



**BRETHERTON ENDOWED CE PRIMARY SCHOOL  
Asthma Policy.**

*Walking in the footsteps of Jesus with our Christian family, we learn, grow, achieve and flourish together in God's love.*

**This policy is for Bretherton Endowed CE Primary School and The Hub, Bretherton Endowed Out of School Provision.**

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## **Section 1: School Asthma Policy**

### **Background**

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma.

This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy.

All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. This training is updated once a year.

Staff training includes supporting a colleague with any asthma related concerns. See Appendix 2.

### **Asthma Medicines**

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom in an accessible location.

Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The class teacher will hold this separately in case the pupil's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to and/or suggest the use of inhaler if the child is upset or physically active and may require it.

### **Record Keeping**

When a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. We ask parents to advise school of any changes.

All parents/carers of children with asthma are annually asked whether the situation relating to their child's asthma is the same. Children are then added/ remain on the asthma register.

From this information the school keeps its asthma register, which is available to all school staff.. Parents/carers are also asked to update school if their child's medicines changes , or how much they take, changes during the year.

### **Exercise and Activity – PE and Games**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each pupil's inhaler will be 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.

Classroom teachers follow the same principles as described above for games and activities involving physical activity.

### **Out-of-Hours Sport**

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 after school clubs.

PE teachers, classroom teachers and out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and sports coaches are provided with training from the school nurse, who has had asthma training. Pupils must ensure they bring their correct inhaler, which must be labelled.

### **Out-of-School Activities, Trips and Outings**

The school will consider asthma triggers when planning out-of-school activities and will ensure a trained member of staff is in attendance. Pupils must ensure they bring their correct inhaler, which must be labelled. Failure to do so will result in them not being allowed to attend.

### **School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

### **When a Pupil is Falling Behind in Lessons**

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.

The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

### **Asthma Attacks**

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

In the event of an asthma attack the school follows the procedure outlined by Asthma UK in section 3 of the school asthma policy: What to do in an emergency.

## **Section 2: Roles And Responsibilities**

### **Employers Have A Responsibility To:**

Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips.

Employers therefore have a responsibility to ensure that an appropriate asthma policy is in place.

Make sure the asthma policy is effectively monitored and regularly updated

Report to parents/carers, pupils, school staff and local health authorities about the successes and failures of the policy

Provide indemnity for teachers who volunteer to administer medicine to pupils with asthma who need help.

### **Head Teachers Have A Responsibility To:**

Plan an individually tailored school asthma policy with the help of school staff, school nurses, local education authority advice and the support of their employers

Plan the school's asthma policy in line with devolved national guidance

Liaise between interested parties – school staff, school nurses, parents/carers, governors, the school health service and pupils

Ensure the plan is put into action, with good communication of the policy to everyone

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Ensure every aspect of the policy is maintained

Assess the training and development needs of staff and arrange for them to be met

Ensure all supply teachers and new staff know the school asthma policy

Regularly monitor the policy and how well it is working

Delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register

Report back to their employers and their local education authority about the school asthma policy.

### **School Staff Have A Responsibility To:**

Understand the school asthma policy

Know which pupils they come into contact with have asthma

Know what to do in an asthma attack

Allow pupils with asthma immediate access to their reliever inhaler

Tell parents/carers if their child has had an asthma attack

Tell parents/carers if their child is using more reliever inhaler than they usually would

Ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom

Ensure pupils who have been unwell catch up on missed school work

Be aware that a pupil may be tired because of night-time symptoms

Keep an eye out for pupils with asthma experiencing bullying.

To ask children who are distressed, whether they might need their inhaler.

Liaise with parents/carers, the school nurse and special educational needs coordinators or Learning Support & Special Educational Needs Department if a child is falling behind with their work because of their asthma.

### **PE Teachers Have A Responsibility To:**

Understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled

Ensure pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when needed

If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait at least five minutes)

Remind pupils with asthma whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up

Ensure pupils with asthma always warm up and down thoroughly.

### **School Nurses Have A Responsibility To:**

Help plan the school asthma policy

If the school nurse has an asthma qualification it can be their responsibility to provide regular training for school staff in managing asthma

Provide information about where schools can get training if they are not able to provide specialist training themselves.

### **Individual Doctor/Asthma Nurses Have A Responsibility To:**

Complete an asthma plan for parents/carers

Ensure the child or young person knows how to use their asthma inhaler (and spacer) effectively

Provide the school with information and advice if a child or young person in their care has severe asthma symptoms (with the consent of the child or young person and their parents/carers)

Offer the parents/carers of every child a written personal asthma action plan. Every young person should also be offered a written personal asthma action plan themselves.

### **Pupils Have A Responsibility To:**

Treat other pupils with and without asthma equally

Let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called

Tell their parents/carers, teacher or PE teacher when they are not feeling well

Treat asthma medicines with respect

Know how to gain access to their medicine in an emergency

Know how to take their own asthma medicines.

Carry their own inhalers when deemed mature enough. We would encourage this from Class 2 upwards.

Tell their parents if they have been using so parents are aware of their child's ongoing condition

**Parents/Carers Have A Responsibility To:**

Tell the school if their child has asthma

**Ensure the school has a complete and up-to-date school asthma information for their child-** this will be requested annually through the SIMS parental information form and/or an Asthma card.

Inform the school about the medicines their child requires during school hours

Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports

Tell the school about any changes to their child's medicines, what they take and how much

Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)

Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name

Provide the school with a spare reliever inhaler labelled with their child's name and replace it when it expires.

Ensure that their child's reliever inhaler and the spare is within its expiry date

Keep their child at home if they are not well enough to attend school

Ensure their child catches up on any school work they have missed- learning will be offered through Google classroom.

Ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)

Ensure their child has a written personal asthma action plan to help them manage their child's condition.

Remove their child from the asthma register in school if they no longer require treatment.  
teach

## Section 3: What To Do In An Emergency

### **MEDICATION**

Medication to treat the symptoms of asthma, come in the form of inhalers. Some children will have a 'preventer inhaler (brown),' these are children who have moderate to severe asthma. This type of inhaler is used daily to try and reduce the amount of 'asthma attacks.'

All children will have a 'reliever' (blue). Reliever inhalers work by relaxing the muscles surrounding the airways, therefore making breathing easier. Reliever inhalers are essential for treating children who have asthma during an 'attack'.

For use of the school's emergency Salbutamol inhaler, please see appendix 1.

### **SYMPTOMS**

The usual symptoms of asthma are coughing, wheezing, shortness of breath and tightness in the chest.

### **DURING AN ASTHMA ATTACK**

- ☺ **Sit the child down and loosen any clothing**
- ☺ **Get them to take their usual dose of their 'reliever inhaler' ( blue) immediately. Preferably through a spacer.**
- ☺ **If no improvement continue to give 2 puffs of the reliever inhaler ( blue) (one puff at a time) every 2 minutes. UP TO 10 PUFFS**
- ☺ **Inform a member of the leadership/management team**
- ☺ **If symptoms do not improve or become worse call 999 and inform the parents.**
- ☺ **If an ambulance does not arrive within 10 minutes continue to give 2 puffs of the blue reliever inhaler while you wait.**

Adopted : May 2026 reviewed annually

All aspects of our policy intends to comply within the Data Protection ( GDPR) legislation.

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Headteacher : Mrs Jayne Clarke    Chair of Governors : Mrs P Aspden    [www.brethertonschool.org.uk](http://www.brethertonschool.org.uk)

## **Appendix 1 Guidance on the use of emergency salbutamol inhalers in schools**

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent 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 broken, or empty).

### **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 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 and care of the inhaler**

Mrs Carlyon and Mrs Moxham hold staff responsibility for maintaining the emergency inhaler kit and have responsibility 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.

### **Children who can use an 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.

This information should be recorded in a child's individual healthcare plan.

### **Consent**

The school should seek written consent from parents of children on the register for them to use the salbutamol inhaler in an emergency.

Consent should be updated regularly – ideally annually - to take account of changes to a child's condition.

As a small schools, all members of staff are designated members of staff and staff will receive annual updates on their training, relevant to their level of responsibility.

It is our aim for all staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help

**CONSENT FORM:  
USE OF EMERGENCY SALBUTAMOL INHALER  
Bretherton Endowed CE 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.
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:  
.....  
.....

## SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

.....  
.....

Class:

.....  
.....

Date: .....

Dear.....,

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

( ) They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

( ) Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

*[Delete as appropriate]*

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

Bretherton Endowed CE School

**Appendix 2 Guidance on supporting adults/ staff with asthma**

Asthma at Work – This Charter sets out 5 measures to significantly reduce asthma and its impact in the workplace. It is supported by a coalition of employers, employees and healthcare professionals. This charter is founded on the belief that no one should have to work in an environment that makes them ill. By endorsing this charter our partners agree to the 5 measures in order to help ensure the highest levels of health and safety in the workplace.

Charter partners will:

- 1 Protect employees from the causes of occupational asthma and conditions that trigger symptoms of pre-existing asthma at work.
- 2 Provide a programme of health surveillance and access to up to date information on preventing occupational asthma.
- 3 Ensure immediate investigation and prompt diagnosis, management and protection for people who develop symptoms of occupational asthma.
- 4 Ensure all employees know what to do if a colleague experiences an asthma attack.
- 5 Ensure employees understand how to avoid putting themselves and others at risk.

**<https://www.hse.gov.uk/pubns/asthma-at-work-your-charter.pdf>**

**Appendix 3**  
**Parent/carer Asthma Medication Permission Form**

**DETAILS OF PUPIL**

Surname : M/F : Date of Birth:  
Forename : Class :  
Address :

**You Accept Responsibility To:**

- Ensure your child has a written personal asthma action plan to help them manage their condition.
- Inform the school of any changes to your child's medication.
- Inform the school of any changes to your child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- Ensure your child's reliever inhaler (and spacer where relevant) is labelled with their name.
- Ensure that their reliever inhaler is within its expiry date.
- Keep your child at home if they are not well enough to attend school
- Ensure your child catches up on any school work they have missed.
- Ensure your child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)

I understand that I must deliver the medication personally to the office and accept that this is a service which the school is not obliged to undertake.

**CONTACT DETAILS**

Name:  
Relationship to pupil:  
Address :

Daytime telephone number:

Signed:

Date: