MAYFIELD SCHOOL
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Asthma Policy

PLAN ADMINISTRATION	
ASTHMA POLICY	
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Person responsible for review	Headteacher

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Headteacher		30.09.2026
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1. Our Commitment to an Asthma-Friendly School

The asthma friendly schools (AFS) programme sets out clear, effective partnership arrangements between health, education, and local authorities for managing children and young people with asthma at primary and secondary schools.

We are an asthma friendly school and have gained asthma friendly status for our care of students with asthma. This means we advocate inclusion, are clear on our procedures and have designated Asthma Leads to ensure these are adhered to. We commit to the audit of our procedures yearly.

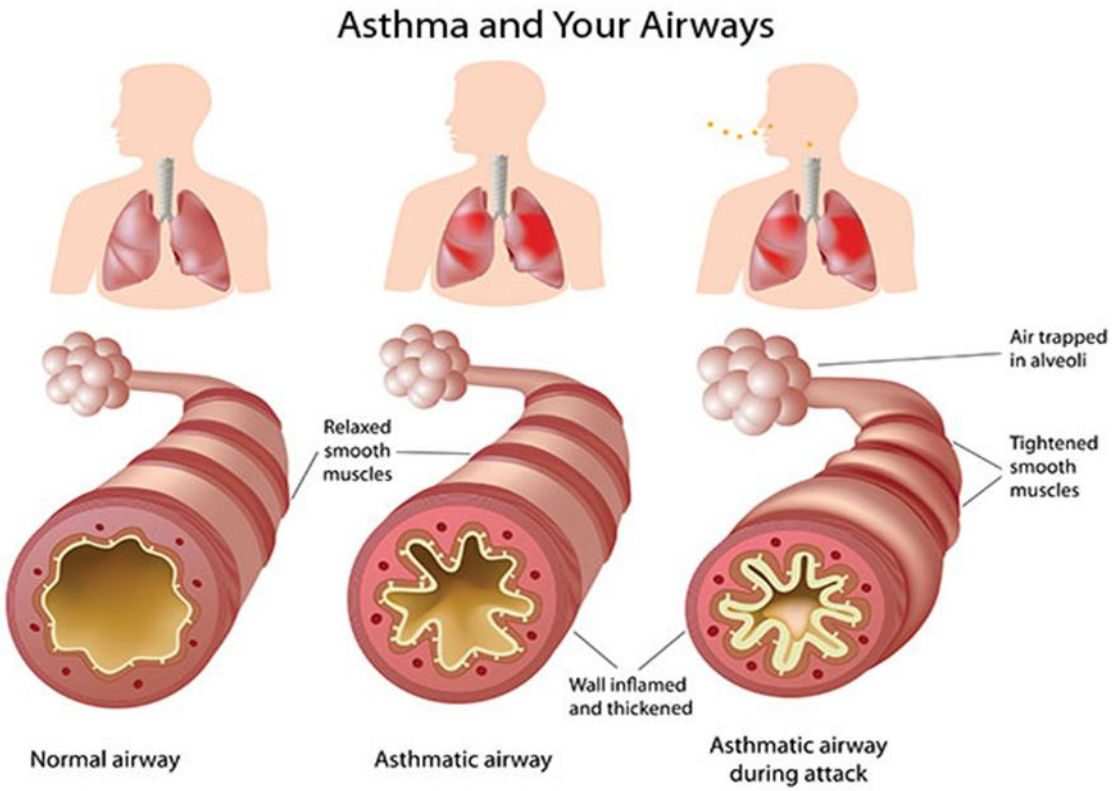
We welcome parents and students' views on how we can continue to improve and build upon our standards.

The school recognises that asthma is a prevalent, serious but manageable condition and we welcome all students with asthma. This policy was drawn up in consultation with parents, students, School Nurses, Local Authority, School Governors, and health colleagues.

We ensure all staff are aware of their duty of care to students. We have a "whole school" approach to regular training, so staff are confident in carrying out their duty of care.

2. 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.



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 to participate fully in school life. We endeavour to do this by ensuring we have:

- An asthma register
- An up-to-date asthma policy,
- An asthma champion,

- All pupils with immediate access to their reliever inhaler at all times,
- All pupils with asthma have an up-to-date personalised asthma action plan (PAAP),
- An emergency asthma kit with salbutamol inhaler
- All staff have regular asthma training,
- Promotion of asthma and management of the condition to pupils, parents, and staff.

3. Asthma Register

We have an asthma register (Appendix 1) of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler (**Letter Appendix 2**). 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 has:

- An up-to-date copy of their personal asthma action plan
- Their reliever (BLUE) inhaler in school,
- Consent from the parents/carers to use the emergency salbutamol inhaler if they require it.

4. Asthma Champion

Becky Caunce is our asthma champion who is the lead in school and is named above. It is the responsibility of the Asthma Champion to manage the asthma register, update the asthma policy, and to ensure children have immediate access to their inhalers.

The Champion will also manage the emergency asthma kits. The Asthma Champion will also ensure the AFS Standards are completed yearly and liaise with the PH5-19 team for any support and advice.

5. Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler 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.

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should **not** bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed.

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by key stage 2. However, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler.

For younger children, reliever inhalers are kept in the classroom in a lockable cool storage cupboard.

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 refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines.

6. Personalised Asthma Action Plans (PAAP)

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 children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions.

Downloadable Children's Asthma Plan

MBHT My Asthma Plan

For any child that has Asthma we will be sending out a 'End of term letter' (Appendix 4) to encourage parents/carers to organise an asthma review to ensure the PAAP is completed fro the start of a new school year.

7. School Environment

As a school, we do 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 that pupil's will not come into contact with their triggers, where this is possible.

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

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

8. 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.

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 involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE.

9. 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 asthma is impacting on their life as 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 Personalised 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.

10. 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). We have summarised 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 have two emergency kit(s), which are kept in the Main School Office School and our EYFS building.

Each kit contains:

- A salbutamol metered dose inhaler
- A plastic spacer compatible with the inhaler
- Copy of '**Emergency Asthma Action Plan' (Appendix 6**)
- Copy of '**How to help a child use their spacer' (Appendix 7**)
- Manufacturer's information including instructions on cleaning and storing the inhaler
- 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
- The **Asthma Register (Appendix 1**) showing children permitted to use the emergency inhaler as detailed in their personalised asthma plans
- A copy of **'Record of Inhaler Administered in School (Appendix 8)** (i.e. when the inhaler has been used).

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 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.

The school's asthma lead 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;
- 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 2 weeks or more, shake and release 2 puffs of medicine into the air

Any puffs should be documented on the 'Record of emergency inhaler' form (**Appendix 9**) so that it can be monitored when the inhaler is running out. The inhaler has 200 puffs and will be replaced 1 year after the first puff.

The spacer cannot be reused. We will replace spacers following 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 air in a clean safe place. 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 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 on our Asthma register and listed 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 see 'letter to parent/carer (**Appendix 9**).

11. 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.

12. 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 will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition 'Emergency Asthma Plan (**Appendix 6**) guidance will be displayed in the staff room .

The DOH Guidance on 'The use of emergency salbutamol inhalers in schools' (March 2015) states 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 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. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

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

- Has collapsed

It goes on to explain that 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 – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- 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 30-60 seconds between doses, 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 we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- The Call handler will advise on further treatment whilst the ambulance is on its way.

13. Whole School Training

Staff will need yearly asthma updates. This training can be provided by the Public Health 5-19 team Professionals - Support and Advice | Cumbria County Council.

As a school community it is part of the AFS that pupil education will be incorporated into our RSHE curriculum.

14. Associated Legislation

- The Children and Families Act 2014
- The Education Act 2002
- Section 3 of the Children Act 1989
- Legal duties on local authorities
- Section 17 of the Children Act
- Section 10 of the Children Act 2004
- Section 3 of the NHS Act 2006
- Equality Act (2010)

15. Review period

This policy will be reviewed annually to ensure its continued effectiveness and relevance. Any necessary updates will be implemented promptly, particularly in response to changes in legislation, industry standards, or guidance issued by the NHS. If the NHS releases an update, the policy will be revised accordingly to align with the new requirements.

Appendix 1: Asthma Register

Forename	Surename	DOB	Class	Year Group	Have Asthma	Have Inhaler	Asthma Care Plan	Inhaler PRN	Use of Emergency Inhaler

Appendix 2: Consent and Supporting Asthma in School Letter

Dear Parent/Guardian,

We are currently reviewing our asthma policy and register to ensure we provide the support and care needed for children and young people in our school with asthma.
In order to ensure the information we have for your child is up to date in regards to asthma can you please provide us with the following information about your child?

Childs Name DOB Class

- My child **does not** have Asthma and **has not** been prescribed an asthma inhaler ☐
- I confirm that my child **has** been diagnosed with asthma ☐
- I confirm my child **has** been prescribed an inhaler ☐
- My child has a working, in-date inhaler and spacer clearly labelled with their name, which they will have with them at school every day or will be left on school premises. ☐
- Please tick if you **DO NOT** wish the school to use the schools' inhaler in an emergency ☐

Print Name _____ Signed _____ Date _____

Parent's telephone number _____ Email address: _____

Our updated asthma policy means we will have an **emergency** salbutamol reliever inhaler on site for children already diagnosed with asthma or that have a prescribed inhaler.

This is a precautionary measure. You still need to provide your child with their own inhaler and spacer as prescribed.
If you **do not** wish for us to use the schools' inhaler in an emergency, please fill in the details above and return to school as soon as possible.
Please note that everyone with asthma should use a spacer with their inhaler in order to deliver maximum benefit to the lungs (unless your child has a breath actuated inhaler).
If your child does not have a spacer or has not had an asthma review in the past 12 months, please book an appointment with your GP as soon as possible who will also provide an up to date personalised asthma action plan for us to follow in school.
For more information on reasons for and how to use a spacer see Asthma UK: **www.asthma.org.uk**

Yours sincerely

Appendix 3. PAAP

GREEN ZONE

No symptoms

Asthma action plan.

Follow the advice in your child's asthma action plan if:

- Your child is able to perform their normal activities, such as play, walking and talking normally.
- They do not have any regular symptoms of cough, wheeze, chest tightness or breathlessness (day or night).
- They need their reliever inhaler less than three to five times per week (not including before doing exercise).

If you are able to obtain a peak flow reading it should be above 80% which is _____.

_____ asthma treatment:

Preventer

Take ____ puff/s in the morning and ____ puff/s at night of my _____inhaler/s.

Do this every day.

Other medications:

Reliever: (Blue)
Salbutamol 100mcg inhaler.
Take 2— 4 puffs via a spacer device, whenever you wheeze, or have a coughing episode.

AMBER ZONE

Getting symptoms

When to increase the blue inhaler.

- Your child has a cough, wheeze, it is hard to breath or their chest hurts.
- Your child has a cold causing a wheeze, cough or chest tightness.
- They have difficulty doing their normal activities because of wheeze symptoms.
- Their sleep is disturbed due to wheeze symptoms.
- Your child needs more blue reliever than normal.

If you are able to obtain a peak flow reading it should be above 50%, which is _____.

Step up
Increase the blue inhaler to 4 — 8 puffs every 4 hours. As long as this dose is effective, your child can stay at home. Reduce then stop when they have been well for 48 hours.

If your child needs more than this then see your Doctor or your Emergency Department as soon as possible.

Continue taking a preventer as prescribed.

Produced by Janine Marshall, Paediatric Respiratory Nurse, May 2012. Revised February 2014 by CYP Pathway CQUIN Pathway Working Group. To be revised February 2015.

RED ZONE

Emergency Action Plan

If your child has any of these symptoms, act fast:

- Breathless or breathing hard and fast.
- Blue lips.
- Symptoms have worsened despite using reliever.
- Difficulty talking or walking.
- The skin is depressed or sucked in at the neck, around the collarbone or between the ribs.
- Having an allergic reaction which is affecting breathing.
- Peak flow below 50%.

Rescue Treatment
Consider dialling 999

Keep me calm, sit me up and slightly forward. Loosen tight clothing.

GIVE 10 PUFFS OF THE BLUE INHALER, ONE PUFF AT A TIME, OVER 10 MINUTES. THIS CAN BE REPEATED ONCE MORE.
IF SYMPTOMS DO NOT IMPROVE QUICKLY, TAKE YOUR CHILD TO A&E OR CALL 999.

Doctor

If this treatment works, arrange to see your child's GP or nurse as soon as possible to prevent it happening again.

Appendix 4. End of Term Letter

Asthma Attacks Spike in September

Dear parent/carer,

As part of our school asthma policy, we would like to ensure that all our children with asthma have a personal asthma action plan in school, so that we have all the correct information about your child to enable us to support them with their asthma.

If your child has not had a recent asthma review at your GP surgery and/or does not have an up -to -date action plan in school, please could we ask that you make an appointment at your surgery for an asthma review during the holiday so that you have an action plan you can bring back to school at the beginning of term.

Data shows that every year in September there is a peak in admissions for children having an asthma attack. The cause of this is not clear, however it is believed that when the children return to school they are exposed to a number of new environmental factors that can trigger an asthma attack.

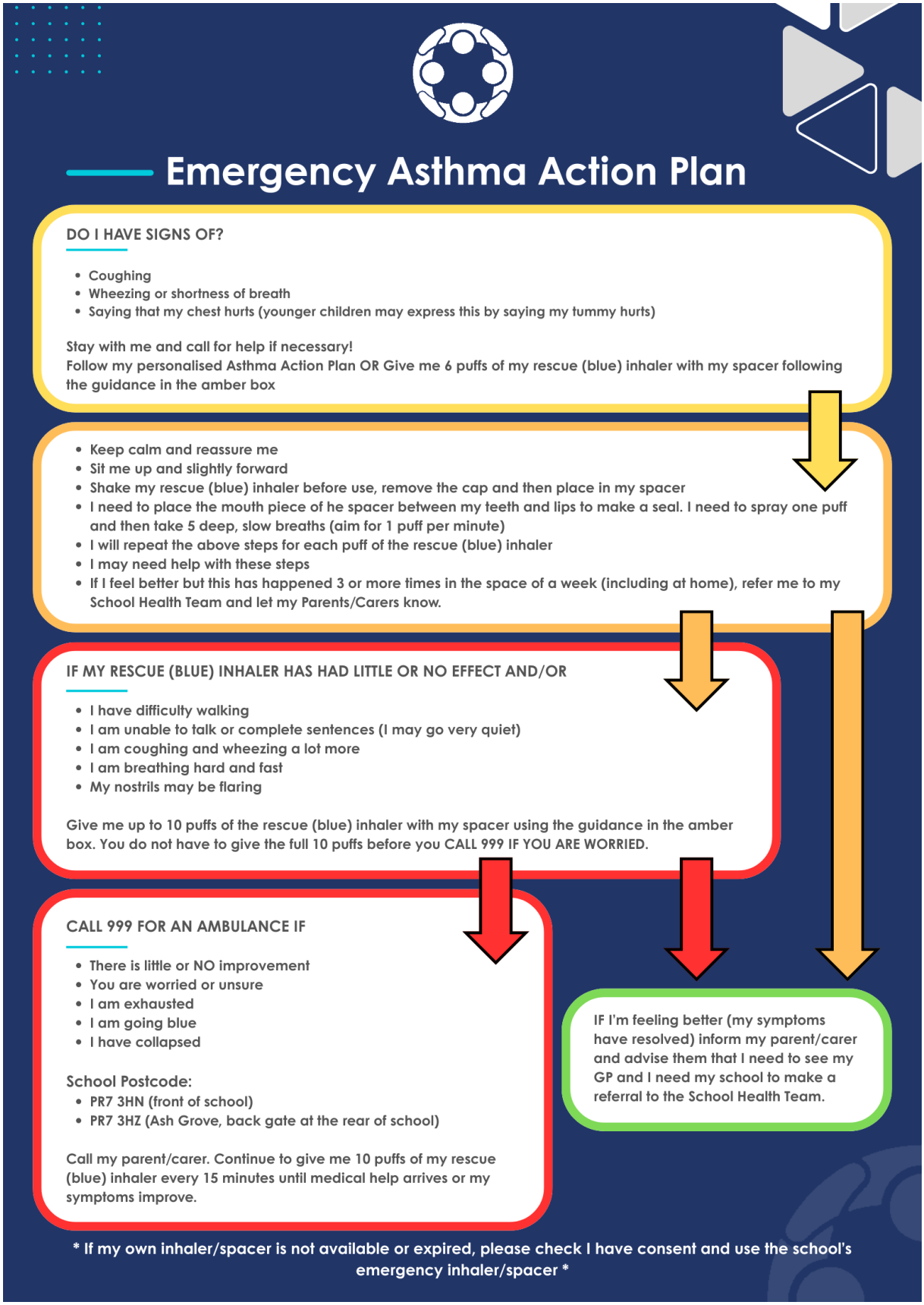
Children are also exposed to new viruses which can be another trigger of an asthma attack. If children with asthma return to school with their lungs in the best possible condition, then an asthma attack maybe prevented.

Asthma UK's website has lots of useful information about asthma https://www.asthma.org.uk/ including the importance of an asthma review every 6-12 months and continuing to take your preventer inhalers even when you feel well.

Yours sincerely

Appendix 5. Emergency Kit Checklist Poster

Appendix 6. Emergency Asthma Action Plan Poster

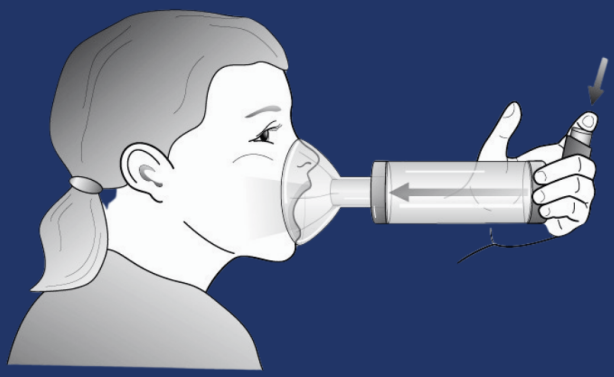


Appendix 7. How to use a Spacer Poster

How To Use A Spacer Device

YOU SHOULD BE SHOWN HOW TO HELP A CHILD USE THEIR INHALER AND SPACER. IF YOU'RE NOT SURE YOU'RE DOING IT PROPERLY PLEASE SEEK ADVICE FROM YOUR ASTHMA CHAMPION.

1. Explain to the child what's going to happen and what they need to do.
2. If it is a new spacer prime it with 2 puffs of the inhaler to coat the chamber.
3. Sit the child upright, not slouched.
4. Remove the cap and shake the inhaler – the child can help with this for 30 seconds.
5. Put the inhaler into the end of the spacer.
6. Place the mouthpiece between the child's teeth and lips, making a seal so no medicine can escape, or mask over the mouth and nose.
7. Press the canister once to put one puff of the child's inhaler medicine into the spacer.
8. Get them to breathe in and out of the mouthpiece five times counting slowly.
9. Repeat from step 2 for each puff of the inhaler needed, remembering to take out the inhaler and shake it before each puff.
10. Wait 30 seconds - 1minute in between each dose, the canister needs to rewarm and you can shake whilst waiting.



NHS
Lancashire and South Cumbria
Integrated Care Board

Record of inhalers administered to children in school

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given (Puffs)	Name of Parent/Carer informed of emergency inhaler use	Signature of staff	Print name

Please be aware of those students who carry their own inhaler and self-medicate. A record of such use should be kept. Under the Data Protection Act 1998 (DPA), schools are responsible for ensuring that the collation, retention, storage and security of all personal information they produce, and hold meets the provisions of the DPA. Parents should be notified on every occasion if a student is using their inhaler except for agreed pre-sport use.

Appendix 9. Letter to inform parents/carers of their child's own inhaler or emergency salbutamol inhaler use

Child's Name _____

Class _____

Date _____

Dear

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

at (time) _____

This happened when _____

☐ 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 salbutamol inhaler. They were given ……. puffs at ……am/pm.

☐ Their own asthma inhaler was not working, so a member of staff helped them to use the emergency salbutamol inhaler. They were given ……. puffs at ……am/pm.

We would strongly advise that you have them seen by their doctor as soon as possible.

If their own inhaler was not available today, please ensure that this is replaced urgently.

Yours sincerely,