Mithian School

Asthma Policy
2026 - 2027

Aims and Purpose

Mithian Primary School recognises that asthma is a widespread, serious but controllable condition and the school welcomes all children with asthma.

We ensure that children with asthma can and do fully participate in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.

This is achieved through:

– ensuring that children have access to their inhalers as and when required.

– keeping a record of all children with asthma and the medicines they take.

– creating a whole school environment, including the physical, social, sporting and educational environment, that is favourable to children with asthma.

– helping all children to understand asthma as a medical condition.

– making sure that all staff (including supply teachers and support staff) who come into contact with children with asthma know what to do in the event of an asthma attack.

– working in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, the local authority, doctors, nurses and children to ensure the policy is planned, implemented and maintained successfully.

Asthma medicines

Immediate access to reliever medicines is essential. The reliever inhalers of children are kept in the health folder of the school office – this is carried out to the playground in the event of a fire. School staff are not required to administer asthma medicines to children (except in an emergency). Children are encouraged to take their own inhaler when they require it. This is usually supervised either by a member of the office staff or a qualified first aider. All pumps are labelled in the original packaging with the doctors prescribed dosage and kept in the school office except for nursery children who store theirs in the nursery.

The asthma register clearly states which children are asthmatic, their class, date of birth, doctor's prescribed dosage and additional notes from their parent/carer. In the event of an attack, the inhaler must be taken to the child.

Children on the asthma register who have parental consent for the use of the emergency inhaler are also clearly indicated. The emergency inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty). The emergency inhalers are labelled and stored in the school office and PE hall.

Record Keeping

When a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their admission form. Soon, all parents/carers of children with asthma will be sent an Asthma UK School Asthma Card to give to their child's doctor or asthma nurse to complete.*

Parents/carers will be asked to return the asthma card to the school. From this information the school keeps its asthma register, which is available to all school staff and can be located in the medical folder in the school office. A record of when the child takes their asthma relief is kept in the office. Any irregularities are reported to parents, for example a child needing to take asthma relief more than is usual for that child.

Asthma Cards will then then be sent to parents/carers of children with asthma on an annual basis to update. Parents/carers will also be asked to update or exchange the card for a new one if their child's medicines, 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 children. All teachers know which children in their class have asthma; they receive regular up-to-date class medical information.

We encourage children as they get older to try to remember this themselves and to take more control in remembering their medication. Children with asthma are encouraged to participate fully in PE.

Children whose asthma is triggered by exercise are encouraged to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a child needs to use their inhaler during a lesson they will be encouraged to do so.

Offsite sport, swimming and educational visits

All inhalers must accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc. A copy of the school asthma card will be kept in the bag with the asthma pump. This is returned to the school office once back on school grounds.

Asthma Attacks

In the event of an asthma attack, school staff follow the T.I.M.E advice from Whittington Health. (A link is provided at the bottom of this page)

ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK

Guidance on the use of emergency salbutamol inhalers in schools

Taken and edited from the Department of Health's published document 'Guidance on the use of emergency salbutamol inhalers in schools' September 2014.

We have some children at Mithian with asthma. These children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. All pumps are labelled and kept in their own possessions except for nursery children who store theirs in the nursery cupboard. The emergency inhalers and spacers are labelled and kept in the school office. The asthma register is located within the health folder in the school office which is maintained by Charlotte.

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.

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 AMULANCE 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

In the event of an asthma attack follow the T.I.M.E advice from Whittington Health. (A link is provided at the bottom of this page)

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.

In September 2014, the Department of Health published guidance on the use of emergency salbutamol inhalers in schools. From the 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

It 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. Consent should be updated regularly to take account of changes to a child's condition. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

Keeping an inhaler for emergency use will have many benefits:

- *Prevent an unnecessary and traumatic trip to hospital, and potentially save their life*
- *Parents are likely to have greater peace of mind about sending their child to school*

Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

Asthma emergency kit

An emergency asthma inhaler kit should include:

- *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 (see below);*
- *a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;*
- *a record of administration (i.e. when the inhaler has been used)*

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.

Storage and care of the inhaler

Mrs Charlotte Calloway and Mrs. Williams are our named volunteers who have responsibility for ensuring that:

- *on a half termly 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.*

The emergency inhalers and spacers are labelled and kept in the school office. 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 re-used. 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. If the inhaler has been used without a spacer, it should also not be re-used but disposed of.

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, how much medication was given, and by whom. The record book is kept in the medicines cupboard in the office. The child's parents must be informed in writing so that this information can also be passed onto the child's GP. These letters are kept in the asthma folder, also located in the medicines cupboard.

Please click to download T.I.M.E Whittington Health advice

Those people responsible for asthma in this school are:

Mrs. Evey Evison ~ Headteacher
Mr. Chris Watson ~ Chair of Governor

Date of Policy: Sept 2026
Review: Sept 2027