St Thomas' CE Leesfield

Asthma Policy

SEPTEMBER 2025

Adopted and ratified by full governing body: 1st October 2025

Oldham Community Health Services

Pennine Acute NHS Trust - Oldham

Oldham Metropolitan Borough Council

ASTHMA POLICY

OUR CHRISTIAN VISION
'To be the best we can be in the sight God'

Inspired by St Paul's teaching 'You are all one in Christ' (Galations 3:28)

We aspire for everyone in our school family to be accepted and be accepting, welcoming all. To be a community that treats others equally, with respect and kindness. To be aspirational, having hope and celebrating the value and purpose of our unique abilities. To love learning and to embrace new experiences and challenges with courage and creativity, as we become the best version of ourselves. We want to promote peace. To love and serve our diverse local and global community, making a difference for others.

AIMS
This policy encompasses the aims of the School Development Plan and Every Child Matters legislation.
Our six aims

1. **(Standards) To ensure that each child achieves their highest standard and makes good progress in all areas of school life.**
2. **(Teaching and Learning) To provide pupils with high quality teaching in order to meet each child's learning needs by means of a broad, balanced curriculum.**
3. **(Environment) To provide a secure, well resourced, high quality learning environment.**
4. **(Management) To support the work of the school by effective management of finance, curriculum, administration and personnel.**
5. **(Ethos) To create a happy, inclusive school culture in which to promote our children's spiritual, moral, social and cultural development and in which all children feel valued.**
6. **(Partnership) To promote a mutually supportive learning partnership with governors/parents and to extend children's skills and interests to the wider community. Parents of children with AEN will be kept informed of their child's progress as outlined in the policy.**

Asthma Policy for Schools

Contents

Asthma Policy for Schools in the Oldham Area

This policy is to be circulated to all schools following an annual training session to teaching and support staff. All the children will be treated without prejudice.

1. Background

A child's educational years are the greatest opportunities for investment in the next generation. For years, schools and teachers have worked to ensure all children have an equal opportunity in their educational environment. Many issues remain within the sole remit of education. However, key areas which impact on a child's ability to get the most from school, such as health lie outside the remit of education.

The impact of many medical conditions on a child in the classroom can be significant. Some conditions can be severe and are rare such as epilepsy and diabetes. Others particularly asthma are common. Asthma UK (2014) states asthma is the most common long-term childhood medical condition, affecting 1.1 million children in the UK. One in 12 children has asthma. The decision to administer medicines by teachers remains voluntary. This document is designed to support, educate and train school staff to enable them to take on this role if they wish with appropriate input from the local National Health Services (NHS) and Community Health Service (O.C.H.S). This policy is designed to run alongside the risk assessments and care plans schools develop in accordance with the Department for Education and Skills (DFeS) documentation.

2. Asthma in the Classroom

Asthma is a common condition, but its severity varies considerably. People can be affected to greater and lesser degrees. For any one individual the occurrence of the condition can be episodic. This means that children can be well for long periods of time and then have sudden acute, and at times severe relapses (Asthma U.K. 2014).

The major principle underlying the policy is immediate access for all children to reliever medication.

Therefore, every asthmatic child should carry their own inhaler, wherever possible, both in school at Physical Education (PE) and on school trips. For younger children (usually those in infant school) this is not practical. There should therefore be a system in school that teachers, parents and children know about and to allow for safe and ready access. Inhalers and spacer devices should have the children's names clearly marked. In the event of an inhaler being lost parents/carers are asked to bring in a spare which will have the child's name clearly marked.

3. Asthma Symptoms

Asthma is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air both in and out as you breath. The symptoms of asthma occur when the muscles around the airways tighten and the lining of the airway becomes inflamed and start to swell; this leads to a narrowing of the airways. The usual symptoms of asthma are:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children will express the feeling of tightness in the chest as a tummy ache.

The symptoms however are rapidly reversible with appropriate medication. Only when symptoms fail to be reversed medical attention must be sought (See Section 7 management of an acute asthma attack).

3.1 Types of Treatment

There are two types of treatment for asthma:

a) 'Relievers'

Every child with asthma should have access to a reliever in school. The reliever inhaler is commonly blue, but may come in different colours, and they come in different shapes and sizes. It is the parents' responsibility to provide the correct reliever inhaler. These treatments give immediate relief and are called bronchodilators because they cause the narrowed air passages to open up by relaxing the airway muscle. They do not however reduce the inflammation.

b) 'Preventers'

Preventers are a group of treatments that are designed to prevent the narrowing and inflammation of the airway passages. The ultimate objective is to reduce asthma attacks of any kind. These medicines should be taken regularly usually morning and evening. There is therefore no indication for them to come to school with the child.

Even if they are taken during an attack, they will not have an immediate effect.

THIS POLICY REFERS ONLY TO RELIEVERS.

3.2 The best way for people to take their asthma medication is to inhale them directly into the lungs. There are a variety of devices available, and the asthma medication needs to be breathed in steadily and deeply.

3.3 For young children and those with co-ordination problems, other devices are sometimes used. These devices are breath activated so that the device fires automatically when the child is breathing in.

3.4 Some younger children use a spacer device to deliver their aerosol inhaler, this maybe a volumatic or aerochamber. The aerosol is pressed into the spacer and the child breaths slowly and steadily for approximately 10 seconds. If the child is using an aerochamber and it whistles they are inhaling too quickly. Spacers are very useful for those who have difficulty co-ordinating their breathing and inhaler. The spacer device is also very useful in the case of an acute asthmatic attack. ('see section 7 on managing an acute asthmatic attack')

Irrespective of the type of device, the medicine being delivered is a reliever.

3.5 All children who need their relievers should have them in school and readily available at all times. For all children in secondary and junior schools, the child must carry their reliever inhaler with them at all times. The administration of the reliever to children should be on their own perception of whether or not they need it.

3.6 Primary school children may need more help and encouragement with taking their reliever. Inhalers should be kept in an easily accessible place where either child or teacher can reach it with the minimum of difficulty.

3.7 For primary school children, it is recommended that an agreement between parents and schools be drawn up and signed so that the parents are fully informed of the school policy on the management of asthma in the classroom for their child. (See appendix 1 for parental letter.) This should also include a reliever inhaler supplied by the General Practioner (GP) and a spare device and inhaler, which will be held in school. (See section 7 on managing an acute asthmatic attack).

3.8 When a primary school child needs a dose of their reliever, it is recommended that this is noted in the provided record sheet and the parent is informed via the planner. If a child is using their inhaler three or more times a week, the teacher should inform the parent/carer as the child's asthma care may need reviewing. Advice can be sought through the School Health Advisor.

It remains the responsibility of the parent to seek medical attention and to liaise with the school on the frequency with which inhalers are taken.

4. The Physical Environment

Many environmental aspects can have a profound effect on a child's symptoms at anytime. The key points for schools are:

a) Materials

The school should as far as possible avoid the use of art and science materials that are potential triggers for asthma.

b) Animal Fur and Hair

Some children can have marked acute and chronic symptoms if they are exposed to animals including, mice, rabbits, rats, guinea pigs, hamsters, gerbils, chinchillas, and birds. Consideration should be given to the placement of school pets in the classroom, and special vigilance may be needed on trips to farms and zoos where children handle animals.

c) Grass Pollen

Grass pollens are common triggers in provoking an exacerbation of asthma. Consideration should be given to grass being cut in school time. Children may require extra vigilance.

d) Sport

Children with asthma should be encouraged to participate in sports however teachers need to be mindful that exercise may trigger asthma. Children should effectively warm up before exercise and cool down following exercise. Reliever inhalers should be taken in to P.E. lessons and when the children are playing outside sports the P.E teacher may hold them.

e) Colds and viral infections

Colds and viral infections can be a factor in triggering an asthma attack so please ensure more care is taken during this time.

5. Access to Reliever Medication

1. Asthmatic children must have immediate access to reliever inhalers at all times. If the child does not carry their device it must be immediately accessible if required and school ***staff and teachers should know where the device is.***

2. Children in juniors and secondary school should all carry their own devices and self-administer their reliever medication (see special concerns under section 8).

3. At the start of each school year a child should bring in a new reliever device and spacer clearly labelled with his/her name. In addition, parents will need to complete the appropriate form in order to keep school records updated. (See appendix 2) It is the responsibility of the parent/carer to ensure

that medication provided in school is in date.' This device remains the property of the school for the school year. It can be returned to the child on the last day of the summer term.

4. In addition to the reliever device held by the school every child should have their own reliever that they keep with them. In the case of younger children this is kept in an accessible place within the classroom.

5. All staff and relevant pupils must know where the reliever devices are kept.

6. From 1 October 2014 UK schools will be allowed to purchase a salbutamol inhaler without a prescription for use in emergencies when a child with asthma cannot access their own inhaler. St Thomas' Leesfield have purchased an emergency inhaler for each class which is stored in the classroom. All staff are aware of where the inhalers are kept.

6. What to do if a Child has an Asthma Attack

If an asthmatic pupil in your class becomes breathless or wheezy or starts to cough:

1. Keep calm, it's treatable. If the treatment is given at an early stage the symptoms can be completely and immediately reversible.

2. Let the child sit in a position they find most comfortable. Many children find it most comfortable to sit forwards with their arms crossed on the table. DO NOT LIE DOWN.

3. i) Ensure the child has 2 puffs of their usual reliever.

ii) STAY WITH THE CHILD. The reliever should work in 5 – 10 minutes

iii) If the symptoms disappear, the pupil can return to their class as normal.

iv) If symptoms have improved but not disappeared then:

Give 1 puff of the reliever inhaler every minute for 5 minutes
Stay with the child

IF THE CHILD HAS WORSENED SEE SECTION 7.

7. Management of a Severe Asthma Attack

HOW TO RECOGNISE A SEVERE ATTACK

-The reliever has no effect after 5-10 minutes
-The child is either distressed or unable to talk
-The child is getting exhausted
-You have any doubts about the child's condition

STAY WITH THE CHILD

1) Call 999 or send someone else to call 999 immediately - Inform them the child is having a SEVERE ASTHMA ATTACK AND REQUIRES IMMEDIATE ATTENTION.

2) Using the child's reliever and spacer device give one puff into the spacer. Allow the child to breathe the medicine from the spacer. If the spacer device is an aeorochamber and it whistles, ask the child to breath more slowly and gently. After one minute give another puff and allow the child to breathe the medicine. Repeat at not more than one minute intervals until the ambulance arrives. 1 puff every 30-60 seconds for a max of 10 puffs. If after 15 mins the ambulance has not arrived, you can start to re-administer the inhaler 1 puff every 30-60 seconds.

3) Contact the parents and inform them what has happened.

4) If you are concerned and need emergency advice ring the Accident and Emergency department at The Royal Oldham Hospital on 0161 627 8228.

8. Special Areas for Concern

1. Many teachers are concerned that an unsupervised child with an inhaler may result in the medication being taken by the peer group. This does not pose a danger to the health of other children.

2. Many teachers are concerned that using the device of another child will leave them vulnerable to legal action or criticism. Teachers are reminded they have a duty of care to the children in school. Taking no action, or not using another device could be interpreted in a failure of that care- Log of action taken kept in a log book at Reception/office area in school for all classes (see appendix 5).

3. Reliever inhalers and spacer devices should always be taken to swimming lessons, sports, cross country, PE lessons, team games and any educational visits out of schools, including library visit. Children with known exercise induced asthma will need to take their reliever immediately prior to exercise.

4. Self-administration of the reliever is the usual and best practice. Any concerns about inappropriate use or abuse of the devices should be reported to the Head Teacher or the parents/guardian.

5. In an event of an uncertainty about a child's symptoms being due to asthma, TREAT AS ASTHMA. This will not cause harm even if the final diagnosis turns out to be different.

9. Information to parents and guardians and carers

As part of the school policy it is proposed that all parents are made aware of how the school will manage a child who has symptoms due to their asthma whilst they are in school. Each child's inhaler reliever and spacer prescribed by the child's GP is kept in school. All parents of children entering the school will receive a routine letter and questionnaire including information about asthma (Appendix 2). If a child is identified from this as having asthma, then parents will be asked to sign a separate consent form allowing the teachers to give the reliever and use the spacer device if necessary. (See Appendix 3). Parents will be asked to sign the consent form, which is held in a central file. This

information is updated at the beginning of each academic year. Parents will be asked to complete an Asthma Plan with their child and their child's asthma nurse/carer. (See Appendix 4). Each teacher will be given a list of the pupils with asthma in their class at the start of every school year.

All opportunities should be taken to promote the policy to parents so they can participate. The school website, open days and new intake meeting for Reception children and other classes are good opportunities.

The School Health Advisor is also heavily involved in training staff and speaking to parents.

10. Pupils with special educational needs

Children who have an Education Health Care Plan (EHCP) may also have asthma. It is possible that for any of these children who may have asthma they will have special requirements to ensure that they take their asthma medication appropriately and that they are appropriately treated in the event of an acute attack. This will be made explicit by the medical team responsible for giving the medical advice input in to the statement.

11. Care of the Spacer Devices

After use they should be washed in warm soapy water, and allowed to dry naturally in the air. The spacer device once dry they should be stored carefully.

12. Training

It is anticipated that policy implementation will include a commitment to staff training. This will include individual schools and individual teachers as is necessary. Training to support the policy will be provided and will require commitment from the Health Authority, Local Hospital Trust and Education Authority. Dissemination to all levels within the school is required. Whole staff training is done annually via Every.

13. Role Of The Coordinator

The asthma coordinator will oversee the management of asthma within school.

At the beginning of the school year the coordinator will send out medical forms and update health records. From this a list will be formulated of named pupils with asthma. All staff will be informed of the pupils who require inhalers within their class.

Inhalers will be checked termly to ensure that they have not expired and that pupils always have a spare accessible inhaler in school.

In addition, the coordinator will update and maintain a central record and liaise closely with the school health advisor. All records on medication administered will be checked half termly.

14. Indemnity

The Local Authority offers full indemnity to its staff against claims for late negligence, providing they are acting within the scope of their employment and have received adequate training and are following appropriate guidelines.

15. Audit

The process will be audited as per O.C.H.S. audit calendar.

References

British Thoracic Society Guidelines (2008) on the Management of Asthma.

Asthma U.K., (May 2006) School Policy Guidelines, Asthma U.K.,

Dfes, Department of Health, (2004) National Service Framework for Children, Young People and Maternity Services,

Dfes, Department of Health (March 2005) Managing Medicines in School and Early Years Settings

Dfes, Department of Health, (2006), Looking for a School Nurse?

This Policy was originated by Jackie Pye Asthma Nurse Specialist for the Acute Trust and she has agreed to the review of this policy for Oldham Community Health Services and Oldham Local Authority.

The Policy has also been reviewed by:

Janet Wray Nurse Consultant, Oldham Community Health Service

Asthma U.K.

Gillian Leigh: School Health Advisor. Oldham Community Health Service

Jackie Pye Asthma Nurse Specialist, Pennine Acute

Linda Devlin, Oldham Healthy School Programme Manager/Coordinator.

Comments by the peer reviewers have been taken into consideration and the document had been amended accordingly.

Appendix 1

Asthma Policy for Schools Statement

Policy reviewed in school

Asthma Co-ordinator: Liz Whitworth/Laura Costello

Headteacher: James Whittaker

Chair of Governors: Rebecca Ashton

Date approved (committee): 1st October 2025

Date adopted (full governors): 1st October 2025

The policy has been received by: -

St Thomas' Leesfield Primary

Headteacher: J Whittaker 1st October 2025

Training was undertaken on: -

All staff completed the Sandgate Systems (Every) online training - September 2025

The Headteacher supports the policy in our school on behalf of staff and pupils.

Appendix 2

SAMPLE PARENT LETTER (Primary School)

Dear Parent

The school has a policy for the management of asthma, based on a joint policy between the Education Authority, Oldham Community Health Service (O.C.H.S) and the Local Hospital. If your child has asthma, we would be grateful if you could fill in the two forms included with this letter and return them to school as soon as possible. This will be kept in school as a record of your child's asthma treatment.

You may need to ask your child's General Practitioner (G.P.) or Practice Nurse to help you.

If your child is diagnosed as having asthma, please let the school know as soon as possible so we can ensure that they have appropriate access to their medication.

Please let us know if your child's regular treatment is changed at any time. It is important that you tell us in order that the record can be updated.

If your child is likely to need asthma treatment while at school, please ensure that your child has an inhaler at school at all times, including school trips, clearly marked with his or her name. Please ask your GP to prescribe a new inhaler and spacer, plus spare each September at the start of each new school year, to be kept by school.

IMPORTANT

Poorly controlled asthma can interfere with a child's school performance. Please let your child's class teacher know if your child's asthma is being more troublesome than usual, especially if their sleep is being disturbed.

If your child becomes asthmatic at anytime please inform us immediately.

Please sign the enclosed form regarding the giving of relievers in the event that your child has a severe attack in school. You will be informed by school staff if your child has used their reliever in school.

Appendix 2 continued

PUPIL ASTHMA DETAILS

Name of child……

Date of birth …….

PLEASE STATE WHICH INHALERS/MEDICINES ARE LIKELY TO BE NEEDED IN SCHOOL, AND THE LIKELY INDICATIONS FOR USE

(I.e. Relievers: before games/going out into cold air/during a bad cold, etc.)

INHALER …….

LIKELY REASONS FOR USE ……

……..

Has your child got a self-management plan? YES/NO
(Contact your Practice Nurse if you are not sure)

Please give details of TWO contact numbers to be used in an emergency

1. NAME ……..TEL NO ……

2. NAME …….. TEL NO ……..

NAME OF GP…….. TEL NO ……

GP Asthma Practice Nurse ……TEL NO ……

Signed (Parent/Guardian) ……Date ……

Appendix 3

SAMPLE PARENTAL CONSENT FORM

I ……. (parent/guardian name) being the parent or

guardian of …… (child's name)

understand that I am responsible for ensuring that my child is equipped with their asthma medication as required.

I understand my child will be given extra relief medication using the inhaler held by the school in the event of him or her suffering an asthma attack. I understand that the emergency reliever and spacer will be used in an emergency if larger doses of reliever medication are deemed necessary.

I understand that I shall be informed if my child's asthma appears to be deteriorating in school, so that I can inform my child's General Practitioner or Practice Nurse as necessary.

Signed …….(Parent/Guardian)

Date ……

Appendix 4

Remember...

Some inhalers must be used with a spacer. Check with your GP, asthma nurse or pharmacist

Always keep your rescue inhaler and your spacer with you. You might need them if your asthma gets worse

Make sure you have an asthma review within 48 hours after an attack

My Asthma Triggers

List the things that make your asthma worse:

- ☐ Pollen
- ☐ Dust
- ☐ Animal fur
- ☐ Weather
- ☐ Exercise
- ☐ Mould/damp
- ☐ Fumes
- ☐ Tobacco smoke
- ☐ House dust mite
- ☐ Vaping
- ☐ Environmental pollution
- ☐ Other fumes/ sprays
- ☐ Respiratory infections (cold/flu)
- ☐ Medicines
- ☐ Stress/emotions
- ☐ Food *

* Always refer to your Allergy Plan as well

Any Other Triggers:

REMEMBER

Good asthma control means having NO symptoms at all

If you have any symptoms you should speak to your doctor or asthma specialist as soon as possible

Extra Advice from my Asthma Professional:

Additional Resources:

Asthma and Lung UK Asthma Toolkit

Check you're using your inhaler properly:

Contact Details

GP:

Asthma Specialist/Team:

This plan was approved by
London Asthma Leadership and Implementation Group (LALIG)
Approval Date: May 2024
To Be Revised: May 2026

Child Asthma Plan

Ages 4 - 11

Name:

Date:

Produced by
London Babies, Children and Young People's Team

Every day: I am symptom free

Preventer Inhaler

I need to take my preventer inhaler every day

It is called:

* needs a spacer

and its colour is:

My best peakflow measure is: l/min

I take ___ puff/s of my preventer inhaler in the morning and ___ puff/s at night. I do this every day even if my asthma's OK

Other asthma medicines I take every day:

Rescue Inhaler

My rescue inhaler helps when I am wheezy or coughing, finding it harder to breathe, or my chest hurts. I should not need it regularly.

It is called:

* needs a spacer

and its colour is:

I take ___ puff/s when needed

My asthma is not controlled if...

I wheeze, cough, my chest hurts, or it's hard to breathe **or**

I regularly need my rescue inhaler one or more times a week **or**

If my asthma is stopping me doing sport or other activity **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) **or**

My peakflow measure falls below 80%: 0 l/min

So I need to...

Take 2 puffs of my rescue inhaler, one puff at a time.

After 5-10 minutes, if I still have symptoms repeat this until I have had up to 6 puffs.

I should feel much better

This should last at least 4 hours.

I will call my GP to arrange an appointment today or tomorrow

If I don't feel better, or my symptoms return within 4 hours, move to the red section

I'm having an asthma attack and need to see a doctor now if...

My symptoms aren't **COMPLETELY** better after 6 puffs of my rescue inhaler **or**

I need my rescue inhaler again in less than four hours **or**

My peakflow measure falls below 60%: 0 l/min

I also need to take up to 10 puffs of my rescue inhaler, one puff at a time.

If my symptoms aren't completely better after 10 puffs

I will call 999 and tell them I'm having an asthma attack and it's not controlled by 10 puffs of my rescue inhaler

I also need to...

Sit up - don't lie down. Try to keep calm.

Take one puff of my rescue inhaler. Then repeat every 60 seconds.

If the ambulance has not arrived after 10 minutes, **contact 999 again immediately**.

Appendix 5

Date	Pupil's Name	Time	Name of Medication	Dose Given	Any Reactions	Signature of staff	Print Name

Appendix 6
ASTHMA

USE OF INHALERS DURING AN EMERGENCY

INTRODUCTION
Asthma is one of the commonest conditions affecting children and young people. This can result in the pupils' inability to fully access learning.

Asthma affects 1.1 million children in the UK. One in 11 children has asthma. Asthma is the commonest reason why medication will have to be given to children whilst in school.

Its severity varies considerably from mild symptoms to a severe attack and the condition can be episodic.

It is important therefore that:

¬ All known asthmatics have immediate access to their inhalers.
¬ All staff are familiar with the school asthma policy.
¬ All staff in schools are aware of the emergency procedures in case of an asthmatic attack and can recognise a severe attack and take appropriate action.

LEGAL PERSPECTIVE
Every asthmatic pupil should carry their own reliever Inhaler both in schools, at PE and out on of school visits. For young children, usually those in infants, this is not practicable. There should therefore be a system that staff, parents and children know about which allows safe ready access with the children's names and devices marked and accessible at all times.

Preventer inhalers should NOT be brought to school as these are usually taken morning and evening and will not be effective during an attack.

All diagnosed asthmatics should have an emergency inhaler and spacer in school which is stored in such a way as to ensure easy access at all times. Regular checks should be made to ensure that this inhaler is within date.

GIVING AN INHALER IN CASE OF AN EMERGENCY
¬ Self - administration of the inhaler is best practice.
¬ Where a pupil is struggling to use their inhaler staff should assist.
¬ In the extreme circumstance where a pupil does not have access to their own inhaler and there are signs of a severe attack another person's inhaler may be used to sustain life.
¬ In the event of an uncertainty about a pupil's symptoms being due to asthma TREAT AS ASTHMA – this will not cause harm even though the final diagnosis may be different.
¬ The Local Authority offer staff full indemnity against claims for negligence provided they are acting within the scope of their employment, have received adequate training and are following appropriate guidelines.

Data Protection Statement

The procedures and practice created by this policy have been reviewed in the light of our Data Protection Policy. All data will be handled in accordance with the school's Data Protection Policy.

Data Audit For The Asthma Policy					
What ?	**Probable Content**	**Why ?**	**Who ?**	**Where ?**	**When ?**
Pupil medical data	Name D.O.B. Doctors details Details of medication Emergency contacts	Monitor asthma in school Maintain record of children with asthma Safety and Well-Being of Your Child	All Staff (as necessary)	Staff electronic records Asthma file in Office	Held on File throughout a child's time at school Key data is passed onto a new School when moving on

As such, our assessment is that this policy:

Has Few / No Data Compliance Requirements	Has A Moderate Level of Data Compliance Requirements	Has a High Level Of Data Compliance Requirements
	✓	

This policy will be reviewed every three years or sooner if legislation / school assessment systems change.