Riccall Community Primary School

Asthma policy

Adopted by governors	**3rd June 2026**
Next review due by	**June 2028**

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Introduction

Asthma is the most common chronic childhood condition, affecting 1 in 11 children, with 2-3 children having asthma in every classroom.

Whilst asthma deaths are thankfully rare, children with poorly controlled or severe asthma are more likely to miss school, with **data from the NHS transformation partners in Health and Care suggesting asthma is responsible for 18% of school absences**.

Having asthma can affect a pupil's schooling and learning. They may need to be supported to help them manage their asthma and prevent missing time engaging in the school day. Having appropriate asthma care is important for the pupil to ensure their immediate safety, long-term wellbeing, and optimal academic performance.

Schools already have a legal duty to look after children with medical conditions and ensure children and young people at school with medical conditions are supported so they have full access to education, including school trips and physical education.

This duty is set out in the following documents:

Children, Schools and Families Act 2010

Children and Families Act 2014

Supporting pupils with medical conditions at school

Guidance on the use of emergency salbutamol inhalers in schools March 2015

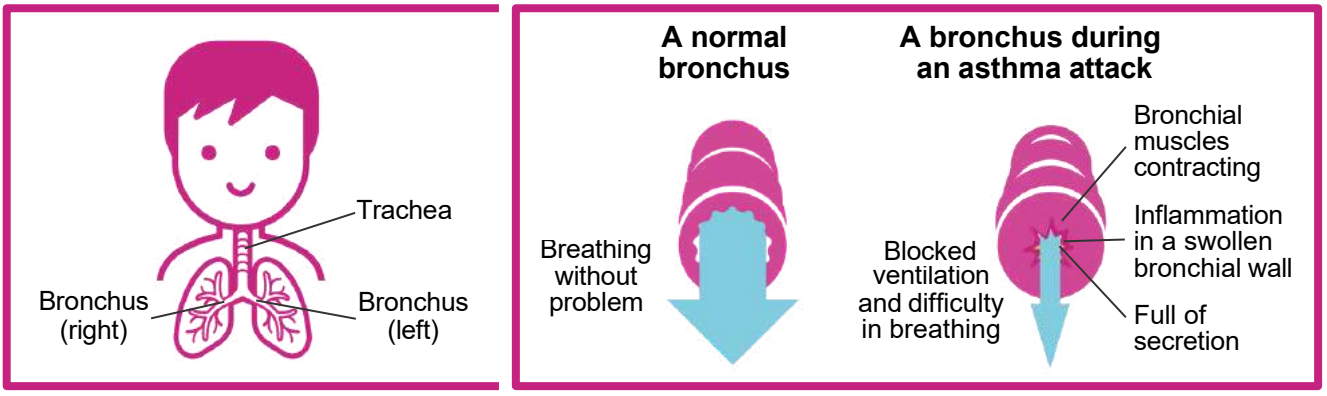
As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children and young people in participating fully in school life.

We endeavour to do this by ensuring:

- We have an up-to-date asthma register, which is regularly reviewed.
- We have up-to-date asthma policy, which is regularly reviewed.
- All pupils have immediate access to their reliever inhaler at all times.
- All pupils have an up-to-date asthma action plan.
- We have an emergency salbutamol inhaler and spacer, located in a safe, known and central place.
- All staff have regular asthma training.
- We regularly promote asthma awareness to pupils, parents and staff.

What is asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a child with asthma is exposed to something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrow and inflamed. Sticky mucus or phlegm also builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.



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
- Tummy ache in younger children

Asthma triggers

Common asthma triggers can include:

- Exercise
- Colds and viruses
- Pollution
- Mould
- Allergies such as pollen, animal fur, dust
- Cigarette smoke
- Chemicals
- Cleaning products
- Pollen
- Stress



Register

Riccall Community Primary School is responsible for ensuring we have a register of pupils in school who have asthma. This is updated yearly, or as and when a pupil with asthma leaves or joins the school.

It is the responsibility of parents/carers to inform the school if/when their child is diagnosed with asthma or has been prescribed a reliever inhaler so that they can be added to the register.

Parents/carers will be informed of this responsibility as part of our induction processes when their child joins the school.

Pupils who are registered in school with asthma should have a:

- Personalised Asthma Action Plan (PAAP)
- Their reliever inhaler and spacer in school or Maintenance and Reliever Therapy (MART).
- Consent from parent/carer to use an emergency inhaler if required, if their own is lost, broken, out of date or empty.

Asthma Champion

The Headteacher holds responsibility for updating the asthma policy, managing the emergency salbutamol inhalers **(please refer to the Department of Health Guidance on the use of emergency salbutamol inhaler in schools, March 2015)**, ensuring measures are in place so that pupils have immediate access to their inhalers.

We will also communicate to parents/carers regarding any deterioration in their child's condition whilst at school (this may be delegated to other members of staff where appropriate).

Medication

Asthma medication supplied by parents or carers for the pupil's use in school needs to be labelled with:

- the pupil's name and date of birth
- the name of the medicine
- expiry date
- the prescriber's instructions for administration, including dose and frequency.

We ensure all pupils with asthma have immediate access to their reliever (usually blue) inhaler and spacer. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK).

We encourage all pupils to carry and administer their own inhaler when their parents and health care provider determine they are able to start taking responsibility for their condition. However we will always continue to provide support to those pupils where needed as many children have poor inhaler technique or are unable to take the inhaler themselves.

We ensure that pupils who do not carry and administer their own emergency medication know where their inhalers are stored. This should preferably be in the classroom and not in the main school office.

If a pupil misuses medication, either their own or another pupil's, their parents will be informed as soon as possible, and they are subject to the school's usual disciplinary procedures.

If we have any concerns over a pupil's ability to use their inhaler, we will advise parents or carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines. (Source: Asthma UK)

Medication and off-site visits and activities

Staff attending off site visits must be aware of any pupils on the visit with asthma, have brought their medication, and be trained what to do in an emergency. An **emergency inhaler kit** should also be taken.

Some pupils will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor or nurse. This medication needs to be taken regularly for maximum benefit.

Pupils should not need to bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. 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. (Source: Asthma UK).

Recognising an asthma attack

Staff are trained to recognise an asthma attack and know how to respond. **Training is available at Education for Health**.

Asthma can sometimes get worse for a short time – this is known as an asthma attack. It can happen suddenly, or gradually over a few days.

The most common symptoms of an asthma attack are:

- Wheezing (a whistling sound when breathing).
- Breathlessness.
- A tight chest – it may feel like a band is tightening around the chest.
- Coughing.
- Tummy or chest ache - be aware that younger children often complain of tummy ache when it is actually their chest that is causing them discomfort.
- May not be able to talk in full sentences.
- Lethargic



If a pupil has an asthma attack in school, a member of staff will remain with them throughout and administer their inhaler in accordance with the emergency procedure.

No pupil should ever be sent to get their inhaler in this situation; the inhaler must be brought to the pupil.

Treatments for asthma

Asthma is usually treated by using an inhaler, a small device that lets you breathe in medicines.

The main asthma treatments are:

- **Reliever inhalers** – used when needed to quickly relieve asthma symptoms for a short time.
- **Preventer inhalers** – used every day to prevent asthma symptoms happening.
- **Maintenance and Reliever Therapy (MART) inhalers** - this is a combination inhaler of preventer and reliever medication.
- **Tablets** - some people also need to take tablets.

Emergency medications

As a school we are aware of the guidance **'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015**) which gives guidance on the use of emergency salbutamol inhalers in schools.

As a school we can purchase salbutamol inhalers and spacers from community pharmacists without a prescription. Currently, we do not have any emergency inhalers but will review this regularly depending on the pupils on the asthma register.

When in place, consent must be obtained from parents/carers for Emergency Inhaler use when the school is notified that a pupil has Asthma. Once consent is gained, we will use the Salbutamol Emergency Inhaler during the onset of breathing difficulties in the absence of the pupils own inhaler or if the pupil cannot use their own inhaler on that occasion (such as a breath actuated inhaler). This will always be used with a spacer.

A designated member of staff 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 obtained if they become damaged or are single use only spacers.
- Replacement inhalers are obtained if they become damaged.
- Inhalers that have been used and need to be disposed of should be taken to the community pharmacy for correct disposal.

The name(s) of these pupils will be clearly written 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

We have _____ emergency kit(s), which are kept in the _____ _____ and _____ so it is/are easy to access.

Each emergency medication kit contains:

- A salbutamol metered dose inhaler
- At least two spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instruction 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 note of the arrangements for replacing the inhaler and spacers
- A list of pupils permitted to use the emergency inhaler
- A record of administration

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 designated member of staff will ensure that:

- On a monthly basis, the inhaler and spacers are present and in working order.
- The plastic inhaler housing (which holds the canister) and the spacer have been cleaned, dried, and returned to storage following use, or that replacements are available if necessary.
- Replacement spacers are obtained if they become damaged or are single use only spacers.
- Replacement inhalers are obtained if they become damaged.

The spacer can usually be reused. (DoH recommend that the spacer is *not* reused to prevent cross-contamination.) After each use it will be dismantled and washed in hot soapy water using a soft cloth, it will be left to air dry then reassembled. The inhaler can also be reused. 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. See **Cleaning emergency inhalers and spacers** on Page 14 for more information.

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 pupils will be clearly written 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.

Personalised Asthma Action Plan

Asthma UK evidence shows that if someone with asthma uses personalised 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 asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK)

A **Personalised Asthma Action Plan (PAAP)** is used to help them, and others know what to do to manage their Asthma and how to escalate care when their Asthma is worsening. A Personalised Asthma Action Plan should be completed by a healthcare professional in partnership with Children/Young People and their parents/carers. Children should have their PAAP's reviewed at their Annual Asthma Review, which usually happens at their GP practice. A copy of their PAAP should be given to school, by the child or young person's parent/carer, so staff are aware of each pupils needs. If a PAAP is not available a whole school action plan can be used.

Asthma attack

Staff should be trained to recognise an asthma attack and know how to respond. It is good practice to clearly display the procedure to be followed on posters around the school, in the staff room and office as a reminder. **School Action Plan Appendix 1**

If a pupil has an Asthma Attack in school a member of staff will remain with them throughout and administer their inhaler in accordance with the emergency procedure.

No pupils should ever be sent to get their inhaler in this situation; the inhaler must be brought to the pupils.

School environment

The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack. They should not keep warm blooded pets (for example dogs, rabbits or guinea pigs) inside the school premises. Smoking and vaping, is explicitly prohibited on the school site.

There are other asthma triggers, for example house dust mites, viruses, damp, mould and air pollution. Idling in cars, which means keeping the engine running while stationary when waiting to drop off or pick-up pupils from school, increases the number of toxic pollutants in the air which can trigger asthma symptoms. Exposure to these triggers should be limited wherever possible.

Chemicals in science, cookery and art have the potential to trigger an asthma response and teachers and support staff should be aware of any pupils who may be at risk from these activities. Pupils who are known to have specific triggers will not be excluded from any activities and alternative options will be sought if required.

Cleaning and grass cutting should, where possible, be carried out at the end of the school day.

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 PE teachers at the school will be aware of which pupils have asthma from the school's asthma register. (Source: Asthma UK)

Pupils with asthma are encouraged to participate fully in all activities. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them, and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so. (Source: Asthma UK)

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, 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, a 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.

If a pupil's regular school attendance is affected, the school will contact parents or carers in line with their attendance policy and procedures, to see what further help and support might be offered.

Appendix

- School asthma plan
- Cleaning emergency inhalers and spacers

Riccall Community Primary School Asthma Action Plan

If I am wheezy, coughing, short of breath or saying my chest hurts (I may say my tummy hurts)...

- Stay with me and if necessary, call for help.
- Keep me calm
- Sit me up and slightly forward
- Shake my reliever inhaler (blue) and remove the cap and connect it to the spacer
- I need to put the spacer in between my teeth and lips and make a seal. I need one puff of the inhaler and then take 10 breaths. You may need to help me.
- I need to do this 2-4 times
- If my inhaler is not available you will need to use the school emergency inhaler/spacer

If my reliever inhaler has had little or no effect

- I have difficulty walking
- Unable to talk in a full sentence or go quiet
- I am coughing or wheezing more
- I am breathing hard and fast
- My nostrils are flaring

- Give me 10 puffs of the reliever inhaler with my spacer using the instructions in the green box. You do not have to give the 10 puffs before ringing 999 if you are worried.

THINK ANAPHYLAXIS!!
DO I HAVE ALLERGIES AND AN EPIPEN? IF I AM NOT GETTING BETTER, I MAY BE HAVING AN ANAPHYLACTIC REACTION.
FOLLOW MY ALLERGY MANAGEMENT PLAN.
CALL AN AMBULANCE 999 AND STATE I AM HAVING AN ANAPHYLACTIC REACTION

Call 999 for an ambulance **School Postcode: YO31 9HY**

- If there is no improvement
- You are worried or unsure
- If I am exhausted
- If I am going blue
- If I have collapsed

Call my parent/carer and continue to give me 10 puffs every 15 minutes until medical help arrives or I improve.

Cleaning emergency inhalers and spacers

Cleaning of emergency inhaler and spacer should be carried out to the manufacturers instructions however this guidance might also be useful:



Cleaning the salbtuamol inhaler

The inhaler canister should be removed and the plastic inhaler housing and cap should be 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, and the cap replaced, and the inhaler returned to its emergency kit located in the designated storage place.

Cleaning the Spacer

- Gently pull the two halves of the Volumatic spacer apart. Do not take the valve apart.
- Wash the two halves of the Volumatic in warm water with a mild detergent (washing up liquid).
- Rinse thoroughly with clean water.
- Leave the parts to ‘drip dry’ at room temperature until they are completely dry. Do not rub the inside the Volumatic with a cloth or polish as this may cause static electricity to build up which will affect the delivery of salbutamol from the Volumatic.
- Do not put the Volumatic in a heated place to dry more quickly.
- Once completely dry, wipe the mouthpiece and valve thoroughly with a Clinell® wipe. Allow to air dry then store the Volumatic in its box to keep it clean. Place it back into the emergency kit from which it was taken.
- Prior to use the mouthpiece should be wiped with a Clinell® wipe and allowed to air dry.



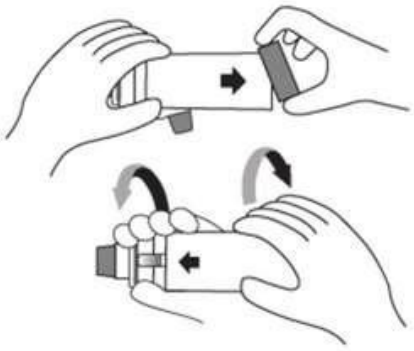
If a spacer is ‘single-use’, it must be disposed off after use. See Page 10 for **Safe Disposal** guidance.

Cleaning emergency inhalers and spacers



Cleaning the AeroChamber® Spacer with a mouthpiece

Step 1
Remove the back piece. To detach the front piece, twist chamber as shown below.

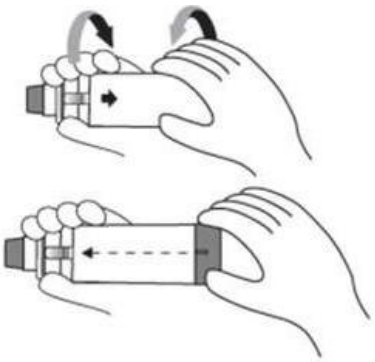


Step 2 - Hand wash
Soak the parts for 15 minutes in a mild solution of liquid dish detergent and lukewarm clean water. Agitate gently. Rinse parts in clean water.

Step 2 - Dishwasher
Place parts in top rack of dishwasher. Ensure product is securely placed face up. Run the dishwasher on a normal or light cycle. Do not heat dry.

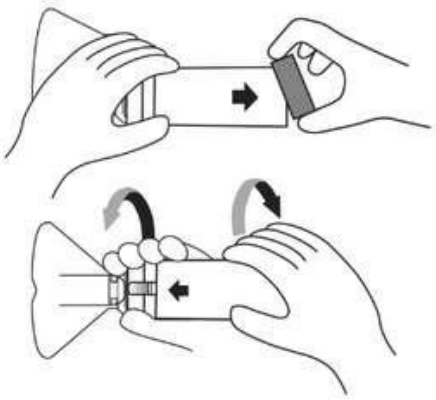
Step 3
Shake out excess water and allow to air dry in a vertical position. Ensure parts are dry before reassembly.

Step 4
To reassemble, fit the frontpiece on the end of the chamber and twist firmly until securely locked into position. Centre the alignment feature on the backpiece with the Flow-Vu* Inhalation Indicator, as shown below. Press firmly to attach the backpiece.



Cleaning the AeroChamber® Spacer with a mask

Step 1
Remove the back piece. To detach the front piece, twist chamber as shown below.



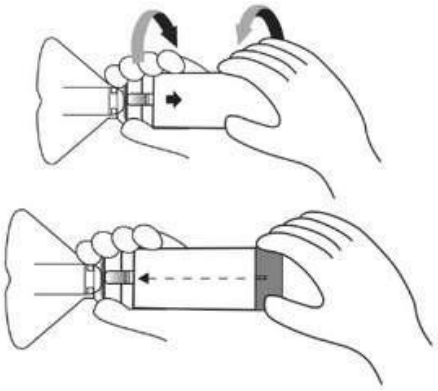
Step 2 - Hand wash
Soak the parts for 15 minutes in a mild solution of liquid dish detergent and lukewarm clean water. Agitate gently. Rinse parts in clean water.

Cleaning emergency inhalers and spacers

Step 2 - Dishwasher
Place parts in top rack of dishwasher. Ensure product is securely placed face up. Run the dishwasher on a normal or light cycle. Do not heat dry.

Step 3
Shake out excess water and allow to air dry in a vertical position. Ensure parts are dry before reassembly.

Step 4
To reassemble, fit the front piece on the end of the chamber and twist firmly until securely locked into position. Centre the alignment feature on the back piece with the Flow-Vu* Inhalation Indicator, as shown. Press firmly to attach the back piece.



For more information, visit the AeroChamber® website