

Asthma Policy

Together, we **CARE!**



"Be kind and loving to each other".

Ephesians 4:32 (ICB)

Mepal & Witcham Primary School
a part of Ely Diocese Multi Academy Trust

Approved by the Governing Body: 26/11/25

Joy Walker

Signed: *L Woodhouse*

Date: Nov 25

Date to be reviewed: Dec 26

Contents

1. Aim
2. Record Keeping & Administration
3. Medication and Inhalers
4. Asthma Plans
5. School Environment
6. Exercise and Activity
7. When Asthma Is Affecting A Pupil's Education
8. Common 'Day-to-Day' Symptoms Of Asthma
9. Asthma Attacks
10. Emergency Procedure
11. Links with Other Policies
12. Appendix
 - a. What is Asthma?
 - b. Parent Letter
 - c. Child's asthma Plan
 - d. Adult's Asthma Plan

1. Aims

At Mepal & Witcham C of E Primary School, we recognise that asthma is a widespread, serious, but mostly controllable condition. We encourage children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. We endeavour to do this by ensuring we have the following:

- an asthma register;
- an up-to-date asthma policy;
- appropriate access to pupils' reliever inhalers;
- an up-to-date asthma plan;
- regular asthma training;
- asthma awareness for pupils, parents and staff.

This policy has been written with advice from the Department for Education and Employment, National Asthma Campaign, the local education authority, the school health service, parents, the governing body and pupils.

- Asthma is an important condition affecting many school children and welcomes all pupils with asthma.
- Children with asthma participate fully in all aspects of school life including PE.
- Immediate access to reliever inhalers is essential.
- Administration of medication is recorded in a timely manner.
- The school environment is favourable to children with asthma where possible.
- Other children understand asthma.
- All 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 all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully.

2. Record Keeping & Administration

We have an asthma register of children within the school, which we update annually. We do this by asking parents/carers if their child is diagnosed as asthmatic and/or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler, we ensure our records are updated and that the following is catered for:

- an up-to-date copy of their personal asthma action plan;
- their reliever (salbutamol/terbutaline) inhaler in school;
- permission from the parents/carers for either staff or the child (if considered competent and able by both parents and staff, and always under the supervision of staff) to administer inhalers as per their Asthma plan provided.

It is up to the responsibility of the parents/carers to keep the school updated with information. School staff are not required to administer medication to children except in an emergency; however, many of our staff are happy to do this. School staff who agree to do this are insured by the Local Education Authority when acting in accordance with this policy. All school staff will let children take their own medication as long as it agrees with the above. When asthma medication has been administered, it will be documented on both Smart Log and the pupil's personal paper log-book. This will ensure accurate tracking and effective communication to ensure the asthma plan is to adhere to.

This tracking will also enable staff to inform parents/carers when asthma medication needs renewing/replacing. Spent inhalers will be returned to parents/carers for their disposal.

3. Medication and Inhalers

All children with asthma should have immediate access to their reliever inhaler at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe (Source: Asthma UK).

Some children will also have a preventer inhaler which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed (Source: Asthma UK).

Reliever inhalers are kept in the pupil's classroom. Pupils and classroom staff are aware of the location and are accessible for use. School staff will support the administration of asthma medicines to pupils to ensure the correct inhaler technique.

4. Asthma Plans

Asthma UK evidence shows that if someone with asthma uses a personal asthma action plan, they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise the importance of efficiency and proactiveness and, therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions (Source: Asthma UK).

5. School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. Pupils' asthma triggers will be recorded as part of their asthma action plans and the school will ensure it does what it can to minimise contact with their triggers where possible.

We are aware that triggers can include the following, although not exhaustive:

- *Colds and infection*
- *Dust and house dust mite*
- *Pollen, spores and moulds*
- *Feathers*
- *Furry animals*
- *Exercise, laughing*
- *Stress*
- *Cold air, change in the weather*
- *Chemicals, glue, paint, aerosols*
- *Food allergies*
- *Fumes and cigarette smoke (Source: Asthma UK)*

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff to ensure these factors have been considered.

6. Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register (Source: Asthma UK).

Pupils with asthma are encouraged to participate fully in all activities. 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. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so (Source: Asthma UK).

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 involves pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE (Source: Asthma UK).

7. When Asthma Is Affecting A Pupil's Education

The school is aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their life as a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons, we will discuss this with parents/carers and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan to improve their symptoms. However, the school recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

8. Common 'Day-to-Day' Symptoms Of Asthma

As a school, we require children with asthma to have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them on an individual basis. We will also send home our own information and consent form for every child with asthma each school year, this needs to be returned immediately and kept with our asthma register.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough.
- wheeze (a 'whistle' heard on breathing out) often when exercising.
- Shortness of breath when exposed to a trigger or exercising.
- Tight chest.

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per Department Of Health document; they would not usually require the child to be sent home from school or to need urgent medical attention.

9. Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, members of staff are prepared to deal with asthma attacks should they occur.

The school follows the following procedure:

- Ensure that the reliever inhaler is taken immediately.
- Stay calm and reassure the child.
- Help the child to breathe by ensuring tight clothing is loosened and is seated in an upright position.

After the attack, minor attacks should not interrupt a child's involvement in school. When they feel better, they can return to school activities. The child's parents must be informed about the attack.

10. Emergency Procedure

If the pupil does not feel better or you are worried at any time before reaching 10 puffs from the inhaler, call 999 for an ambulance. If the ambulance has not arrived after 10 minutes, give an additional 10 puffs as detailed above. In the event of an ambulance being called, the pupil's parents or carers should always be contacted. In the event of a pupil being taken to hospital by ambulance, they should always be accompanied by a member of staff until a parent or carer is present.

11. Links with other policies

This first aid policy is linked to the:

- Health and safety Policy
- Equality Information and Objectives Policy
- Medical Policy
- First Aid Policy
- Toileting and Intimate Care Policy
- Staff Code of Conduct
- Special Education Needs Policy

12. Appendix A- What is Asthma?

Asthma

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).



Symptoms of an asthma attack

- Not all symptoms listed have to be present for this to be an asthma attack
- Symptoms can get worse very quickly
- If in doubt, give emergency treatment.
- Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky, or stating that the heart is beating faster.

Cough

A dry persistent cough may be a sign of an asthma attack. Chest tightness or pain

This may be described by a child in many ways including a 'tight chest', 'chest pain', tummy ache

Shortness of breath

A child may say that it feels like it's difficult to breathe, or that their breath has 'gone away' Wheeze

A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may, or may not be wheezing.

Increased effort of breathing

This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger children, the stomach may be obviously moving in and out. Nasal flaring.

Difficulty in speaking

The child may not be able to speak in full sentences Struggling to breathe

The child may be gasping for air or exhausted from the effort of breathing

CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD

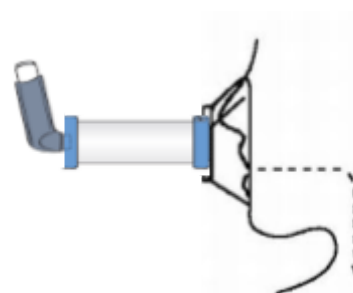
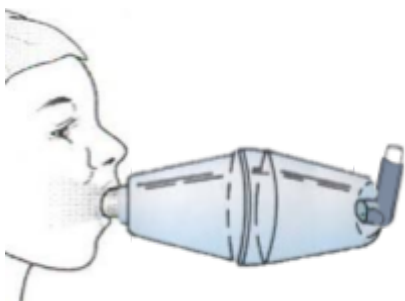
- Appears exhausted
- Has blue/white tinge around the lips
- Is going blue
- Has collapsed

Administering reliever inhaled therapy through a spacer

A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks then press the inhaler twice into the air to clear it.**

A Spacer might be
Orange
Yellow
Blue
Clear

A spacer may have
A mask
A mouthpiece



1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the back of the spacer
5. Place mouthpiece in mouth with a good seal, (or if using the mask place securely over the mouth and nose)
6. Encourage the child to breathe in and out slowly and gently
7. Depress the canister encouraging the child to continue to breathe in and out for 5 breaths
8. Remove the spacer
9. Wait 30 seconds and repeat steps 2-6
10. Assess for improvement in symptoms

Dependent on response steps 2-7 can be repeated according to response up to 10 puffs.

If there is no improvement **CALL 999**. If help does not arrive in 10 minutes give another 10 puffs in the same way.

If the child does not feel better or you are worried **ANYTIME** before you have reached 10 puffs, **call 999 for an ambulance and continue to treat as above.**

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Dear Parent/Carer,

We currently have your child registered as asthmatic.

As part of the school Asthma Policy, we ask all parents/carers of children with asthma to help us by completing a School Asthma Action Plan for their child/children. This is attached to this letter. The completed School Asthma Action Plan will store important details about your child's current medicines, triggers, individual symptoms, and emergency contact numbers. The Plan will help school staff to better understand your child's individual condition and needs. All children with an individual Asthma Action Plan need to have, prescribed by their GP, an inhaler and spacer that remains in school. It is necessary for school staff to have access to this medication in order to treat a severe asthma attack correctly. Please complete the enclosed Action Plan and return it to the School Office as soon as possible.

It is the responsibility of parents/carers to provide the school with a Volumatic spacer and relevant asthma medication for your individual child.

It is crucial that the school is informed of any changes to your child's medical needs immediately to ensure we are aware and able to provide the appropriate care.

Kind regards

The School Office

Appendix C - Child's Asthma Plan

Mepal & Witcham



'Be Kind and Loving to each other'
Ephesians 4:32

Together, we CARE

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)



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 08636194, with registered charity number 326130 in England and Wales, SC036445 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 takepuff/s of my preventer inhaler in the morning andpuff/s 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 takepuff/s 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 puff/s 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)

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.**



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.

Appendix D - Adult's Asthma Plan

My asthma triggers

Taking my asthma medicine every day will help reduce my reaction to these triggers. Avoiding them where possible will also help.

People with allergies need to be extra careful as asthma attacks can be more severe.

My asthma review

I should have at least one routine asthma review every year. I will bring:

- my action plan to see if it needs updating
- any inhalers and spacers I have, to check I'm using them correctly and in the best way
- my peak flow meter if I use one
- any questions about my asthma and how to cope with it.

Next asthma review date:

GP/asthma nurse contact

Name:

Phone number:

Out-of-hours contact number (ask your GP surgery who to call when they are closed)

Name:

Phone number:

Last reviewed and updated 2021; next review 2024.

Asthma and Lung UK, a charitable company limited by guarantee with company registration number 0963616, with registered charity number 328130 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man

How to use it

Your written asthma action plan can help you stay on top of your asthma. To get the most from it you could:

- 1 Put it somewhere easy to find** – your fridge door, noticeboard or bedside table.
- 2 Keep a photo of it on your mobile phone or tablet** – so you can check it wherever you are. You can also send it to a family member or friend, so they know what to do if your asthma symptoms get worse.
- 3 Check in with it regularly** – put a note on your calendar or a monthly reminder on your phone to read it through. Are you remembering to use your everyday asthma medicines? Do you know what to do if your symptoms get worse?
- 4 Take it to every asthma appointment** – including hospital appointments. Ask your GP or asthma nurse to update it if their advice for you changes.

Get more advice + support from Asthma + Lung UK

Speak to a respiratory nurse specialist about managing your asthma: **0300 222 5800**

Get news, advice and download information: **AsthmaAndLung.org.uk**

Message our specialist asthma nurses on Whatsapp: **07378 606728**

Follow us on facebook for news and tips about your asthma: **facebook.com/AsthmaLungUK**

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists
Call **0300 222 5800** WhatsApp **07378 606 728**
(Monday-Friday, 9am-5pm)

**ASTHMA+
LUNG UK**

ADULT ASTHMA ACTION PLAN

Fill this in with your GP or nurse

Name and date:

1 Every day asthma care:

My asthma is being managed well:

- With this daily routine I should expect/aim to have no symptoms.
- If I have not had any symptoms or needed my reliever inhaler for at least 12 weeks, I can ask my GP or asthma nurse to review my medicines in case they can reduce the dose.
- My personal best peak flow is:

My daily asthma routine:

My preventer inhaler (insert name/colour):

I need to take my preventer inhaler every day even when I feel well.

I take puff(s) in the morning
and puff(s) at night.

My reliever inhaler (insert name/colour):

I take my reliever inhaler only if I need to

I take puff(s) of my reliever inhaler if any of these things happen:

- I'm wheezing • My chest feels tight
- I'm finding it hard to breathe • I'm coughing

Other medicines and devices (e.g spacer, peak flow meter) I use for my asthma every day:

2 When I feel worse:

My asthma is getting worse if I'm experiencing any of these:

- My symptoms are coming back (wheeze, tightness in my chest, feeling breathless, cough).
- I am waking up at night.
- My symptoms are interfering with my usual day-to-day activities (eg at work, exercising).
- I am using my reliever inhaler three times a week or more.
- My peak flow drops to below:



URGENT! If you need your reliever inhaler more than every four hours, you need to take emergency action now. See section 3.

What I can do to get on top of my asthma now:

If I haven't been using my preventer inhaler, I'll start using it regularly again or if I have been using it:

- Increase my preventer inhaler dose to puffs times a day until my symptoms have gone and my peak flow is back to my personal best.
- Take my reliever inhaler as needed (up to puffs every four hours).
- Carry my reliever inhaler with me when I'm out.



URGENT! See a doctor or nurse within 24 hours if you get worse at any time or you haven't improved after seven days.

Other advice from my GP about what to do if my asthma is worse (eg MART or rescue steroid tablets):

3 In an asthma attack:

I'm having an asthma attack if I'm experiencing any of these:

- My reliever inhaler is not helping or I need it more than every four hours.
- I find it difficult to walk or talk.
- I find it difficult to breathe.
- I'm wheezing a lot, or I have a very tight chest, or I'm coughing a lot.
- My peak flow is below:

What to do in an asthma attack

1. Sit up straight - try to keep calm.
2. Take one puff of your reliever inhaler (usually blue) every 30-60 seconds up to 10 puffs.
3. If you feel worse at any point OR you don't feel better after 10 puffs **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2.
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

Important: this asthma attack advice does not apply to you if you use a MART inhaler.

After an asthma attack

- If you dealt with your asthma attack at home, see your GP today.
- If you were treated in hospital, see your GP within 48 hours of being discharged.
- Finish any medicines they prescribe you, even if you start to feel better.
- If you don't improve after treatment, see your GP urgently.

What to do in an asthma attack if I'm on MART: