



MALTMAN'S GREEN
SCHOOL

Asthma Policy

This policy also applies to EYFS

Related Documents: Medical Policy

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Updated	Reviewed By	Review Date	Version
November 2025	L Pollicott	November 2027	2025.03



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Contents

1	Asthma.....	3
2	Asthma Register.....	3
3	Asthma Lead.....	3
4	Medication and Inhalers	3
5	Asthma Action Plans	4
6	Staff Training.....	4
7	School Environment	4
8	Exercise and Activity	5
9	When Asthma is Affecting a Pupil's Education	5
10	Emergency Salbutamol Inhaler in School	5
11	Common 'Day to Day' Symptoms of Asthma	7
12	Asthma Attacks	7
13	Policy Review	8
14	Appendix 1 - School Asthma Card PDF.....	9
15	Appendix 2 - Emergency inhaler consent form	10
16	Appendix 3 - Inhaler technique using a spacer	11
17	Appendix 4 - Inhaler Spacer storage and cleaning	12
18	Appendix 5 - Record of Emergency Inhaler administration	14
19	Appendix 6 - Asthma Attack poster PDF.....	15

1 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)

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we

- Have an up-to-date asthma register
- Have an up-to-date asthma policy
- Have a named asthma lead
- Make provision for pupils to always have immediate access to their reliever inhaler
- Have an up-to-date asthma action plan for pupils
- Have emergency salbutamol inhalers
- Ensure regular asthma training for all staff
- Promote asthma awareness for pupils, parents and staff

2 Asthma Register

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic 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 that the pupil has been added to the asthma register and has:

- an up-to-date copy of their personal asthma action plan, Appendix 1
- their reliever (salbutamol/terbutaline) inhaler and a spacer are in school,
- permission from the parents/carers to use the emergency salbutamol inhaler here in school if they require it and if their own inhaler is broken, out of date, empty or has been lost. Appendix 2

3 Asthma Lead

This school has an asthma lead who is named on the front page of this policy. It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers, (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) and ensure measures are in place so that children have immediate access to their inhalers.

4 Medication and Inhalers

All children with asthma should always have immediate access to their reliever (usually blue) inhaler. The reliever inhaler is a fast-acting medication that opens 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)

All inhalers in Little Malties, Nursery, Reception, Y1 and Y2, are kept in named boxes in their classrooms, inhalers for the girls in Y3, Y4, Y5, and Y6, are kept in the front office for ease of access. We recognise that all children may still need supervision in taking their inhaler.

School staff are not required to administer asthma medicines to pupils. However, many children have poor inhaler technique or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff receive training in the use of inhalers and are encouraged to support in the administration of inhaler medication when it is required by a pupil, which is essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler, we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. (Source: Asthma UK)

5 Asthma Action 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 that having to attend hospital can cause stress for a family. 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).

6 Staff Training

Staff will need yearly asthma updates. This training can be provided by the school nursing team or accessed online via Education for Health Supporting Children's Health and Young People with Asthma (educationforhealth.org). We aim to ensure a minimum of 85% of staff complete this.

7 School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans. The school will take steps, wherever reasonably possible and practicable, to avoid pupils coming into contact with their triggers.

We are aware that triggers can include:

- 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 the named asthma lead and/or Trip lead. These risk assessments will establish asthma triggers which the children could be exposed to, and plans will be put in place wherever reasonably possible and practicable to ensure these triggers are avoided.

8 Exercise and Activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff know which children in their class have asthma and all PE teachers at the school are 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. It is agreed with PE staff that inhalers are taken to every away fixture. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so. (Source: Asthma UK)

9 When Asthma is Affecting a Pupil's Education

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting on the life of a pupil, and they are unable to take part in activities, are 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, or 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 a disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs.

10 Emergency Salbutamol Inhaler in School

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015) which gives guidance on the use of emergency salbutamol inhalers in schools.

We have **8 emergency kits**, which are kept in the

- Medical Room
- Front Office
- PE office
- Lapraik hall
- Swimming pool
- Tech Block
- Purple Block
- Reception Block

Each kit contains:

- A salbutamol metered dose inhaler
- A spacer compatible with the inhaler
- Instructions on using the inhaler and spacer – Appendix 3

- Instruction on cleaning and storing the inhaler – Appendix 4
- Manufacturer's information
- A list of children permitted to use the emergency inhaler
- A record of administration – Appendix 5

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known and tend to be mild and temporary - they 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.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given. Those who are on a Symbicort (white and red) Maintenance and Reliever Therapy (MART) regime can safely be administered the school emergency salbutamol in the event of their device being empty, not being available or broken.

The school's asthma lead and nursing team will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has enough doses available.
- replacement inhalers are obtained when expiry dates approach.
- 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.
- Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air.
- Any puffs should be documented so that it can be monitored when the inhaler is running out. The inhaler has 200 puffs, so when 150 puffs have been used, we will replace it.
- The inhaler can be reused. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm running water and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.
- Once the plastic spacer has been used this should be sent home with the child with a request that the family replace it. It should not be used by another child. In the meantime, the school should replace the spacer. Or if able to do so use the child's personal spacer to administer the school's emergency inhaler.
- Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will only be used by pupils:

- Who have been diagnosed with asthma and prescribed a reliever inhaler
- OR who have been prescribed a reliever inhaler
- **AND** for whom written parental consent for use of the emergency inhaler has been given.

The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

11 Common 'Day to Day' Symptoms of Asthma

As a school we require that pupils with asthma 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 pupil 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 the Department of Health 2014 guidance, they would not usually require the pupil to be sent home from school or to need urgent medical attention.

12 Asthma Attacks

The school recognises that if all 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, we are prepared to deal with asthma attacks should they occur. All staff receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition, guidance is displayed in all classrooms and common areas. Appendix 6

The Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough
- A wheezing sound coming from the chest
- 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)

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below.

However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

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

It goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child – get someone to contact the school Health Centre for a nurse to attend to the pupil if on site.
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- *Shake the inhaler and remove the cap
- *Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- *Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths)
- If there is no improvement, repeat these steps* up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware, and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.

References

- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines.
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in school

13 Policy Review

This policy will be reviewed every 2 years after discussion with the School Nursing Team, Senior Leadership Team, teachers, and other relevant staff members.

14 Appendix 1 - School Asthma Card PDF

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the 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 and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

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

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

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

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

Does your child need help taking his/her asthma medicines?
 Yes No

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

Pollen Stress
 Exercise Weather
 Cold/flu Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?
 Yes No

If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice


What to do if a child is having an asthma attack

- Help them sit up straight and keep calm.
- Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- You can repeat step 2 if the ambulance is taking longer than 15 minutes.

Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(Monday-Friday, 9am-5pm)
www.asthma.org.uk

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15 Appendix 2 - Emergency inhaler consent form



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School Emergency Salbutamol Inhaler Consent Form

1. I can confirm that my child has been diagnosed with asthma / has been prescribed a salbutamol inhaler [delete as appropriate]
2. My child has a working, in-date inhaler, clearly labelled with their name, which I will provide for school to keep on site.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed _____ Date _____

Name [print] _____



Childs name _____ Class _____

Adapted from the DOH Guidance on the emergency salbutamol inhalers in school (2015)

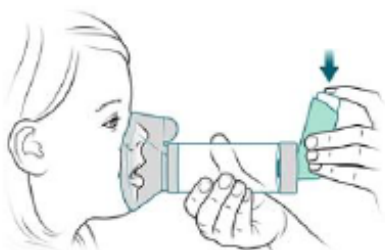
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16 Appendix 3 - Inhaler technique using a spacer

Inhaler technique using a spacer

Using an inhaler with a spacer facemask



using an inhaler with a spacer mouthpiece

Follow these steps when giving an inhaler:

- For a young child, attach the mask to the spacer mouthpiece. If the child can hold the spacer mouthpiece in their mouth and hold it firmly between their lips and create a good seal, you may not need to use the mask.
- Take the cap off the inhaler, and make sure that the mouthpiece is clean.
- Hold the inhaler upright. Place your thumb on the bottom of the inhaler and your first finger on the top. Then shake the inhaler several times up and down.
- Position the child comfortably; either securely on your lap, sitting or standing up.
- With a mask - place the mask over the child's mouth and nose, ensuring a good seal with the skin around the mouth. Reassure the child during this step, as they may be distressed.
- Without a mask - place the mouthpiece into the child's mouth, ensuring they make a good seal with their lips.
- Press down once on the aerosol canister with the first finger. This releases one puff into the spacer. Only put one puff of medicine into the spacer at a time.
- Hold the mask in place and encourage your child to take five deep and slow breaths in and out (called tidal breathing), or for at least 10 seconds.

It is important not to rush this step.

- If your child cannot make the valve click when breathing, tilt the device back at a 45 degree angle to keep the valve open. You can position your child lying down and may consider giving it while your child is asleep if possible without causing upset.
- If more than one dose/puff is required, wait for one minute then repeat the previous steps. Shake the inhaler between puffs to ensure that the correct amount of medicine is delivered.
- Your child should rinse their mouth out thoroughly with water or clean their teeth.

17 Appendix 4 - Inhaler Spacer storage and cleaning

Cleaning a metered-dose inhaler (MDI)



A metered dose inhaler

Clean the inhaler after every use. It's also important to keep the inhaler clean so that it doesn't get blocked.

The most important thing to remember is to never wash the metal canister or put it in water - only wash the plastic parts.

Here are the main steps for cleaning an MDI:

1. Remove the metal canister from the plastic casing of the inhaler and remove the mouthpiece cap.
2. Rinse the plastic casing thoroughly under warm running water.
3. Let the plastic casing air-dry overnight, making sure you have a spare, clean inhaler if needed.
4. Put the metal canister into the plastic casing, test it by releasing a single puff into the air, and replace the mouthpiece cap.

Storing the inhaler

When not using the inhaler, storing it properly will keep it in good condition, helping it to work effectively. You should always remember to:

- Keep the cap on the inhaler. This keeps dust and debris out meaning it won't get breathed in.
- Keep the inhaler at the correct temperature. Extreme temperatures or high altitudes can affect the medicine in the inhaler. Do not leave the inhaler where it might get too hot or cold.
- Keep the inhaler somewhere dry. Keeping the inhaler in a bathroom can make the medicine damp.

Spacer Maintenance




Replace the spacer after each use.

Storing the spacer

When not using the spacer, storing it properly will keep it in good condition, helping it to work effectively.

- Don't put the spacer in a plastic bag as this will cause it to build up static and reduce the effect of the medicine.
- Keep the spacer away from dust and liquids so that you don't breathe them in.
- Keep it in a plastic-free sealed purse or small bag so it doesn't get scratched, and so small objects don't get stuck inside it.

18 Appendix 5 - Record of Emergency Inhaler administration



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Record of emergency inhaler administered to pupils

All pressure metered dosed inhalers have 200 puffs per device. (Unless your device states otherwise)

Date	Child's name	Time	Name of medicine	Signature of staff	Print name	Puffs given	Puffs left

19 Appendix 6 - Asthma Attack poster PDF





EMERGENCY ASTHMA PLAN FOR SCHOOLS

Asthma Attack

For children diagnosed with Asthma/Wheeze

SIGNS OF :

- Wheezing
- Coughing
- Shortness of Breath

Treatment

GIVE UP TO **10** PUFFS OF RESCUE INHALER (**BLUE**)

OR

UP TO 6 INHALATIONS OF MART (**WHITE AND RED**) TURBOHALER AT A SINGLE TIME

Number of puffs needed of **BLUE** inhaler :

2- 6 PUFFS

OR

Number of inhalations needed of your **MART** device:

Take 1 inhalation of your **MART** device, wait a few minutes and repeat if necessary, up to a total of 6 inhalations.

Tell a member of staff

If better no further action required

Number of puffs needed of **BLUE** inhaler:

6- 10 PUFFS

OR

You can take up to 6 inhalations of your **MART** device.

Tell a member of staff

Parents to be called and child to be collected and seen by medical professional the same day.

If little or no improvement after 10 puffs of **BLUE** inhaler:

Dial 999

Continue to give **BLUE** inhaler 10 PUFFS every 15 minutes until medical help arrives or symptoms improve.

OR

If you have taken 6 inhalations of your **MART** device and your symptoms have not improved or used your maximum daily inhalations, seek urgent help.

*****If their own RESCUE inhaler is NOT AVAILABLE, please use the school's emergency inhaler kit *****

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