

The Bellbird Primary School



Management of Asthma Policy

January 2026

(To be reviewed Spring 2029)

Introduction

This School recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma. This School encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by School staff, the Local Authority and pupils. All staff who come into contact with children with asthma are provided with on-line training. Training should be updated once a year.

Medication

Immediate access to reliever inhalers is vital. Children are encouraged to use their inhalers independently, as soon as parents, doctor or nurse and class teacher agree they are mature enough. The reliever inhalers and spacer devices of younger children are kept in the classroom in an unlocked and clearly marked cupboard or named drawer. Parents are asked to supply an up to date care plan from the doctor or asthma nurse that is kept with the inhaler. Parents are requested to regularly check inhalers are within date, especially if children are going on a residential visit. Each child's inhaler and care plan must be clearly named and stored in a plastic container / box.

The Headteacher / office team are the **only** staff members who should authorise the administration of medication to children. Only trained First Aid staff can administer medication to pupils. However, a member of staff can help a child with their inhaler if the children is confident in taking their medication. **All School staff will let children take their own asthma medication when they need to.**

Record Keeping

At the beginning of each school year, or when a child joins the School, parents are asked if their child has asthma. All parents of children with asthma are now being given an Asthma Care Plan. This care plan must be kept along with the child's medication. School must have a copy of this information. If medication changes in between times, parents are asked to inform the School.

PE

Taking part in sports is an essential part of school life. Teachers need to be aware of which children have asthma. Children with asthma are encouraged to participate fully in P.E. If necessary each child should bring their inhaler with them to the lesson. If a child needs to use their inhaler they must be allowed to do so and then rest for a

period of 5-10 minutes before continuing with the lesson.

The School Environment

The School does all that it can to ensure the School environment is favourable to children with asthma. The School has a non-smoking policy. As far as possible, the children do not use chemicals in Science or Art lessons that are potential triggers for children with asthma.

When a Child is Falling Behind in Lessons

If a child has frequent absence from school because of asthma, is tired in class because of disturbed sleep due to asthma or is not progressing as well as expected in class due to asthma the class teacher will initially talk to the parents. If appropriate, the teacher will then talk to the School Nurse and Special Educational Needs Coordinator about the situation. The School recognises that it is possible for children with asthma to have special educational needs because of asthma.

Asthma Attacks

All staff who come into contact with children with asthma should know what to do in the event of an asthma attack.

The School follows this procedure as soon as possible:

1. Ensure that the reliever inhaler is taken immediately. These are normally blue. An initial 2 – 6 puffs of the reliever inhaler is given, ideally with a spacer device – inhaler shaken before/between puffs. The child will be asked to breathe in the medication (5 – 10 breaths)
2. Stay calm and reassure the child. Listen to what the pupil is saying and to what he/she wants. Do not try to put your arms around them for comfort as this can restrict their breathing.
3. Encourage slow and deep breathing. Help the child to breathe by ensuring tight clothing is loosened.
4. If the initial 2 puffs do not relieve the attack, a further set of 2 puffs can be administered. Spacer devices increase effective delivery of medication to the lungs.¹
5. In the case of an asthma attack parents will be informed of use of inhalers.

When a child needs to use an inhaler this should be recorded and parents informed either on pick-up or by phone if necessary.

If necessary the school is now entitled to hold a spare reliever inhaler but permission must be sought either from the pupil's parents or the pupil's doctor by the Headteacher/office team ONLY before this can be administered.

Emergency Procedures during a major asthma episode. Ask

an adult to call an ambulance if:

- the reliever has no effect after five to ten minutes
- the child is either distressed or unable to talk
- the child is getting exhausted
- you have any doubts at all about the child's condition

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 told about the attack.

References:

1. National Bundle of Care for Children and Young People with Asthma: Phase One. v 1.0. NHS England. Sept 2021. PAR606
<https://www.england.nhs.uk/wp-content/uploads/2021/09/B0606-National-bundle-of-care-for-children-and-young-people-with-asthma-phase-one-September-2021.pdf>

