Luston and Shobdon Community Primary Schools Federation
including Luston Nursery

Asthma Policy

Last reviewed	**24 Sep 2026**
Renewal due	**Sep 2027**

Luston and Shobdon Community Primary Schools Federation:

- Recognise 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/Forest School/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 and 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.

School Asthma Policy

This policy has been written with advice from the NHS UK, Asthma + Lung UK, Parents, First Aiders and asthma sufferers. The Heads of School at Luston and Shobdon are the named lead staff members for asthma.

The schools encourage 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 will know who amongst the school staff is first aid trained to assist with effective treatment for pupils with asthma.

1. Medication

Children are encouraged to take responsibility for their reliever inhaler as soon as the parent, Doctor or nurse and class teacher agree they are mature enough. It is the parents' responsibility to ensure that the school is provided with labelled inhalers & spacers.
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 for all children are stored in a named box in their registration classroom. All staff and children in the class will know its location, this includes supply teachers. In the event of a child who is asthmatic is off site during the school day, the member of the school staff will be responsible for taking their inhaler.

School staff are not required to administer medication to children except in an emergency, however many of the staff are happy to do this. School staff who agree to do this are insured by the Federation when acting in accordance with this policy. All school staff will let pupils take their own medication when they need to. 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; the pupil's reliever and spacer should be cleaned and dried after use.

Inhalers need to be cleaned and stored well so they can work properly.

- Care should be taken not to muddle the components as this could pose a risk to the child.
- Inhalers should be stored in a place which is accessible for use in the event of an asthma attack.
- Store inhalers at room temperature, avoiding direct sunlight or cold temperatures.
- Keep the cap on inhalers while out of use to avoid dust and debris from getting into the mouthpiece.
- Keep inhalers dry as moisture can affect how the medicine works.

2. **Record keeping**

When a pupil starts at school, medical conditions, if any, including asthma are noted. This information is noted on a record for medical conditions along with 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, and expect to receive a copy of the GP/Hospital produced written Personal Asthma Action Plan (PAAP) for the pupil.
When a medicine/asthma reliever inhaler is administered, this is recorded by the school, on a 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.

3. **Emergency Evacuation of Premises**

In the event of a fire drill or any evacuation procedure each class teacher MUST take the box of inhalers out with them from their classrooms. Any specific medication will be brought out by the school office staff.

4. **PE/Forest School/Trips**

Taking part in sports is an essential part of school life. Teachers are aware of which pupils have asthma as recorded on 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 member of staff may fetch the box of inhalers from the classroom. Pupils taking part in Forest School or off-site visits activities will have their asthma medication with the named first aider for the class. This includes swimming sessions. Pupils can take 2-4 puffs from their reliever prior to activity which is dependent on their personal needs and information contained in their PAAP.

5. **The School Environment**

The Federation does all that it can to ensure that the school environment is favourable to pupils with asthma. The school does not keep furry or feathery pets and has a non-smoking and vaping statement. As far as possible, the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. School complies with CLEAPPS advice. If a pupil were to feel unwell, they would be supported to leave the teaching area and sit in the school foyer.

6. **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 the class teacher will initially talk to the parents. If appropriate, the teacher will then talk to the school nursing service and the Inclusion Lead about the situation. The school recognises that it is possible for pupils with asthma to have special educational needs because of asthma.

7. Training of staff

All Federation staff must attend face to face asthma awareness training at least every 2 years. This can be through the school nursing service or an independent provider. Asthma awareness training must be completed in conjunction with First Aid training to ensure staff are competent to manage an asthma attack.
Asthma awareness should be a minimum of 30 minutes and include the following elements:

- 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

8. Asthma attacks

The Federation 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 <u>reliever</u> 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 <u>blue reliever</u> 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 <u>AIR or MART</u> 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, a pupil can return to school activities*. The pupil's parents/carer must be informed about the attack. A phone call will be made immediately, and an email will be sent to their parents/ carer informing them that either the child's own reliever was administered, or the school's emergency reliever was used and the reason why this was necessary.

Emergency procedure

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)
4.

If pupil has forgotten reliever or the contents run out during treatment, then the use of the 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.

*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 da y.