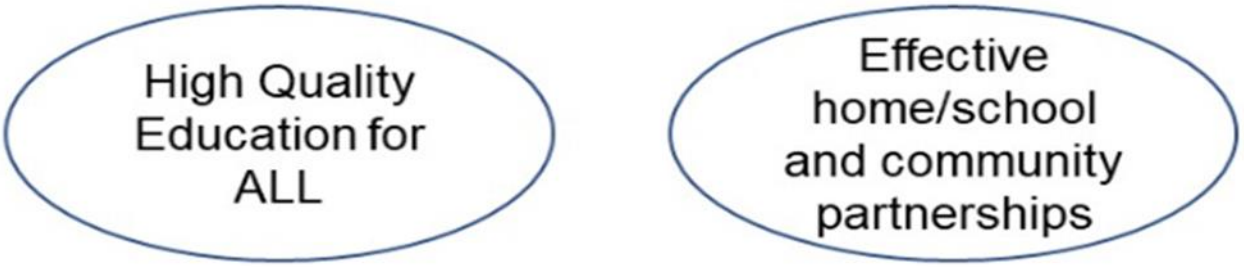
Asthma Policy

Our Shared Vision

Striving for excellence in everything we do



Equality Mission Statement

We are committed to ensuring equality of educational opportunity and support for all pupils, parents, carers, staff and visitors irrespective of age, sex, race, disability, religion or belief, sexual orientation, pregnancy, gender reassignment, and socio-economic background. We aim to provide a fully inclusive school in which every person feels proud of their identity and is able to participate fully within the school community. We believe that a diverse school community is a strength which should be respected and celebrated by all those who learn, teach and visit here.

Approved by: Site and Financial Management Committee	**Date:** 2.2.2026
Signature (Chair of Governors): On file	**Signature (Headteacher):** On file

Last review date: February 2026	**Next review date:** February 2027

This policy covers many of the articles from the UN Convention on the Rights of the Child. Some key ones are listed below.

Article 3

All organisations concerned with children should work towards what is best for each child.

Article 6

Children have the right to live a full life. Governments should ensure that children survive and develop healthily.

Article 12

Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions considered.

Article 18

Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

CONTENTS

OTHER RELATED POLICIES

This policy should be read in conjunction with the following:

- Health & Safety Policy
- First Aid Policy (contained within the Health & Safety Policy)
- Supporting Pupils with Medical Conditions Policy
- Asthma Friendly School Policy
- Children with Health needs who cannot attend school policy

STATEMENT OF INTENT

This Asthma Policy forms part of Becontree Primary School's overall policy on First Aid and Medicines.

The school recognises that asthma is a widespread condition and that its severity varies considerably. As with any other medical condition we are committed to ensuring that any pupils with asthma are fully supported at school.

Procedures for administering medicines and providing first aid are in place and are reviewed regularly.

We will ensure all staff (including supply staff) are aware of First Aid arrangements and that sufficient trained staff are available to implement this policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

BACKGROUND

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The school has decided to have such inhalers available for emergency use.

The emergency salbutamol inhaler will only be used by children, for whom written parental consent (see Annex A) for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.
The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is empty or broken).

This policy follows guidance developed by the Department of Health - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

ARRANGEMENTS

Under our First Aid & Medicines Policy, parents are required to notify the school of any medical condition so that their child can receive appropriate support. The parents are required to give their consent to the administering or supervising administration of the child's own inhaler. At the same time, they will be asked to give their consent to the use of the emergency inhaler if for any reason the child's own inhaler is not available.

Note: *The main risk of allowing schools 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 schools 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 OF PUPIL'S OWN INHALERS

Asthma medicines clearly need to be quickly accessible in the event of an attack. Pupil's inhalers will be clearly labelled and stored away from direct sunlight, and extremes of temperature, in the first aid room.

In extreme circumstances, such as severe need, children will be allowed to carry their own when they are considered mature enough to do so, otherwise when need dictates the asthma pump will be managed by the class teacher/adult.

SUPPLY, STORAGE CARE AND DISPOSAL OF EMERGENCY INHALERS

The school will purchase inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a reputable pharmaceutical supplier, such as the local pharmacy.

The school will hold one salbutamol metered dose inhaler and at least two single-use plastic spacers compatible with the inhaler. The school will also hold:

- instructions on using the inhaler and spacer/plastic chamber;
- instructions 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 list of children permitted to use the emergency inhaler (parental consent);
- a record of administration (i.e. when the inhaler has been used).

The following staff are responsible for storage and care of the inhaler:
Mrs M Smallman – Admin (Welfare) Assistant and Asthma Champion

They 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

The emergency inhaler and spacers will be stored in: first aid room

They will be kept separate from any pupil's inhaler which is stored nearby and will be clearly labelled to avoid confusion with a pupil's inhaler.

To avoid possible risk of cross-infection, the plastic spacer will not be reused.

The inhaler itself will normally be cleaned after use so that it can be re-used. To do this the inhaler canister should be removed, the plastic inhaler housing and cap washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, the cap replaced, and the inhaler returned to the designated storage place.
However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

DISPOSAL

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years. https://www.gov.uk/waste-carrier-or-broker-registration

USE OF EMERGENCY INHALER

The emergency salbutamol inhaler will only be used by pupils:

- 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 (see Annex A) for use of the emergency inhaler has been given. This consent form will be stored with the child's inhaler and consent recorded on a list with the emergency inhaler.

ASTHMA SYMPTOMS AND SIGNS OF AN ATTACK

Common 'day to day' **symptoms** of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to 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)
- 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 talk or complete sentences

If the child:

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

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

If a child is displaying the above 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 separate puffs of the salbutamol via the spacer
- 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, CALL 999 FOR AN AMBULANCE
- 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.

RECORDING USE OF THE INHALER & INFORMING PARENTS/CARERS

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. *Our policy Supporting pupils with Medical Conditions* requires written records to be kept of medicines administered to children.

The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The draft letter at Annex B will be used to notify parents.

STAFF TRAINING

All staff are expected to be:

- aware of the asthma policy;
- aware of how to check if a child requires an inhaler;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access

The school will ensure that designated staff are trained in:

- recognising an asthma attack, and distinguishing them from other conditions with similar symptoms;
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.
http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers

ANNEX A

Headteacher : Mrs M. Ziane
Deputy Headteacher (EYFS & KS1) : Mrs C. Stock
Deputy Headteacher (KS2) : Mrs L. Stonier

PARENTAL CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Date:

Dear Parent/Carer,

RE: Request for Information

We are currently reviewing our asthma policy. Please would you update the information regarding your child's asthma so we can ensure our school records are accurate.

Our updated asthma policy means we will have an emergency salbutamol reliever inhaler on site. This is a precautionary measure. **You still need to provide your child with their own inhaler and spacer as prescribed to be kept on their person/with their personal belongings for use, as needed, during school hours.** If you do not wish for us to use the schools' inhaler in an emergency, please fill in the details below and return to school as soon as possible.

Our policy also includes a school-wide asthma action plan; however, your child should have a *personalised* asthma action plan provided by your GP or asthma nurse. If you do not have a personalised asthma action plan, please contact your GP to request one. Please provide a copy of your personalised asthma action plan to the school.

Please note that everyone with asthma should use a spacer with their inhaler to deliver maximum benefit to the lungs (unless your child has a breath actuated inhaler). For more information on reasons for and how to use a spacer see Asthma UK: www.asthma.org.uk If your child does not have a spacer (and has been prescribed an inhaler intended to use with 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.

Please complete the information below and return to school as soon as possible.

Yours sincerely

C Stock

Clare Stock
DHT/Safeguarding Lead

Child's Name:	Class:

Please ✓ the statements that apply to your child.

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, in original box and with pharmacy label stating their name, which I have provided to the school office.	
My child has a personalised asthma action plan (provided by the GP or asthma nurse) and a copy has been given to the school	
Please tick if you **consent** to the school administering the school's emergency (Salbutamol-Blue) inhaler to your child in a case of emergency.	

Signed (parent/guardian): _____

Date: _____

Print name (parent/guardian): _____

Please return completed forms back to ***Michelle Smallman (Asthma Champion/Welfare Assistant)***

ANNEX B

Headteacher : Mrs M. Ziane
Deputy Headteacher (EYFS & KS1) : Mrs C. Stock
Deputy Headteacher (KS2) : Mrs L. Stonier

Date:

Dear

LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: …… Class: ……

This letter is to formally notify you that ……..... had problems with their breathing today.

This happened when ….....….....
….....….....

Their own inhaler was unavailable/unusable, so a member of staff helped them to use the school's emergency asthma inhaler containing Salbutamol.

They were given ……... puffs at ……...

Although they soon felt better, we would strongly advise that your child is seen by their own doctor or asthma nurse as soon as possible.

Please can you ensure your child brings a working, in-date inhaler (plus a spacer if prescribed) to the school office ASAP, for use during school hours if required. Your child's inhaler (and spacer) should have the pharmacy dispensing label on. We can accept inhalers with this on.

Yours sincerely

Michelle Smallman

Mrs M Smallman
Asthma Champion/Admin (Welfare) Assistant

ANNEX C

Headteacher : Mrs M. Ziane
Deputy Headteacher (EYFS & KS1) : Mrs C. Stock
Deputy Headteacher (KS2) : Mrs L. Stonier

Child's name:

Class:

Date:

Dear Parent/Carer

Re: Asthma Inhaler and Spacer

This letter is to formally notify you that……..... had problems with their breathing today and required their reliever inhaler (salbutamol)

They were given ……. puffs at ……...

When children use their Salbutamol inhaler on two or more occasions in the space of a week, it is a sign that their Asthma may be getting worse. If this happens, **we strongly advise that your child is seen by their own GP or asthma nurse as soon as possible for a review of their asthma management.**

Yours sincerely,

Michelle Smallman

Mrs M Smallman
Asthma Champion/Admin (Welfare) Assistant