



# **Asthma Policy**

River Bank Primary School

November 2025

River Bank Primary School,

- ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.
- recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- keeps a record of all pupils with asthma.
- has emergency salbutamol inhalers and spacers available for emergency use only. Ensuring that the emergency inhaler is only used by people with asthma with written parental consent for its use (the letter for consent at Appendix 2 will be used for this). In the event that the school emergency inhaler is used, parents will be contacted immediately and asked to bring medication to school the next day. A letter will also go home with the child- Appendix 3. Please read use of emergency salbutamol inhalers in school (page 8). In emergencies and with supporting medical advice, such as a 999 emergency call handler, the spare salbutamol inhaler may be used for people with asthma but no parental consent and the parent uncontactable and with people with no asthma diagnosis.

### **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 agrees they are mature enough.
- All inhalers and spacers 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 RPA Insurance when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

### **Record keeping**

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. When this has been established a Child Asthma Action Plan (Appendix 1) and separate agreement (Appendix 2) will be sent to the parent/carers regarding the guidelines for asthma pumps in school, for emergency inhaler consent and requesting information regarding asthma triggers, which inhaler is prescribed and the dosage required.
- This information is then added to each child's individual Arbor profile. From here, class teachers, head of years, the admin and family teams and SLT all have access to view and print if needed, i.e. for a school trip or if they would like to print a copy for their classroom.

- A list of all children with asthma or that have an inhaler in school is kept in the medical room, this also includes whether or not the child has parental consent to use the emergency inhaler and the expiry date of all inhalers kept in school.
- When a child uses their reliever inhaler during the course of the day, it will be recorded on their own sheet in their class medical bag. This information can be made available to parents or medical professionals (appendix 5)

### **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 are able to access this information on Arbor at all times.
- 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 class first aid bag at the side 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.
- 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.
- Staff also are aware in particular of the difficulties very young children may have in explaining how they feel.

### **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 supported with alternative inclusive activities where it is impossible to avoid triggers.

### **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 school will then talk to the school nurse 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 trained first aid staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- There is a copy in each first aid bag of: - 'How to recognise an asthma attack' and 'What to do in the event of an asthma attack' (Appendix 4).
- Each classroom has a radio so that staff can summon first aid help in the case of any emergency.
- Another adult would lead the rest of the class away from the situation.

### **Use of emergency salbutamol inhalers in school**

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.

At River Bank Primary we hold 8 emergency salbutamol Inhalers in school, one in each corridor and four in the medical room (x2 in emergency inhaler kits and x2 in the cabinet). The emergency inhalers in the medical room will sometimes need to be taken off site for school trips but there will always be at least one left on site. The inhalers in the corridors remain in place at all times and are readily available in an emergency.

We will ensure that emergency inhalers will only be used by people that have written parental consent and have been diagnosed with asthma or prescribed a reliever inhaler, who either have their own prescribed inhaler in school, have asthma but do not have an inhaler in school, or have a prescribed reliever inhaler for another medical condition. If we are unable to contact a parent/ carer and it is an emergency, following medical advice such as from a 999 call handler, the emergency inhaler can be given to a person without parental consent or a person without an asthma diagnosis.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

We have arrangements for the supply, storage, care, cleaning and disposal of the inhaler and spacers in line with the school's policy on supporting pupils with medical conditions.

Also, in place will be the following:

- A list in each first aid bag of children in the class that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler. There will be a list in the back, of all children who have parental permission for the use of the Emergency Inhaler. This allows for the staff to have a quick check for initiating the emergency response.
- Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use (the letter for consent at Appendix 2 will be used for this)
- Keeping a record of parental consent on every child's Arbor profile will also enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent will be updated regularly – ideally annually - to take account of changes to a child's condition.
- appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions. Keeping a record of use of the emergency inhaler as required by 'Supporting pupils at school with medical conditions policy' and informing parents or carers that their child has used the emergency inhaler. The draft letter- Appendix 3 will be used to notify parents.
- having at least two staff responsible for ensuring the protocol is followed (medical officer and operations manager)

The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

### **The emergency kit**

Our emergency asthma inhaler kit includes:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- 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 note of the arrangements for replacing the inhaler and spacers
- a list of children permitted to use the emergency inhaler as per parental consent form.
- a record of administration (i.e. when the inhaler has been used).
- copies of the letter (appendix 3) to inform parents of emergency inhaler use.

We keep six emergency inhaler kits; these will be kept in the medical room (x2) and one in each corridor (square first aid kits hanging on the walls). The inhalers and spacers will not be locked away but will be out of the reach of children.

The emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler.

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

There will be least two named school staff members that should 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

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. 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 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.

### **Responding to asthma symptoms and an asthma attack**

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason, the emergency 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 whose parents have given consent for an emergency inhaler to be used (unless supporting medical staff such as a 999 emergency call handler says otherwise).

### **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)
- Being unusually quiet
- 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 complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

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

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

**Responding to signs of an asthma attack**

- Keep calm and reassure the child
  - Encourage the child to sit up and slightly forward.
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- Use the child's own inhaler – if not available or there is a problem i.e.: broken, empty, out of date, not in school, use the emergency inhaler (with parental or medial consent) which can be found in every corridor and the medical room. If a child does not have parental consent, parents should be called immediately. If unable to contact parents for consent, emergency services should be contacted).
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two puffs of the salbutamol via the spacer immediately
- 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 and 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. Supporting pupils 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 Appendix 3 will be used to notify parents.

### **Staff**

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

In the following advice, the term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, and been trained to do this, and are identified in the school's asthma policy as someone to whom all members of staff may have recourse in an emergency.

Our staff have appropriate training and support, relevant to their level of responsibility.

ALL staff are informed of:

- symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- Staff who administer inhalers have appropriate training
- 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;
- administering salbutamol inhalers through a spacer;

At River Bank:

- two individuals are responsible for overseeing the protocol for use of the emergency inhalers, and monitoring their implementation and for maintaining the children's Arbor profiles
- at least two individuals are responsible for the supply, storage care and disposal of emergency inhalers and spacers.

GOVERNING BODY SIGNATURE NOT REQUIRED ON THIS POLICY

Adopted: November 2025

Review Date: November 2026



## My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them.

I will see my doctor or asthma nurse **at least once a year (but more if I need to)**

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

## Parents and carers – get the most from your child's action plan

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with their school

Learn more about what to do during an asthma attack [asthma.org.uk/child-asthma-attacks](https://www.asthma.org.uk/child-asthma-attacks)

“ Always keep your reliever inhaler (usually blue) and your spacer with you. You might need them if your asthma gets worse.

## ASTHMA QUESTIONS?

Parents and carers ask our respiratory nurse specialists

Call **0300 222 5800**

WhatsApp **07378 606 728**

(Monday-Friday, 9am-5pm over 16 only)

ASTHMA+  
LUNG UK

# CHILD ASTHMA ACTION PLAN

Fill this in with your GP or nurse

Name and date:

Last reviewed and updated 2021; next review 2024.

Asthma and Lung UK, a charitable company limited by guarantee with company registration number 01669814, with registered charity number 205730 in England and Wales, SC036415 in Scotland, and 1177 in the Isle of Man

# 1 My every day asthma care

I need to take my preventer inhaler every day.

It is called:

and its colour is:

I take ..... puffs of my preventer inhaler in the morning and ..... puffs at night. I do this every day even if my asthma's OK

**Other asthma medicines I take every day:**

**My reliever inhaler helps when I have symptoms.**

It is called:

and its colour is:

I take ..... puffs of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.

**“ If I need my reliever inhaler (usually blue) when I do sports or activity, I need to see my doctor or my asthma nurse.**

# 2 My asthma is getting worse if....

- I wheeze, cough, my chest hurts, or it's hard to breathe **or**
- I need my reliever inhaler (**usually blue**) three or more times a week **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my GP or nurse).

**If my asthma gets worse, I will:**

- Take my preventer medicines as normal
- And also take ..... puffs of my reliever inhaler (**usually blue**) every four hours if needed
- See my doctor or nurse within 24 hours if I don't feel better.

## URGENT!

**If your reliever inhaler is not lasting four hours, you need to take emergency action now (see section 3)**

**Remember to use my spacer with my inhaler if I have one.**

**If I don't have one, I'll check with my doctor or nurse if it would help me.**

**Other things my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)**

**“ Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.**

# 3 I'm having an asthma attack if....

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts.

**If I have an asthma attack I will:**

1. Call for help. Sit up – don't lie down. Try to keep calm.
2. Take one puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I am worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

## Appendix 2

### Asthma pumps in primary school

Your child has an asthma pump in school.

I am writing to inform you of the school's guidelines with regard to asthma pumps in school.

- All asthma pumps will be kept in an asthma box, of which there is one in every classroom.
- All asthma pumps will be named.
- With the pump there will be written evidence of the frequency of usage necessary for each individual child listed on the Child Asthma Action Plan (Appendix 1) to be completed annually by parents/carers. This is to ensure that if a child appears to need their pump rather too frequently, then the parent can be informed.
- We strongly encourage independence so your child will not be restricted from using their pump during the course of the school day, but it is considered courteous to make the normal requests of the teacher first.
- We understand that 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 agrees they are mature enough.
- If the child needs their pump during break times, a request to a member of staff must be made first before entering the building, where an adult will accompany them. If the child always needs their pump during lunchtime, then the child can give it to a Midday Supervisor for safekeeping in the First Aid box.

If you wish to see the School Medical Policy, please make a request to the school office.

Would you please sign and return the slip below indicating either your agreement or your wish not to keep the pump in the care of the teacher or other staff, thereby taking full responsibility yourself. If this is the case we will need an extra Inhaler to keep in the classroom box.

Please complete the below

	Tick
I agree and accept the above guidelines regarding asthma pumps in school	
My child has a working, in-date inhaler, clearly labelled with their name, which they have in school that is kept in the designated area in the classroom.	
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 parent/carer	
Name of parent/carer completing form	
Name of child	
Date of birth of child	
Date form completed	

## Appendix 3

## LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear Parents/ Carers

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

This happened when

**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.**

Yours sincerely

Notes

## Appendix 4

### HOW TO RECOGNISE AN ASTHMA ATTACK


#### **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)

#### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**


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

#### **WHAT TO DO 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 or there is a problem ie: broken, empty, out of date, not in school use the emergency inhaler which is located in the school office
  - Remain with the child while the inhaler and spacer are brought to them
  - Immediately help the child to take two puffs of salbutamol via the spacer
  - If there is no immediate improvement, continue to give two puffs at a time every two minutes, 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 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
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Record of emergency inhaler given to pupils


	Name	Date	Time	Medicine given	Dose	Signature	Inhaler running total of doses
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							




## **How to clean the emergency inhaler**

1. Remove the metal canister from the plastic casing and remove the mouthpiece cap.
2. Rinse the plastic casing thoroughly under warm running water. **Keep the metal canister away from the water.**
3. Let the plastic casing air- dry.
4. Put the metal canister back into the plastic casing and put the mouthpiece lid back on.
5. Test the inhaler by releasing a single puff into the air.

## **How to store the emergency inhaler**

- Keep the emergency inhaler in the emergency kit bag unless in use.
  - Keep the emergency kit bag in the designated place (in the corridor or medical room) and out of reach of the children.
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## **How to use the emergency inhaler**

1. Take off the mouthpiece lid and shake the inhaler. Spray one puff into the air and away from the child to prime the inhaler ready for use.
  2. Shake the inhaler again and put it into the flat end of the disposable spacer.
  3. Stand or sit up straight.
  4. Breath out completely to empty lungs.
  5. Place the other end of the disposable spacer into mouth and close lips around it to make a tight seal.
  6. When starting to breath in, press down firmly on the top of the inhaler to release one puff of medicine, continue to breathe in slowly for 3-5 seconds and then take 5 breaths in and out.
  7. Remove the spacer and inhaler out of mouth.
  8. Take inhaler out of spacer, shake the inhaler again and repeat from step 2 for a second puff.
  9. **If there is no immediate improvement, continue to give 2 puffs every 2 minutes up to a maximum of 10 puffs. Shake the inhaler in between each puff and stop if there is improvement.**
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## Monthly Inhaler Checklist

<u>Inhaler</u>	<u>Batch number</u>	<u>Expiry date</u>
Salbutamol	PL 10949/0274	05/2026

January 25	February 25	March 25	April 25	May 25	June 25	July 25	August 25	September 25	October 25	November 25	December 25

## Monthly Checks

The emergency inhaler bag will be checked on the 1<sup>st</sup> of every month (or the closest to this if it falls on a day that school is not open). The inhalers will be checked using their batch numbers and recorded on this sheet. The spacers will also be checked at the same time to insure there are still 2 spacers in every emergency bag and that there is not anything missing from them. If the inhalers or spacers need replacing there are 2 spare inhalers and spare spacers in the medical room that they will be replaced with. When the inhalers are coming up to expiry more inhalers will be ordered to replace these.