



Asthma Policy

Updated: January 2025

To be reviewed: January 2027

Farndon Primary School

**EQUALITY SCHEME
EQUALITY IMPACT ASSESSMENT FOR
ASTHMA POLICY**

Staff / Committee involved in development:	Health Safety Committee; Headteacher
For use by:	Staff, Governors and Parent/Carers
This policy relates to statutory guidance:	Supporting pupils with medical needs 2014 EYFS 2014 Children and Families Act 2014 Equality Act 2010 Asthma Guidance 2016
Key related Farndon Policies:	Health and Safety policy Medicines Policy

Equality Impact Assessment: Does this document impact on any of the following groups? If YES, state positive or negative impact, and complete an Equality Impact Assessment Form or action plan, and attach.

Groups:	Yes/ No	Positive/Negative impact
Disability	No	
Race	No	
Gender	No	
Age	No	
Sexual Orientation	No	
Religious and Belief	No	
Gender Reassignment	No	
Marriage & Civil Partnership	No	
Pregnancy & Maternity	No	
Other	No	
Reviewed by	Leadership and Management	

Introduction:

This policy gives guidance to School First Aiders on managing Asthma and Asthma medication in School and when to administer an emergency inhaler.

Aims:

- To identify who has Asthma within our school.
- To manage Asthma medication and to receive permission for the administration of prescribed medication and emergency medication from parents and carers.
- To give guidance on the storage of Asthma medication.
- To identify the signs and symptoms of asthma.
- To give guidance on managing an Asthma attack.
- To give guidance on when to administer the emergency inhaler and how to store and maintain the emergency inhaler.

Asthma in our School:

In the School Office there is a Medicines File located in the medicines cupboard which includes all the information on those pupils with inhalers (highlighted in blue) by the emergency inhalers. Within the Asthma file there will be:

- An Asthma Register – stating permission given for the emergency inhaler
- An Asthma Policy
- Blank Asthma Cards
- Emergency Inhaler Permission Signed by Parents/Carers
- Blank Emergency Inhaler Administration Notification forms
- Emergency Inhaler Administration Record sheet
- Guidelines on administering and maintaining the emergency inhaler
- Signs and Symptoms of Asthma and the Asthma attack protocol – this will also be laminated and available in the emergency inhaler box.
- Permission slips for use of the emergency inhaler.

Identification and Permission:

On entering Farndon Primary School Parents/Carers will be asked to complete a Medical form where they will state any medical needs for their child, including Asthma. If they state their child has Asthma or has been prescribed an inhaler for other medical needs they will be asked to complete an Asthma card and an Emergency Inhaler permission slip.

The Asthma card will contain the name and expiry date of the child's inhaler and will give a brief description of their signs and symptoms. It will also state the dosage and whether the child needs to be assisted with their inhaler or supervised. It is expected that all children will be supervised when self-administering their inhaler.

Storage:

All inhalers will be stored in the stock cupboards within each classroom. This is to ensure that pupils can access them independently whenever they need them. They are stored in the red "grab bag." The emergency inhalers will be stored in the School Office which is known to all staff and is accessible with the use of a key as the medical cupboard is locked. If children are participating in swimming or an activity or trip outside of school then the child's medication will go with them in the red grab bag.

The Prescribed Inhalers are stored in clearly marked boxes with the children's names and inhaler expiry dates. Although the prescribed inhaler expiry dates are regularly checked by Office Staff and the First Aid Coordinator it is ultimately the responsibility of the parent to provide school with a working and valid inhaler. Inhaler expiry dates are clearly marked on the medicines spreadsheet, with reminders organised on the office desktop; parents are given text messages as reminders.

Asthma Signs and Symptoms:

Common 'day to day' symptoms of asthma are:

- Cough and wheeze when exercising.
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to the 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 / goes blue
- Has collapsed

If a child is displaying the above signs of an asthma attack, follow the Asthma Attack Protocol

ASTHMA ATTACK PROTOCOL:

Responding to signs 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 – if not available, use the emergency inhaler.
- Remain with child while inhaler and spacer are brought to them.
- Immediately help the child to take two puffs of the salbutamol via the spacer immediately.
- 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 the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, ask another member of staff to CALL 999 FOR AN AMBULANCE, inform the Head teacher and contact Parents/Carer.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

When an inhaler has been given, staff must record on the pupil's asthma card showing time, date and dosage.

Administering an Emergency Inhaler:

The emergency salbutamol inhaler should 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 guidance on the emergency inhaler for dosage and administration should be followed.

When given to a pupil, the letter from Appendix 4 must be completed and given to parents.

Emergency Inhaler Location:

The emergency inhaler will be stored in the School Office in its own box and clearly labelled 'EMERGENCY INHALER'. Within the both their will be:

- Two emergency inhalers
- Four spacers suitable for use with the emergency inhaler
- Asthma signs and symptoms and an Asthma attack protocol.

Salbutamol:

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.

The main risk of allowing our school to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that our school ensure that the 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.

Storage and care of the inhaler:

The emergency inhaler will be checked monthly by the Office Staff or First Aid Coordinator and they will sign and date on the emergency inhaler box to state when these checks have been completed. They will be responsible for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- 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.

Last Updated: January 2025

Review date: January 2027

Signed: 

Appendix 1 - CONSENT FORM

USE OF EMERGENCY SALBUTAMOL INHALER AT FARNDON PRIMARY SCHOOL

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 and that this will be stored in the School Office with an Asthma card outlining the dosage and procedure for the administration of their inhaler.
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:

Appendix 2

ASTHMA PUPIL CARD				
Name:		Record of inhaler usage		
Inhaler:		Date:	Time:	Signed:
Expiry Date:				
Dosage:				
Self-administer:				
Spacer needed:				
Emergency inhaler:				
Parent contact:				
IHC Plan:				
Potential Triggers:				
Other medical / personal information				

APPENDIX 3

Surname **First Name**

My child's details and contact numbers:

Date of Birth

Parent(s) name(s)

Telephone Home Work
Mobile

Doctor (GP) name

Doctor (GP) telephone

Known triggers/allergies

Any other medical problems?

My Child's Medication

Reliever medication (usually blue)

Medication name (e.g. SALBUTAMOL)	Device (e.g. diskhaler)	Dose (e.g. 1 blister)	When taken (e.g. when wheezy, before exercise)

Other Medication

Most preventers can be taken outside of school hours – check with your GP or asthma nurse

Medication name	How taken/device	Dose	When taken

Emergency Treatment

In the event of a severe asthma I am happy for my child to receive up to 10-20 puffs of their reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.

Self-administer with adult supervision Yes No

Spacer Needed: Yes No

Signed: (Parent) Date

Key points for parents to remember:

This record is for your school. Remember to update it if treatment is changed.
Remember to check you have enough inhaler doses and that the inhaler is in date
and labeled by the pharmacist with your child's name and dosage details.

The section below is to be completed by school staff

Has this child got a healthcare plan for any other condition?

Yes (discuss with school nursing staff)

No

Asthma record checked by asthma link person (Name)

Any concerns to be discussed with school health advisor/school nurse:

Record of discussion: Signature/Date:

Appendix 4

ADMINISTRATION OF EMERGENCY SALBUTAMOL INHALER USE AT FARNDON PRIMARY SCHOOL

Child's name:.....

Class: Date:

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today.

This happened when.....

Your child's prescribed inhaler was unable to be used because

.....

Therefore, with permission from you pre - signing the consent form, your child was given

the emergency salbutamol inhaler by.....

They were given Puffs.

After the administration of the emergency salbutamol inhaler they were (delete as appropriate)

- Well enough to remain in school under supervision.
- Asked to be collected by a parent or carer.
- Further medical attention was called for or advised.

Yours sincerely,

Appendix 5

ASTHMA ATTACK PROTOCOL

Responding to signs 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 – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them.
- Immediately help the child to take two puffs of the salbutamol via the spacer immediately
- 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 the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, ask another member of staff to CALL 999 FOR AN AMBULANCE, inform the Head teacher and contact Parents/Carer.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

