

Asthma Policy

St Margaret's CEVAP School



Approved by: Governing Body

Created: April 2026

Next review date: April 2027

St Margaret's CEVAP School

Asthma Policy

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This policy has been developed following guidance from Public Health & Communities (Suffolk County Council) and national guidelines for managing children with asthma. As a school, we recognise that asthma is a serious but controllable condition. We adopt a whole-school approach to asthma management, welcoming all children with asthma and supporting them in fully participating in everyday school life. We also actively involve parents, carers, and children in managing asthma within our school.

School Details

School Name: St Margaret's CEVA Primary

Asthma Champion/Leads:

School Nursing Team Contact Number: **0345 607 8866**

Policy Review Date: _____

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 (a trigger such as dust or mites), the muscles around the airway walls tighten, causing them to become narrow and inflamed. Sticky mucus or phlegm can build up, further narrowing the airways. These reactions make it difficult to breathe, leading to asthma symptoms.

Common Symptoms

- Dry cough (often worse at night).
- Wheeze (a 'whistling' sound when breathing out, especially during exertion).
- Shortness of breath (triggered by allergens, exercise, or irritants).
- Tight chest (a feeling of pressure or discomfort).
- Stomach-ache (more common in younger children).

Roles and responsibilities

Governance

- Ensure a school asthma policy is developed in consultation with staff and based on local authority and national guidance.
- Appoint at least one (preferably two) Asthma Champions.
- Work with Asthma Champions to address any identified issues.
- Ensure there are sufficient trained staff members confident in administering an emergency inhaler (note: staff may volunteer but are not obligated).

Policy

- Implement and regularly monitor all asthma-related requirements (link to checklist).
- Ensure the asthma policy is available to all staff and parents/carers.
- Submit the annual audit for Asthma Friendly School status and provide leadership.

Register

- Maintain a register of children diagnosed with asthma, noting if they have a reliever inhaler and individual asthma plan.
- Implement systems to identify children missing school due to asthma.
- Liaise with parents/carers, the school nurse, and Asthma Champion if a child's condition affects their schoolwork or raises concern.

Asthma plan

- Inform parents/carers that children with asthma must have an up-to-date written asthma plan from a healthcare professional, shared with the school.

Emergency Asthma kit

- Maintain emergency asthma kits for use if a child's own inhaler is unavailable.
- Ensure parental consent is obtained for use of emergency inhalers, in line with 2014 DH guidance.

Parents/carers

- Inform the school if their child has asthma or is suspected of having asthma.
- Share the child's asthma plan, updated annually by a healthcare professional.
- Keep the school informed of any medication changes or symptom updates.
- Ensure the child brings clearly labelled medication in original packaging to school.
- Provide a spare inhaler and spacer (if needed), labelled with name and date of birth, and ensure it is in-date.
- Give written consent for emergency inhaler use if agreed.
- Support their child in catching up on missed schoolwork.

Parents must provide written information about:

- All regular asthma medication their child requires
- Dosage instructions
- Storage and administration details
- Must ensure an adequate supply of medication is provided for the duration of the trip.

All medication must be:

- In original packaging
- Clearly labelled with the child's name, date of birth, and instructions

Pupils

- Tell an adult if they or another child feels unwell.
- Respect asthma medications and peers with asthma.
- Children with asthma should know how to use their own inhalers (from Key Stage 2 where appropriate).

Reliever inhalers

Every child with asthma must have a reliever inhaler (usually blue) to:

- Quickly relieve symptoms such as wheezing, coughing, or breathlessness.
- Be used before known triggers like exercise or cold air.
- Should be clearly labelled with the child's name and date of birth.

- Must be easily accessible at all times, especially during PE and school trips.
- Should be checked regularly to ensure adequate medication is available.
- Should be used with a spacer, especially for younger children or those who need assistance.

Preventer inhalers

- Are taken daily (usually at home) to reduce airway inflammation.
- Are not typically used during school hours.
- Must still be documented on the asthma care plan if used during the school day or overnight trips.

Most contain steroids and help prevent attacks — even when the child feels well.

Overnight trips:

- Staff must know which pupils use preventers and ensure they are taken as prescribed.
- Preventers should be reviewed before overnight stays.

Combination and MART Inhalers

- MART (Maintenance and Reliever Therapy) inhalers:
- Combine both preventer and reliever medications.
- Are used according to instructions on the PAAP.
- Have different emergency protocols compared to standard relievers.

ASTHMA AND LUNG UK GUIDANCE FOR MART USE DURING AN ASTHMA ATTACK:

1. Sit the child up and keep calm.
2. Take one puff every 1–3 minutes, up to six puffs.
3. If no improvement or symptoms worsen, call 999.
4. If no ambulance arrives in 10 minutes, repeat step 2.
5. If still no improvement, call 999 again immediately. If the MART inhaler is not available:
 - Use a blue reliever inhaler: one puff every 30–60 seconds, up to 10 puffs.
 - Call 999 and follow emergency asthma protocol.

Spacers

- A spacer is a plastic or metal chamber used with a metered-dose inhaler.
- It helps ensure more medication reaches the lungs and is especially helpful for:
 - Younger pupils
 - Pupils who struggle with coordination

- Spacers are often necessary at school, particularly for children under 12.
- Emergency asthma kits should include a range of appropriately sized spacers, clearly labelled for different age groups.

Maintenance and storage

- Kits must be stored in an accessible but secure location.
- The Asthma Champion checks the kit monthly and records:
 - Inhaler quantity o Spacer condition
 - Expiry dates
 - Any replacements or actions taken

Location

Inhalers will be stored in a safe place in the child's classroom and taken with them during PE sessions.

Medical conditions and asthma register

- At the start of each school year (or upon enrolment), all parents/carers must complete a medical form identifying any health conditions, including asthma.

School register

- Each child diagnosed with asthma
- Whether they have a written asthma plan
- Whether parental consent has been given for use of the emergency inhaler

Parental notification

Parents/carers will be informed in writing when:

- Their child has used the emergency inhaler
- Their child has used their own inhaler due to an asthma exacerbation
- There has been any unplanned medication use (e.g., outside of pre-sport use)

Appendix 1

St Margaret's Primary

Consent for Emergency Use of Salbutamol Inhaler (For children diagnosed with asthma or prescribed a reliever inhaler)

Please complete and return this form to allow your child to receive emergency asthma treatment if required.

Child Details

Child's Name (print): _____

Class: _____

Consent Statements

Please read and confirm the following by ticking the boxes and signing below:

I confirm that my child has been diagnosed with asthma / has been prescribed an inhaler.

My child has a working, in-date inhaler, clearly labelled with their name, which they will bring to school every day.

In the event of my child displaying asthma symptoms and their own inhaler is unavailable or unusable, I consent to my child receiving salbutamol from the school's emergency inhaler.

Parent/Guardian Details

Name (print): _____

Signature: _____

Date: _____

Contact Number: _____

Email Address: _____

Appendix 2

Individual healthcare plan (Asthma)

Childs name	
Class	
Date of birth	
Childs Address	
Medical diagnosis	
Date	
Review date	

Family contact information

Name	
Relationship	
Phone number	
Name	
Relationship	
Phone number	

Medical contact

GP name	
Phone number	

Describe medical needs and give details of

Child's symptoms,	
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Triggers	
Signs	
Treatments	
Environmental issues	

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Appendix 3

Notification of Emergency Salbutamol Inhaler Usage

Child's Name: _____

Class: _____

Date: _____

Dear _____,

This letter is to inform you that your child experienced breathing difficulties today while at school. This occurred during: A trained staff member assisted your child in using their own reliever inhaler / the school's emergency salbutamol inhaler.

Number of puffs given: _____

If the school's emergency inhaler was used, complete the section below:

Reason for using the emergency inhaler: Although your child responded well and felt better soon afterward, we strongly advise that your child is reviewed by their GP or asthma nurse as soon as possible. Please ensure that your child's asthma medication remains in-date and that their school asthma plan is current. If you have any concerns or questions, feel free to contact us.

Yours sincerely,

[Name of Staff Member / Asthma Champion / Headteacher]

Appendix 4

How Do I Manage a Child/Young Person Having an Asthma Attack?

