



City Health Care Partnership



Asthma Policy

January 2026



Name of School **Bude Park Primary School**

Name of Coordinator **Jayne White**

Role of coordinator: It is the role of the coordinator to review and update the Asthma Policy in response to any change in guidance; to put in place and amend Individual Healthcare Plans when required; to ensure all staff receive training on signs and symptoms of asthma and how to treat it and to ensure the inclusion of all children with asthma.

Contact details **01482 825316**

School Nurse Team **01482 259600**

Asthma Specialist Nurses **01482 328541**

Date **January 2026**

Review date **In response to any change in guidance**

Policy statement

This policy has been written based on national asthma guidance from the British Thoracic Society and the National Institute for Health and Care Excellence, advice on asthma in schools from Asthma + Lung UK and the Department for Education, in addition to advice from healthcare and education professionals. It was last updated in January 2026.

Bude Park Primary School recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. This school welcomes pupils with asthma.

This school encourages all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents / carers and by pupils.

All staff who have contact with these children are given the opportunity to receive training from the school nursing team/specialist nurses. Updates for training are offered at regular intervals and this school will ensure attendance by staff. This will take place at least every two years and more often if there are pupils within the school who have significant asthma symptoms or there are significant changes to the management of asthma in children.

Developing and implementing an asthma policy is essential for all schools and is important for all schools that hold National Healthy School Status or are engaged with The Healthy Schools Enhancement Programme.

Indemnity

School staff are not required to administer asthma medication to pupils except in an emergency. However staff will supervise pupils while they take their inhalers. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.

All school staff will allow pupils **immediate** access to their own asthma medication when they need it.

What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness.

Signs of uncontrolled asthma are:

- > Waking up at night because of asthma symptoms
- > Getting asthma symptoms 3 or more times a week
- > Using a reliever inhaler 3 or more times a week
- > Having frequent asthma attacks or chest infections

The primary treatment for asthma is the use of an inhaled corticoid steroid inhaler that is taken on a daily basis. These preventer inhalers are used every day to prevent asthma symptoms happening. Reliever inhalers are used when needed to quickly relieve asthma symptoms for a short time. All staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

Medication

Salbutamol Relievers



Salbutamol is a reliever inhaler that is blue in colour, and is used to relieve asthma symptoms, such as wheeze, cough and breathlessness. Some children will have a different type of reliever inhaler, e.g. those following the MART approach (see below). Any child who does not use a salbutamol inhaler as their reliever will need an individual healthcare plan.

In the unlikely event of someone using another child's salbutamol (blue) inhaler there is little chance of harm. The drug in these inhalers is very safe and overdose is very unlikely.

MART



The maintenance and reliever therapy (MART), involves the use of a single inhaler that can act as both a preventer and a reliever. The inhaler will be used regularly every day at home and will be brought to school and used to relieve symptoms.

MART inhalers contain a steroid, as well as reliever medication. Because of this it is important that no child uses another child's MART inhaler.

Immediate access to reliever inhaler is vital.

Children aged 7 years and over who are considered sufficiently mature are encouraged to carry their own inhaler with them, at the discretion of the parent/carer and teacher. Otherwise the inhaler must be kept wherever the child is at anytime e.g. class, hall, playground etc. and all staff who work in

that phase must know where the inhaler is kept. Inhalers must not be stored in the school office or similar as this will not allow quick enough access in an emergency.

As a guideline we would recommend that:

KEY STAGE 1

Inhalers and spacers will be kept by the teacher in the classroom in a designated place, of which pupils will be made aware. However, if the child or class moves to another area within the school, the inhaler will be taken too. Good practice indicates that a spare inhaler is kept in school for staff to use if the original runs out or is lost.

KEY STAGE 2

Pupils will either carry their own inhalers with them at all times or they will be stored in the classroom and pupils and staff will know where they are kept. Good practice indicates that a spare inhaler is kept in school by the teacher for use if the original runs out or is lost

Children, who are able to identify the need to use their medication, should be allowed to do so, as and when they feel it is necessary.

Record Keeping

When a child joins this school, parents/carers will be asked to complete an admission form. If they state that their child has asthma they will be given an additional form to complete, giving details of the condition and the treatment required. Information from this form will be used to compile an "Asthma Register" which is available for all school staff. This register will be updated at least annually or more frequently if required using the information supplied by the parent/carer.

Physical Education

Taking part in sports is an essential part of school life and important for health and well being and children with asthma are encouraged to participate fully. Symptoms of asthma are often brought on by exercise and therefore, each child's labelled inhaler will be available at the site of the lesson. Certain types of exercise are potent triggers for asthma e.g. cross country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be encouraged to warm up prior to participating and cool down after.

After School Clubs

Taking part in after school clubs should be possible for all children and children with asthma are encouraged to participate fully. Symptoms of asthma are often brought on by exercise and therefore, children with an inhaler will be asked to take this to the after school club with them. The club lead will be responsible for collecting all inhalers at the end of their club and taking them to the office for them to be redistributed the following morning before school starts. Children attending clubs will not be allowed to take their school inhaler home with them.

School Trips/Residential Visits

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant.

The child's reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the supervising adult in the case of Key Stage 1 children.

For residential visits, staff will be trained in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided.

Group leaders will have appropriate contact numbers with them.

Training.

On a bi-annual basis, **all** staff will receive training on signs and symptoms of asthma and how to treat it.

Asthma Education for pupils

It is recommended that all pupils should be educated about asthma. This could be through PSHE, drugs education, assemblies etc. Support for this may be available from your school nurse or the paediatric asthma specialist nurse.

Concerns

If a member of staff has concerns about the progress of a child with asthma, which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

Storage of Inhalers

The following good practice guidelines for the storage of inhalers will be followed:

1. Inhalers will **NEVER** be locked away or kept in the school office. Spare, generic inhalers are however kept in the school office should children not have their own.
2. All children with asthma will have rapid access to their inhalers as soon as they need them
3. Devices will always be taken with the child when on trips or activities.

N.B.

In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

Emergency Procedures

A flow chart is issued with this policy outlining the action to be taken in an emergency. Good practice suggests that copies are printed and displayed in the school office, staff room and relevant locations including classrooms where a pupil is known to have severe asthma.

In an emergency, where a child, who is a known asthmatic, is experiencing significant symptoms and has not got their own blue inhaler with them or it is found to be empty, it is acceptable to 'borrow' one of these from another child. Ideally, this should be a metered dose inhaler and a spacer to facilitate effective delivery.

This should then be recorded in the child's records and parent/carer informed.

NB If a child has **Symbicort (white/red inhaler)** the maximum dose that can be used in an emergency is 4 puffs 1 minute apart. If symptoms do not settle and no blue reliever inhaler is available call 999 and ask for an ambulance. If a blue reliever inhaler is available follow flow chart.

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Responsibilities

Parents/Carers have a responsibility to:

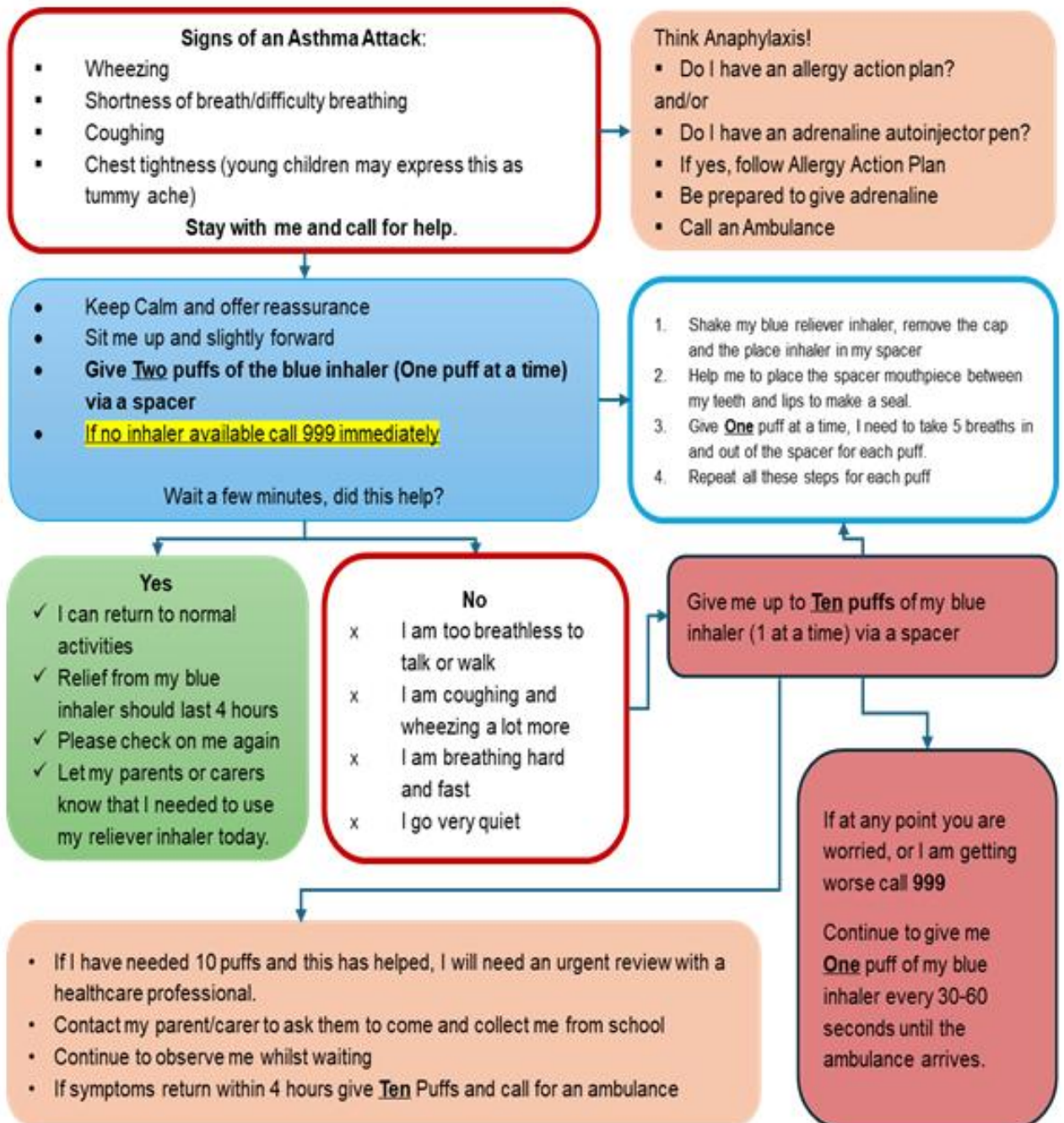
- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits, outings or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.
- Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.

All school staff (teaching and non-teaching) have a responsibility to:

- Understand the school asthma policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if a child has had an asthma attack.
- Inform parents if they become aware of a child using more reliever inhaler than usual.
- Record pupils use of inhaler and contact with parents inline with the 'Adminstrating Medicine Policy'
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to night time symptoms.
- Liaise with parents/carers, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma

The Bude Park Safeguarding Team will review this policy bi-annually.

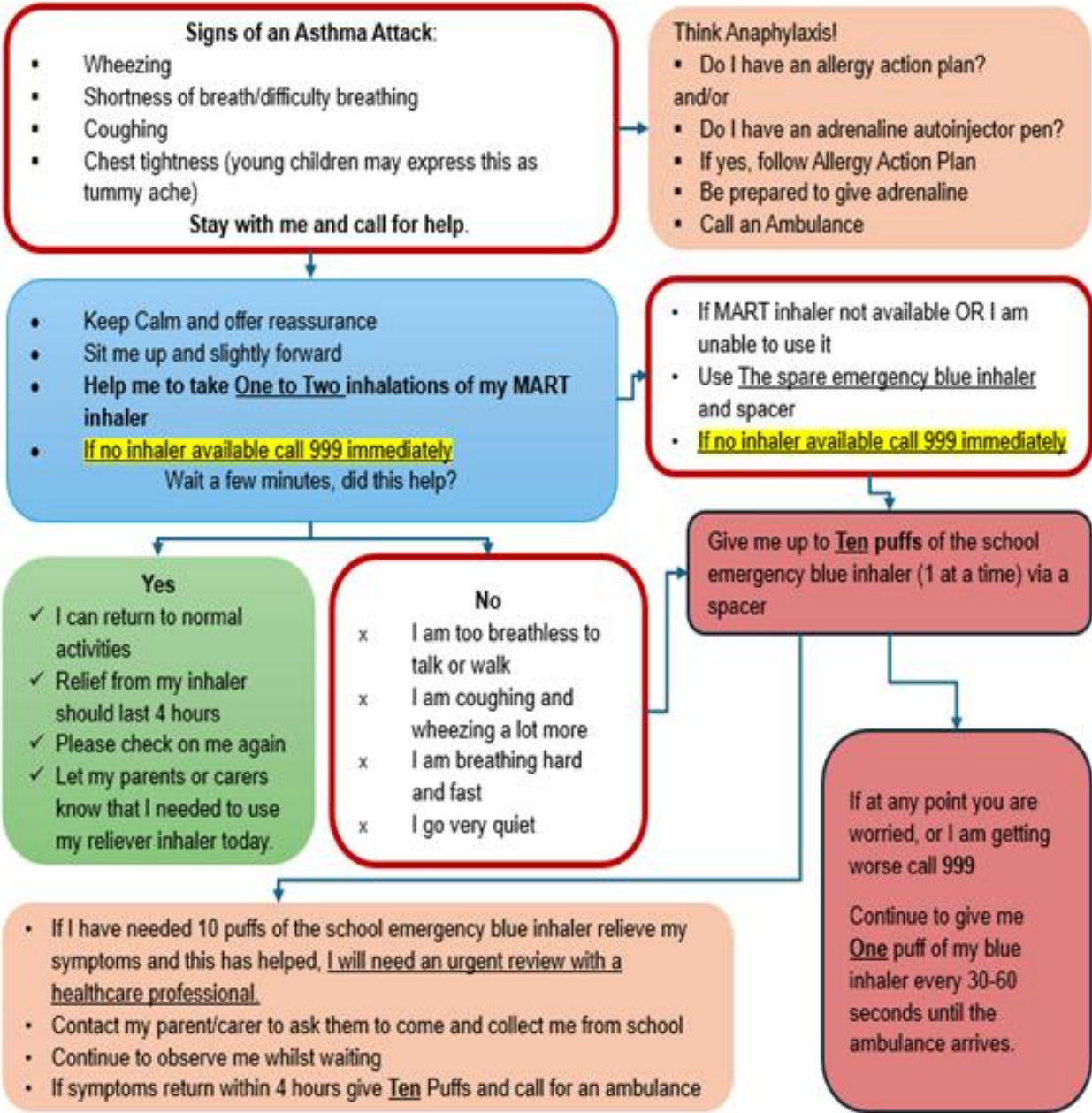
APPENDIX 1 – Flow Chart 1: If a Child has Signs of Asthma Attack and uses a salbutamol (blue) inhaler



APPENDIX 2 – Flow Chart 2: MART Reliever approach



OR



Further Information

Asthma + Lung UK

www.asthma.org.uk

[Home - Beat Asthma](#)

Humber and North Yorkshire Healthier Together

<https://www.hnyhealthiertogether.nhs.uk/>

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**For an asthma education update please contact the Paediatric
Respiratory Specialist Nurse Team as above.**