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September 2022 – September 2025

Asthma & Inhaler Policy



WATERTON
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1. Our School

1.1 Our Vision

Grow. Achieve. Shine – These are much more than words or a motto. At Churchfield Primary School we enable all children to **grow** as independent learners, **achieve** more than they ever believe they could and **shine** as unique individuals. Our school is a very special place, having been the beating heart of our community for over 120 years, we respect the lessons of the past whilst looking to the difference we can make in the future. Preparing our pupils for life in an ever-changing world, developing curious, well-rounded individuals who are determined to succeed.

1.2 Our Values



We are proud, and work hard to be the best that we can be



We are determined and resilient, embracing all challenges



We collaborate well, treating everyone as equals



We are honest, kind and show integrity



We respect all people, property and the environment



We believe in ourselves and strive for our goals

1.3 Our Golden Rule

Our Golden Rule

We keep ourselves, and each other, safe.



1.4 Our School Aims

Our school aims are underpinned by our values. Through our school values, we aim to:

1. Promote high standards of academic and vocational achievement for every child, every time, through a highly-inclusive approach.
2. Promote a holistic view of the whole child, supporting them to become well-rounded individuals and members of society.
3. Encourage all children to develop positive relationships with, and respect for, themselves, each other, our local community and the wider world.
4. Provide a safe, welcoming and positive environment for our children and families; acting as a hub at the heart of our community.

1.5 Our Community

Bricks and mortar do not make a school, people do. We can achieve great things when we work together, and our community is at the heart of what we do. We are a hub of support for our families, and provide a safe and loving environment for our children to shine.

1.6 Our Academy Trust

Since December 2019 we have been a proud member of Waterton Academy Trust, providing even more opportunities for our pupils to shine. As part of the Waterton family, we ensure that success for all is not a goal, but an expectation.



2. Policy Summary

2.1 Policy Introduction & Rationale

Asthma is the most common chronic childhood condition, affecting one in eleven children. On average, there are two pupils with asthma in every classroom in the UK and over 25,000 emergency hospital admissions a year. At Churchfield Primary School, we recognise that asthma is a widespread, serious, but controllable condition, and we welcome all children with asthma to join us. We want our school community to be healthy and happy. By educating our staff around asthma and its treatment, we aim to enable pupils to medicate effectively in school and for asthma to have as little an impact as possible on their learning.

2.2 Policy Aims

This policy is underpinned by the central aims of Churchfield Primary School and the values held by the school community. This policy aims to ensure that all pupils who suffer from asthma:

- Be linked with specified staff members who know them, their condition, their parents/guardians, and their medical care plan well
- Always have appropriate medicines stored in school (and held by a designated adult when on trips) at all times. Consent will be obtained from parents/guardians and added to the medical register
- Have full access to the curriculum including exercise and PE, educational visits, and residential trips, as far in advance as possible

2.3 Inclusivity Statement

At Churchfield Primary School we use an inclusive approach to all aspects of education. Our aim is to always involve all children and stakeholders in all areas of the curriculum and school life. In accordance with the SEND Code of Practice, we recognise that this may mean making special adaptations or arrangements from time to time for children with specific disabilities. We welcome the involvement of disabled adults in all areas of school life.

3. Legalities & Linked Documents

3.1 Linked School & Trust Policies

This policy should be read in conjunction with the following policies and other linked policies:

- Safeguarding Policy
- Health & Safety Policy
- First Aid Policy

3.2 Linked National & Local Documents

The policy has been developed in accordance with the following legislation and guidance:

- [Working together to Safeguard Children \(2018, amended 2020\)](#)
- [Keeping Children Safe in Education \(2022\)](#)

4. Key Contacts

Role	Name
Clinical Lead for Children & Young People's Asthma	Dr Sonal Kansra
School Asthma Lead	Tracy Phillips



5. General Information

All pupils with asthma will be placed on an Asthma Register and encouraged to take control of their own medical needs when, and as far as, appropriate (according to their age and the severity of their condition). The care and administration of medication to pupils with asthma will be incorporated in the planning and risk assessments around all school trips and visits. Tracy Phillips is the named staff member in our schools who oversees the implementation of this policy.

5.1 Emergency Inhalers

School always keeps an emergency salbutamol inhaler and spacer. This can be located in the Staff Room Medical Cupboard. The emergency kit will have two Salbutamol inhalers available at a minimum and spacers compatible with Salbutamol. The inhalers should be stored in their original packing.

5.2 Asthma-Related Absence

If pupil is frequently missing school lessons or activities, we (with consent from the parents/guardians) will link in with designated partners in health. This can be the School Nurse or the child's GP, Practice Nurse, or Hospital Specialist. If a pupil needs to be taken to hospital, a member of staff will always accompany them until a parent/guardian arrives.

5.3 Missing Inhalers

It is the responsibility of parents/ guardians to ensure that their child has an inhaler in school. If a pupil is frequently missing an inhaler, parents will be contacted. If this is persistent, relevant agencies will be informed.

5.4 Class Inhaler Storage

Inhalers in every class are stored in a clearly labelled zip-wallet.

6. Key Responsibilities

6.1 All Staff Responsibilities

All school staff should:

- Complete the appropriate level of training to effectively deal with children and young people's asthma
- Read the schools' Asthma policy and be aware of which pupils have asthma, be familiar with the school's asthma management plan, and the content of the individualised asthma management plan of some pupils
- Ensure that pupils have immediate access to their own medicines, which should be stored in a safe, labelled, and accessible space in each classroom
- Support older pupils who may carry their own inhalers for the self-management of their asthma and to report to the named school asthma lead if they need to use their rescue inhalers
- Maintain effective communication with parents/guardians, including informing them if their child has been unwell at school
- Inform parents if pupils require their inhaler more than three times in a week
- Ensure pupils have their medicines with them when they go on a school trip or external visit
- Be aware of pupils with asthma who may require extra support
- Ensure all children with asthma are included in activities they wish to participate in

6.2 Parent Responsibilities

All parents/ carers have a responsibility to:

- Keep school updated in regards to changes in a child's condition or medication
- Ensure that there is an inhaler in school, and this is replaced when empty
- When asked for an inhaler, ensure this is brought to school immediately



7. Other Factors

7.1 Physical Activity

Pupils should be encouraged to warm-up and cool down appropriately before and after exercise, to use their inhalers as necessary, and to participate in all physical activities on offer. It is not recommended for children with asthma to routinely use salbutamol before exercise.

7.2 Environmental Factors

School and its grounds are a designated smoke-free area. At Churchfield Primary School, we will actively engage with local authorities' programmes to reduce air pollution around schools. Cleaning and maintenance will be carried out at the end of the school day and the indoor school environment will be kept free of common asthma triggers like dust mites, damp, and mould. We will remain aware of levels of air pollution in the area and be aware of mitigations that need to be put in for pupils with Asthma on high pollution days.

8. Monitoring

Each half term, staff must check the dates and contents of each inhaler to ensure they are still safe to be used and inform parents/guardians if replacements are required. Staff will liaise with parents/guardians about the health of their children who suffer with asthma and any requirements while they are in school (medical appointments, spacers etc).

A pupil should not require a second salbutamol inhaler in an academic year; if the canister requires replacing, it should be replaced, yet this would indicate the pupil's asthma is poorly controlled and they need to see their GP Practice Nurses or Asthma Specialist.

8.1 Training

Training around the management of asthma for all school staff will be facilitated each year by the Senior Leadership Team. At least 85% of staff will be trained to this level. <https://www.e-lfh.org.uk/programmes/children-and-young-peoples-asthma/>



Appendix 1. NHS Asthma Action Plan

Primary School Asthma Action Plan

Do I have signs of

- Wheezing
- Shortness of breath
- Coughing • Or complaining that my chest hurts(I may express this as my tummy hurts)

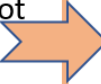
Stay with me and call for help if necessary. Give me 2-4 puffs of my rescue (blue)inhaler with my spacer following the guidance in the green box



- Keep calm and reassure me
- Sit me up and slightly forward
- Shake my rescue (blue) inhaler before use, remove the cap and then place in my spacer
- I need to place the mouth piece of the spacer between my teeth and lips to make a seal. I need to spray one puff and then take 10 breaths.
- I will repeat the above steps for each puff of the rescue (blue) inhaler
- I may need help with these steps

If my rescue (blue) inhaler has had little or no effect:

- I have difficulty walking
- I am coughing and wheezing a lot more
- I am unable to talk or complete sentences
- I am breathing hard and fast
- I may go very quiet
- My nostrils may be flaring



Give me up to 10 puffs of the rescue (blue) inhaler with my spacer using the guidance in the green box. You do not have to give the full 10 puffs before you call 999 if you are worried.

THINK ANAPHLAXIS, DO I HAVE AN ADRENALINE PEN? IF YES, REFER TO THE GUIDANCE IN YELLOW ALLERGIES BOX BELOW

Call 999 for an ambulance [School Postcode]

- **If there is little or NO IMPROVEMENT** Continue to give me 10 puffs of my rescue (blue) inhaler every 15 minutes until medical help arrives or my symptoms improve.
- **If I am EXHAUSTED**
- **If I am going BLUE**
- **You are WORRIED OR UNSURE**
- **If I have COLLAPSED**

Call my Parent/carer

ALLERGIES

- Do I have an adrenaline pen?
- If I'm not getting any better I could be having an anaphylactic reaction making it difficult for me to breathe
- **IF IN DOUBT FOLLOW MY ALLERGY MANAGEMENT PLAN AND *INJECT**
- Call an ambulance and state you suspect I am having an ANAPHYLACTIC REACTION

If my own inhaler/spacer or adrenaline pen is not available or expired, use the Schools emergency inhaler/spacer and adrenaline pen.

Adapted from London Healthy Lung partnership plan



School Asthma Action Plan

If a child stays in the Green zone and needs his rescue(Salbutamol) inhaler 3 or more times a week ,contact parents/carers to arrange an asthma review in that week

For a child in the amber zone who improves with additional inhalers at school, parents/carers should be contacted and the child should have a medical review the same day

Repeat inhalers and adrenaline injectors should be ordered if the emergency school supply has been used

Acknowledgements

Adapted from East London NHs trust and London Healthy Lung partnership plan

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