in the Rainbow room in the Annexe.

The kit contains:

- A salbutamol metered dose inhaler
- Two spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- A note of arrangements for replacing the inhaler & spacer
- 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, temporary and not likely to cause serious harm. The child may feel a bit shaky/tremble or may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by pupils who have asthma or who have been prescribed a reliever inhaler and for whom written parental consent has been given.

The school's Asthma Lead and team will ensure that:

- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use
- 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 two weeks or more, shake and release 2 puffs of medicine into the air (away from children)

Any puffs should be documented so that the number of remaining puffs can be monitored. When the inhaler has approximately 20 puffs remaining, we will replace it.

To avoid possible risk of cross-infection, the plastic spacer should not be reused, i.e., it should be replaced with a new spacer. The used spacer can be given to the child to take home for future personal use.

The inhaler can be reused so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water and left to dry in the air in a clean, safe space. The canister will be returned to the housing when dry and the cap replaced.

Spent inhalers will be returned to the pharmacy to be recycled.

The Emergency inhaler will only be used by children:

- who have been diagnosed with asthma and prescribed a rescue inhaler
- **or** have been prescribed a rescue inhaler bullet
- **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. The parents/carers will always be informed in writing if their child has used the emergency inhaler so that this information can be passed onto their GP.

Common day-to-day symptoms of asthma

As a school, we require that pupils with asthma have a Personal Asthma Action Plan which should be signed by their GP/nurse (see appendix 1). 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:

- A dry cough
- A wheeze (a 'whistle' heard on breathing out), often when exercising
- Shortness of breath when exposed to a trigger or exercise
- A tight feeling in the chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise) as per Department of Health documentation. They would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma attacks

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff working directly with children will receive an asthma update biennially and as part of this training they are taught how to recognise an asthma attack and how to manage it. In addition to this, guidance will be displayed in the staff room and other rooms. This can be downloaded [here](#).

The Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- A 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 accessory 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)

If the child is showing these symptoms we will follow the guidance for responding to an asthma attack recorded below. We also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if a child:

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

It goes on to explain that in the event of an asthma attack, staff should:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler but if not available, use the school's emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- Place the mask of the spacer securely over the nose and mouth or in the case of an adult, place the mouthpiece between the lips
- *Immediately help the child to take two puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths)
- If there is no improvement, repeat these steps* 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 you have had to treat a child for an asthma attack in school, it is important that the parents/carers are informed as soon as possible and advised to make an appointment with their GP
- If the child has had to use 6 puffs or more in 4 hours, the parents/carers should be made aware and the child should be seen by their GP/nurse
- If the child does not feel better or you are worried at ANYTIME before they have been given 10 puffs, call 999 FOR AN AMBULANCE and then call parents/carers
- If an ambulance does not arrive in 10 minutes, give another 10 puffs in the same way

- A member of staff will always accompany a child taken to hospital by ambulance and stay with them until the parent/carer arrives if they have not reached school before the ambulance leaves

References:

Asthma UK website (2015)

Asthma UK (2006) School Policy Guidelines

BTS/SIGN asthma guidelines

Department of Health (2014) guidance on the use of emergency salbutamol inhaler in schools

This policy will be reviewed biennially

Reviewed: September 2026

CONSENT FORM FOR USE OF SCHOOL EMERGENCY SALBUTAMOL INHALER

For use when a child is showing symptoms of asthma/having an asthma attack

1. I can confirm that my child has been:

- diagnosed with asthma ☐
- prescribed an inhaler ☐

2. My child has a working, in-date inhaler, clearly labelled with their name, which is stored safely at school.

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 the school's emergency inhaler, held by them for such emergencies.

Child's name _____ Class _____

Signed _____ Date _____

Name (print) _____

Relationship to child _____

Home address _____

Telephone number _____

Email _____

THINGS TO KNOW ABOUT AN ASTHMA ATTACK

- Not all symptoms listed have to be present for a child to be having an asthma attack
- Symptoms can get worse very quickly
- If in doubt, give emergency treatment
- Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky or stating that the heart is beating faster

SYMPTOMS THAT MAY BE A SIGN OF AN ASTHMA ATTACK

➤ **COUGH**

A dry persistent cough.

➤ **CHEST TIGHTNESS OR PAIN**

This may be described by a child in many ways including a 'tight chest', 'chest pain', 'tummy ache'.

➤ **SHORTNESS OF BREATH**

A child may say that he/she feels like it is difficult to breathe or that their breath has 'gone away'.

➤ **WHEEZE**

A wheeze sounds like a whistling noise, usually heard when a child is breathing out.

➤ **INCREASED EFFORT OF BREATHING**

This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger children, the stomach may be obviously moving in and out. They may show nasal flaring.

➤ **DIFFICULTY IN SPEAKING**

The child may not be able to speak in full sentences.

➤ **STRUGGLING TO BREATHE**

The child may be gasping for air or exhausted from the effort of breathing.

CALL 999 FOR AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF A CHILD:

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

ADMINISTERING RELIEVER INHALED THERAPY THROUGH A SPACER

A metered dose inhaler can be used through a spacer device.

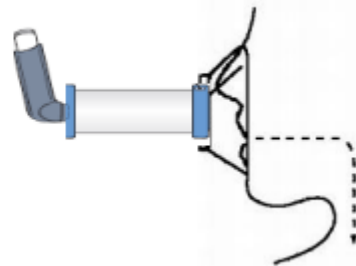
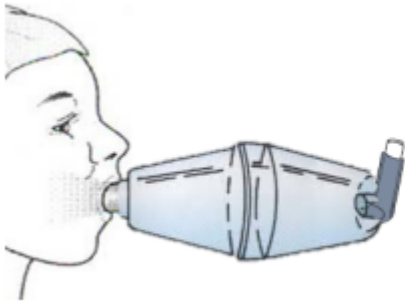
If the inhaler has not been used for 2 weeks, then press the inhaler twice into the air (away from children) to clear it.

A SPACER MIGHT BE

ORANGE	YELLOW
BLUE	CLEAR

A SPACER MAY HAVE

A MASK
A MOUTHPIECE



THINGS TO REMEMBER

1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove the cap from the inhaler
4. Shake the inhaler and place it in the back of the spacer
5. Place the mouthpiece in the mouth with a good seal or if using the mask, place securely over the mouth and nose
6. Encourage the child to breath in and out slowly and gently
7. Depress the canister encouraging the child to continue to breath in and out for 5 breaths
8. Remove the spacer
9. Wait 30 seconds and repeat steps 2-7
10. Assess for improvement in symptoms

Dependent on response, steps 2-7 can be repeated up to 10 puffs.

If there is no improvement **CALL 999 FOR AN AMBULANCE**. If help does not arrive in 10 minutes, give another 10 puffs in the same way.

If the child does not feel better or you are worried **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE** continue to treat as above.