Aintree Davenhill Primary School

Asthma Policy

Approved by Headteacher

June 2026

Statement of Intent

Aintree Davenhill recognises that asthma is a serious but controllable condition and welcomes all pupils with asthma. This policy sets out how the school ensures that pupils with asthma can participate fully in all aspects of school life including physical exercise, school trips and other out-of-school activities. It also covers how the school enables pupils with asthma to manage their condition effectively in school, including ensuring immediate access to reliever inhalers where necessary.

What is Asthma

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults. There's currently no cure, but there are simple treatments that can help keep the symptoms under control so it does not have a big impact on your life.

Individual Healthcare Plans

All pupils with Asthma or prescribed an inhaler, require an Individual Healthcare Plan (IHP).
The IHP may include:

- Usual asthma symptoms
- Medication details
- Triggers
- Emergency procedures
- Contact information
- Responsibilities of staff, parents and the pupil

Symptoms of asthma

The main symptoms of asthma are:

- a whistling sound when breathing (wheezing)
- breathlessness
- a tight chest, which may feel like a band is tightening around it
- coughing

The symptoms can sometimes get temporarily worse. This is known as an asthma attack

Treatments for asthma

Asthma is usually treated by using an inhaler, a small device that lets you breathe in medicines. The main types are:

- Reliever inhalers – used when needed to quickly relieve asthma symptoms for a short time. It contains a medicine called a bronchodilator which quickly opens the airway and helps to breathe more easily.
- Preventer inhalers – used every day to prevent asthma symptoms happening. It contains steroids that reduce airway inflammation to prevent asthma symptoms.
- Combination inhalers are used for maintenance and reliever therapy (MART) and anti-inflammatory reliever therapy (AIR) can be used as relivers. Latest guidelines recommend these.

Some people also need to take tablets.

Recent changes in Asthma management moves away from the traditional blue (reliever) and brown (preventer) inhaler model and introduces SABA-free (Short-Acting Beta-Agonist) pathways to reduce overuse risk:
AIR (Anti-inflammatory Reliever)
MART (Maintenance and Reliever Therapy)

Maintenance and Reliever Therapy (MART) is an asthma treatment plan where one combination inhaler is used instead of two separate preventer and reliever inhalers.
A MART inhaler has been shown to lower the risk of asthma symptoms and attacks.
It does this by:

- reducing inflammation, in the airways
- preventing asthma symptoms such as breathlessness and a tight chest
- acting quickly to deal with symptoms or an asthma attack
- lowering the risk of an asthma attack or flare up where high doses of steroid tablets are needed.

There are several types of combination inhalers are available on a MART treatment plan.
These may be dry powder inhalers (DPIs), or metered dose inhalers (MDIs).
If the medicine comes in an MDI inhaler, use a spacer. This helps the medicine get to the airways. It also lowers the risk of common side effects.

How is MART different to other combination inhalers?
Not all combination inhalers can be used for MART, only those with an inhaled steroid and a long-acting bronchodilator (LABA) medicine called formoterol.
Because it contains formoterol the MART inhaler can used if there are symptoms or have an asthma attack, without needing a blue reliever inhaler as well.

MART inhaler used to relieve symptoms:

- formoterol opens the airways quickly
- the steroid preventer medicine treats the inflammation that's causing the symptoms.

Anti-inflammatory reliever (AIR) therapy is where the use a combination inhaler containing two types of medicine:

- a steroid anti-inflammatory medicine which treats the inflammation in the airway
- a reliever medicine called formoterol which quickly opens up the airway when there are asthma symptoms or have an asthma attack.

For an AIR-only treatment plan, only use the anti-inflammatory reliever inhaler when there are asthma symptoms.

Causes and triggers of asthma

Asthma is caused by swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, so they temporarily narrow. It may happen randomly or after exposure to a trigger.
Common asthma triggers include:

- allergies (to house dust mites, animals or pollen, for example)
- smoke, pollution and cold air
- exercise
- infections like colds or flu

Identifying and avoiding asthma triggers can help you keep symptoms under control.

How long asthma lasts for

Asthma is a long-term condition for many people, particularly if it first develops when you're an adult. In children, it sometimes goes away or improves during the teenage years, but can come back later in life. The symptoms can usually be controlled with treatment. Most people will have normal, active lives, although some people with more severe asthma may have ongoing problems.

Complications of asthma

Although asthma can normally be kept under control, it's still a serious condition that can cause a number of problems. This is why it's important to follow the treatment plan and not ignore any symptoms if they're getting worse.

Badly controlled asthma can cause problems such as:

- feeling tired all the time
- underperformance at, or absence from, work or school
- stress, anxiety or depression
- disruption of your work and leisure because of unplanned visits to a GP or hospital
- lung infections (pneumonia)
- delays in growth or puberty in children

There's also a risk of severe asthma attacks, which can be life threatening.

Legal Framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Equality Act 2010
- DfE (2015) 'Supporting pupils at school with medical conditions'
- Asthma UK (2020) 'Asthma at school and nursery'
- DfE (2022) 'First aid in schools, early years and further education'

This policy operates in conjunction with the following school policies:

- Complaints Policy
- Supporting Pupils with Medical Conditions Policy
- First Aid Policy

Roles and Responsibilities

The Governing Body has a responsibility to:

- Ensure the health and safety of staff and pupils is protected on the school premises and when taking part in school activities.
- Ensure that this policy, as written, does not discriminate against any of the protected characteristics, in line with the Equality Act 2010.
- Handle complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensure this policy is effectively monitored and updated.

- Report any successes and failures of this policy to the headteacher, members of school staff, local health authorities, parents and pupils.
- Provide indemnity for teachers and other members of school staff who volunteer to administer medicine to pupils with asthma in need of help.

The headteacher has a responsibility to:

- Create and implement this policy with the help of school staff, school nurses, local guidance and the Governing Body.
- Ensure this policy is effectively implemented and communicated to all members of the school community.
- Arrange for all members of staff to receive training on supporting pupils with asthma. Ensure all supply teachers and new members of staff are made aware of this policy and provided with appropriate training.
- Monitor the effectiveness of this policy.
- Ensure that first aiders are appropriately trained regarding asthma, e.g. supporting pupils to take their own medication and caring for pupils who are having asthma attacks.
- Delegate the responsibility to check the expiry date of spare reliever inhalers and maintain the school's asthma register to a designated member of staff.
- Report incidents and other relevant information to the Governing Body and LA as necessary.

All school staff have a responsibility to:

- Read and understand this policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in the event of an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents if their child has had an asthma attack.
- Inform parents if their child is using their reliever inhaler more than usual.
- Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom.
- Ensure pupils who are unwell due to asthma are allowed the time and resources to catch up on missed school work.
- Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms.
- Be aware that pupils with asthma may experience bullying due to their condition, and understand how to manage these instances of bullying.
- To contact parents, the school nurse and the SENCO if a pupil is falling behind with their school work because of their asthma.

PE staff have a responsibility to:

- Understand asthma and its impact on pupils – pupils with asthma should not be forced to take part in activities if they feel unwell.

- Ensure pupils are not excluded from activities that they wish to take part in, provided their asthma is well-controlled.
- Ensure pupils have their reliever inhaler with them during physical activity and that they are allowed to use it when needed.
- Allow pupils to stop during activities if they experience symptoms of asthma.
- Allow pupils to return to activities when they feel well enough to do so and their symptoms have subsided (the school recommends a five-minute waiting period before allowing the pupil to return).
- Remind pupils with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up.
- Ensure pupils with asthma always perform sufficient warm-ups and cool-downs.

Pupils with asthma have a responsibility to:

- Tell their teacher or parent if they are feeling unwell due to their asthma.
- Treat the school's and their own asthma medicines with respect by not misusing the medicines and/or inhalers.
- Know how to gain access to their medication in an emergency.
- Know how to take their asthma medicine.

All other pupils have a responsibility to:

- Treat other pupils, with or without asthma, equally, in line with the school's Behaviour and Relationships Policy.
- Understand that asthmatic pupils will need to use a reliever inhaler when having an asthma attack and ensure a member of staff is called immediately.

Parents have a responsibility to:

- Inform the school if their child has asthma.
- Ensure the school has a complete and up-to-date asthma card for their child.
- Inform the school of the medication their child requires during school hours.
- Inform the school of any medication their child requires during school trips, team sports events and other out-of-school activities.
- Inform the school of any changes to their child's medicinal requirements.
- Inform the school of any changes to their child's asthmatic condition, e.g. if their child is currently experiencing sleep problems due to their condition.
- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their child's name.
- Ensure that their child's reliever inhaler and spare inhaler are within their expiry dates.
- Ensure their child catches up on any school work they have missed due to problems with asthma.
- Ensure their child has regular asthma reviews with their doctors or asthma nurse (recommended every 6-12 months).

- Ensure their child has a written Personal Asthma Action Plan at school to help the school manage their child's condition.

Asthma Medicines

Pupils with asthma are encouraged to carry their reliever inhaler as soon as their parent and the school nurse agree that they are old enough and/or have sufficient capabilities and independence. If not, inhalers are given to the school to be looked after. Reliever inhalers kept in the school's charge are held in the pupil's classroom in the class grab bag.

Parents will be required to label their child's inhaler with the child's full name and class. Parents will ensure that the school is provided with a labelled spare reliever inhaler, in case their child's inhaler runs out, or is lost or forgotten.

Members of staff are not required to administer medicines to pupils, except in emergencies. Staff members who have volunteered to administer asthma medicines will be insured by the school's appropriate level of insurance which includes liability cover relating to the administration of medication.

Staff will administer the asthma medicines in line with the school's Medication Policy. For pupils who are old enough and/or have sufficient capabilities and independence to do so, staff members' roles in administering asthma medication will be limited to supporting pupils to take the medication on their own.

This policy is predominantly for the use of reliever inhalers. The use of preventer inhalers is very rarely required at school. In the instance of a preventer inhaler being necessary, staff members may need to remind pupils to bring them in or remind the pupil to take the inhaler before coming to school.

Emergency Inhaler

The school keeps two salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. These will only be used for pupils who have written parental consent or by emergency guidance (999).

Emergency asthma kits contain the following:

- A salbutamol metered dose inhaler
- Two compatible spacers
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Instructions for replacing inhalers and spacers
- The manufacturer's information
- A checklist, identifying inhalers by their batch number and expiry date
- A list of pupils with parental consent and/or individual healthcare plans permitting them to use the emergency inhaler
- A record of administration showing when the inhaler has been used

The school buys its supply of salbutamol inhalers from a local pharmacy. The emergency inhaler should only be used by pupils, for whom written parental consent has been received and who have been

either diagnosed with asthma or prescribed an inhaler as reliever medication. Parental consent for the use of an emergency inhaler should form part of any pupil with asthma's individual healthcare plan.

When not in use, emergency inhalers are stored in the school office in the temperate conditions specified in the manufacturer's instructions, out of reach and sight of pupils, but not locked away.

Expired or used-up emergency inhalers are returned to a local pharmacy to be recycled. Spacers must not be reused in school, but may be given to the pupil for future home-use. Emergency inhalers may be reused, provided that they have been properly cleaned after use.

In line with the school's Supporting Pupils with Medical Conditions Policy and First Aid Policy, appropriate support and training will be provided for relevant staff, e.g. first aid staff, on the use of the emergency inhaler and administering the emergency inhaler.

Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration and the school's records. The records will indicate where the attack took place, how much medication was given, and by whom. The pupil's parents will be informed of the incident in writing.

A designated staff member (Miss Parker) is responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining an asthma register.

The designated staff member who oversees the supply of salbutamol inhalers is responsible for:

- Checking that inhalers and spacers are present and in working order, with a sufficient number of doses, on a monthly basis.
- Ensuring replacement inhalers are obtained when expiry dates are approaching.
- Ensuring replacement spacers are available following use.
- Ensuring that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary.

Symptoms of an Asthma Attack

Members of staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

Younger pupils may express feeling tightness in the chest as a 'tummy ache'. Check the child's IHCP for their specific symptoms.

Response to an Asthma Attack

In the event of an asthma attack, staff will follow the procedure outlined below:

- Keep calm and encourage pupils to do the same.
- Encourage the pupil to sit up and slightly forwards – do not hug them or lie them down.
- If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.
- If necessary, summon the assistance of a member of suitably trained first aid staff to care for the pupil and help administer an emergency inhaler.
- Ensure the pupil takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the pupil.

Staff will not administer any medication where they have not been trained to do so.

If there is no immediate improvement, staff will continue to ensure the pupil takes 2 puffs of their reliever inhaler every two minutes, until their systems improve, but only up to a **maximum of 10 puffs**. If there is no improvement before the pupil has reached 10 puffs:

- Call 999 for an ambulance.
- If an ambulance does not arrive within 10 minutes, the pupil can administer another 10 puffs of the reliever inhaler as outlined above.

Staff will call 999 immediately if:

- The pupil is too breathless or exhausted to talk.
- The pupil is going blue.
- The pupil's lips have a blue or white tinge.
- The pupil has collapsed.
- You are in any doubt.

Emergency Procedures

Staff will never leave a pupil having an asthma attack unattended. If the pupil does not have their inhaler to hand, staff will send another member of staff or pupil to retrieve their spare inhaler. In an emergency situation, members of school staff are required to act like a 'prudent parent', i.e. making careful and sensible parental decisions intended to maintain the child's health, safety and best interests. Staff do not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind – guidelines will be issued to staff in this regard.

As reliever medicine is very safe, staff will be made aware that the risk of pupils overdosing on reliever medicine is minor. Staff will send another pupil to get another member of staff if an ambulance needs to be called. The pupil's parent will be contacted immediately after calling an ambulance.

A member of staff should always accompany a pupil who is taken to hospital by ambulance and stay with them until their parent arrives. Generally, staff will not take pupils to hospital in their own car

unless in exceptional circumstances, e.g. where a pupil needs professional medical attention and an ambulance cannot be procured.

In these exceptional circumstances, the following procedure will be followed in line with the First Aid Policy:

- A staff member will call the pupil's parents as soon as is reasonably practical to inform them of what has happened, and the course of action being followed – parental consent is not required to acquire medical attention in the best interests of the child.
- The staff member, with business insurance, will be accompanied by one other staff member, preferably a staff member with first aid training.
- Both staff members will remain at the hospital with the pupil until their parent arrives.

Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form. An Individual Healthcare Plan is then completed by the parents (IHCP).

The school keeps a record of all pupils with asthma, complete with medication requirements, in its asthma register. Parents will be required to inform the school of any changes to their child's condition or medication during the school year.

The register will include:

- Pupil name
- Year group
- Medication required
- Location of inhaler (if not carried)
- Individual healthcare plan where applicable

Relevant staff will have access to this information.

All emergency situations will be recorded, and staff practice evaluated, in line with the First Aid Policy.

Exercise and Physical Activity

Games, activities and sports are an essential part of school life for pupils. All teachers will know which pupils in their class have asthma and will be aware of any safety requirements.

Outside suppliers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity via the school's asthma register.

Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.

During sports, activities and games, each pupil's labelled inhaler will be kept in the first aid grab bag at the site of the activity. Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

The school believes sport to be of great importance and utilises out-of-hours sports clubs to benefit pupils and increase the number of pupils involved in sport and exercise. Pupils with asthma are encouraged to become involved in out-of-hours sport as much as possible and will never be excluded from participation. Members of school staff and contracted suppliers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in this policy.

The school Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. As far as possible, the school does not use any chemicals in art or science lessons that are potential triggers for asthma. If chemicals that are known to be asthmatic triggers are to be used, asthmatic pupils will be taken outside of the classroom and provided with support and resources to continue learning.

Monitoring and Review

The effectiveness of this policy will be monitored continually by the headteacher. Any necessary amendments may be made immediately. The Governing Body will review this policy annually.

Any changes made to this policy will be communicated to staff, pupils, parents and other relevant stakeholders.

The next scheduled review date for this policy is June 2027.

Actions to take if a child has an asthma attack and when to call 999.

1. **Help them to sit up – don't let them lie down. Try to keep them calm.**
2. **Help them take 1 puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.**
3. **If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, call 999 for an ambulance.**
4. **If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.**
5. **If their 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 MART or AIR inhalers.
If a child has a MART or AIR inhaler, please tell the responder when you call 999.

Aintree Davenhill Asthma Individual Health Care Plan 2026-27

Child's name	.
Class	

Please review this card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines must be clearly labelled with your child's name and kept in agreement with the school's policy.

Please tick as appropriate

	My child is asthmatic and needs medication in school
	My child is not asthmatic **but** has been prescribed an inhaler and needs medication in school.
	My child is still asthmatic but does not need medication in school.
	My child is no longer asthmatic; please remove them from the Asthma Register.

Reliever treatment when needed

For wheeze, cough shortness of breath or sudden tightness in the chest, give, or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Name and strength of medication		
Expiry date		
How much to be take (i.e. dose)		
When to be taken		
Does your child have a spacer device? (please tick)	Yes	No

What signs can indicate that your child is having an asthma attack.

Does your child tell you when s/he needs medicine? Yes ☐ No ☐

Does your child need help taking her/his medication? Yes ☐ No ☐

What are your child's triggers (things that make their asthma worse)?

PTO

Does your child need to take their medication before exercise or play? Yes ☐ No ☐

Please describe in here:

Does your child need to take any other asthma medication while in school? Yes ☐ No ☐

Please describe in here:

Care of your spacer device

Your volumatic spacer should be cleaned monthly by washing it in mild detergent and should be allowed to dry in air without rinsing: the mouthpiece should be wiped clean of detergent before use. If needed the mask should be removed and washed more often.

Your child will bring home their inhaler each term for you to check expiry dates and wash the volumatic (see above). Please ensure you bring back the inhaler at the start of every new term.

☐ **I will ensure that I check my child's inhaler each term and returned on the first day back to school at the start of the new term.**

Emergency Asthma Treatment

Please tick relevant boxes below.

☐ **I can confirm** that my child has been diagnosed with asthma/has been prescribed an inhaler. (delete as appropriate)

☐ **I give** permission for my child to use the emergency Salbutamol inhaler (blue) in school in an emergency situation.

☐ **I do not give** permission for my child to use the emergency Salbutamol inhaler (blue) in school in an emergency situation.

Child's Name:			
Class:			
Signed:		Date:	

(PERSON WITH PARENTAL RESPONSIBILITY)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Aintree Davenhill staff to store this medical information and to administer medication in accordance with the school policy. ***Staff will do their upmost to ensure that medication is administered but cannot be held responsible should a dosage be missed.***