



THE GREETLAND ACADEMY

Asthma Policy

Approved by:	Local Governing Board		
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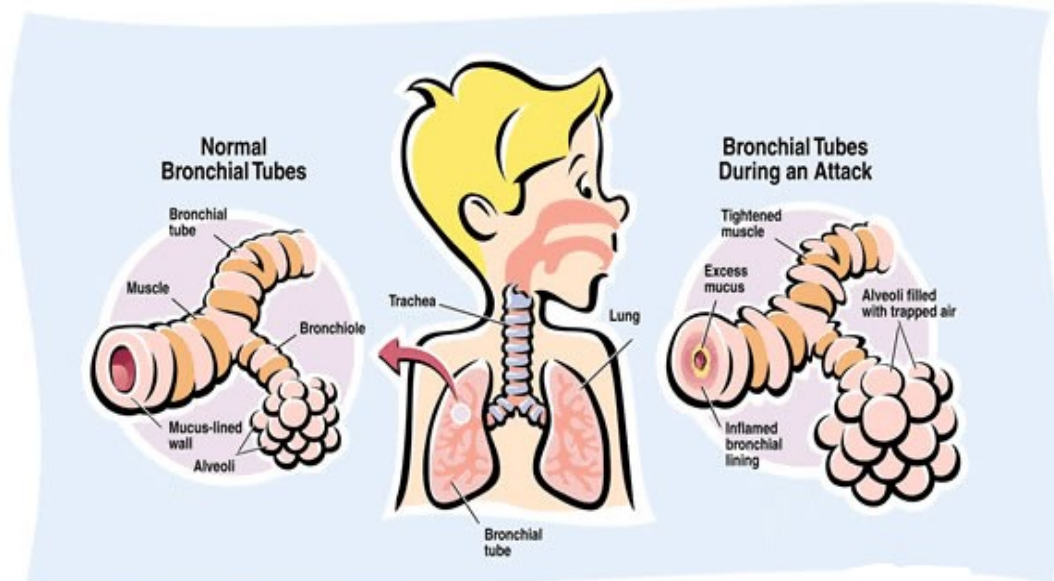
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Purpose

- To reduce the risk of pupils experiencing a serious asthma attack while at school or participating in school related activities.
- To ensure staff are equipped to recognise and respond effectively to asthma attacks if they occur.
- To outline how the school will support pupils with asthma, ensuring they are safe and able to fully participate in school life without disadvantage.
- To provide clear guidance on the prevention, management and emergency response for students with asthma, safeguarding their well-being and inclusion.

What is 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 and the onset of an asthma attack.



(Asthma & Allergy Foundation)

As soon as an asthma attack is suspected a blue reliever inhaler (usually containing salbutamol) must be administered immediately.



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

- an asthma register
- up-to-date asthma policy
- an asthma lead
- all pupils have immediate access to their rescue inhaler at all times
- all pupils have an asthma care plan
- display emergency asthma response plans around school
- hold spare emergency salbutamol inhalers in school, for use in an emergency.

Identification of Children with Asthma

The school maintains an up-to-date register of all pupils with asthma, which is stored electronically on Arbor (the school's management information system).

Pupils with asthma can also be identified on the one-page class medical needs lists, kept in each classroom's medical folder. The one-page class medical lists are additionally included in the master medical needs file, located in the staffroom at both the KS1 and KS2 sites.

Asthma Action Plans

Asthma Action Plans act as personalised medical care plans for students with asthma, granting medical authorisation for the school to administer a student's inhaler if they experience an asthma attack or breathing difficulties.

Asthma Action Plans are nationally recognised documents that can only be completed by a medical professional. A blank example of an Asthma Action Plan can be found in Appendix 1.

Asthma Management

When parents or carers notify the school that their child has asthma, they must complete the school's Asthma Care Plan (see Appendix 3).

Parents/carers are also kindly asked to provide school with a copy of their child's Asthma Action Plan which has been written by a healthcare professional.

Parents or guardians must also provide the school with a reliever inhaler for their child, which must be kept in school at all times.

Spare Inhalers

In accordance with the Department of Health's (2015) guidance on the use and storage of emergency salbutamol inhalers in schools, the school maintains a supply of spare inhalers for use in emergencies, as follows:

Emergency Asthma Inhaler Kit (FOR USE IN SCHOOL)

- Two spare blue salbutamol inhalers and two re-usable spacers are stored in the KS1 emergency asthma inhaler kit in the KS1 office.
- Two spare blue salbutamol inhalers and two re-usable spacers are stored in the KS2 emergency asthma inhaler kit in the KS2 office.



THE MAIN EMERGENCY ASTHMA INHALER KIT MUST NOT BE TAKEN OFF THE SCHOOL SITE.

Emergency Asthma Travel Bags (FOR USE OUT OF SCHOOL)

An emergency asthma travel bag is available for use on all trips, sporting events and residential, and must be used to transport the school's spare inhalers away from the school site.

There is one emergency asthma travel bag, with a spare inhaler and 2 x re-usable spacers in, for use at KS1. It is located in the KS1 office.



There is a second emergency asthma travel bag, with a spare inhaler and 2 x re-usable spacers in, for use at KS2. It is located in the KS2 office.

All emergency asthma kits are clearly labelled and are accessible to all staff.

The school's asthma lead is responsible for checking that all spare inhalers are in date on a half-termly basis and arranging replacements, as needed.

Within the school's Asthma Care Plan, parents/guardians are asked to give consent for the administration of the school's spare inhaler, in the unlikely event of an asthmatic emergency involving their child.

The spare inhalers held by school are intended as a back-up and not to replace a pupil's own inhaler.

Guidance issued by the Department of Health specifies that the back-up inhalers are intended for use in children who are medically authorised and where parental/guardian consent to administer the spare emergency inhaler has been obtained. The school's spare inhalers will therefore only be used in an emergency, if a pupil's own prescribed inhaler is out of date, fails to activate or cannot be administered correctly and the school has parental consent to administer it.

The school's spare inhalers can be used in the event of an emergency to save the life of an individual who unexpectedly displays the symptoms of an asthma attack. If an asthma attack is suspected but the pupil does not have a prescribed reliever inhaler, a member of staff will call 999, explain an asthma attack is suspected and follow instructions from the operator.

Emergency Procedures

Staff must familiarise themselves with the school's one page Asthma Emergency Response Plan, a copy of which is located in Appendix 4.

If an asthma attack is suspected the pupil will be treated in accordance with their Asthma Care Plan and a member of staff will instigate the school's Emergency Asthma Response Plan, as follows:

1. Remain calm and sit the pupil up straight. Treat the patient where they are and bring the medication to them.
2. **ADMINISTER ONE PUFF OF THE BLUE RELIEVER INHLAER EVERY 30-60 SECONDS, UP TO A MAXIMUM OF 10 PUFFS. Shake the inhaler between each puff and use a spacer with the inhaler if you have one.**

A pupil's own prescribed inhaler will be used if it is immediately available.

The inhaler will be administered by the pupil themselves [if age appropriate] or by a member of staff. Ideally the member of staff will be trained, but in an emergency **anyone** can administer the inhaler.

If the pupil's own reliever inhaler is not available or does not work, then the school's spare reliever inhaler will be used.

If an asthma attack is suspected but the pupil does not have a prescribed reliever inhaler or Asthma Care Plan, a member of staff will **call 999** and explain an asthma attack is suspected. They will inform the operator that spare relieve inhalers are available and follow instructions from the operator.

3. If the pupil's condition has not improved or symptoms have got worse **call 999 immediately** and request an ambulance. Explain that an asthma attack is suspected.
4. If after 10 minutes the pupil's symptoms are not improving, **REPEAT STEP 2.**
5. If the pupils symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**
6. If no signs of life commence CPR.

Roles and Responsibilities

The Designated Asthma Lead is The School Business Manager.

Asthma Leader:

- Serve as the primary point of contact for all asthma related matters within the school.
- Ensure the safety, inclusion and wellbeing of pupils with asthma.
- Be the main point of contact for staff, pupils and parents with concerns or questions about asthma management.
- Review the school's asthma policy and asthma management plan annually.
- Monitor the availability, storage and expiry of spare inhalers in school, and update as appropriate.
- Coordinate and schedule staff asthma training to ensure as many staff as possible know asthma emergency procedures.
- Facilitate the annual review of asthma care plans in collaboration with parents and school administrators.

Administration Staff:

- Ensure parents/guardians complete an Asthma Care Plan for any child who has asthma or require the use of an inhaler in school.
- Where possible, ensure that parents/guardians provide a copy of their child's Asthma Action Plan, which has been produced by a health practitioner.
- Take receipt of pupil's prescribed inhalers, ensure parental consent for the medicine to be administered in school is obtained and the medicine is stored appropriately.
- Ensure that any pupil diagnosed with asthma has a reliever inhaler in school.
- Inform all relevant staff of any new pupil's with asthma and what medication is in school.
- Maintain the one-page class medical needs lists and ensure updated copies are filed in both the master medical needs file (staffroom) and the classroom medical file.
- Maintain pupil's medical details and medicine expiry dates on Arbor and ensure accuracy.
- Regularly check medication stored in school and notify parents when expiry dates are approaching.
- Ensure emergency contact details for pupils are promptly updated and readily available.
- Report any concerns in the management of pupils' allergies to the Designated Asthma Lead.

All Parents/Guardians:

- To be aware of and understand the school's Asthma Policy and consider the safety and wellbeing of pupils with asthma.
- Provide the school with information about their child's medical needs, including asthma history and any previous asthma attacks. They should also inform the school of any related conditions, for example allergies, hayfever or eczema.

Parents/Guardians of Children With Asthma:

- Complete the school's Asthma Care Plan for their child.
- Supply the school with a copy of the child's Asthma Action Plan, if their child has been given one by a medical professional.
- Ensure the pupil's own prescribed reliever inhaler is provided to the school office along with their written consent for the medicine to be administered (see appendix 2).
- Keep the school informed of any changes to their child's asthma management. They should ensure that their child's Asthma Care Plan is updated accordingly and that a copy is provided to the school office.
- For all children with asthma, regardless of severity, parents and guardians are asked to provide written consent for the use of the school's spare inhaler in an emergency.
- Ensure their child's medication is in-date and replaced at the appropriate time, before expiry.
- Support their child to understand their asthma diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an asthma attack occurring.

Staff:

- All staff should have read the schools Asthma Policy.
- All staff should be aware of which children have asthma and be familiar with the content of their Asthma Care Plans.
- Ensure inhalers (with spacer if one is been provided) are stored in an individual zip-lock bag labelled with the child's name, within the classroom's red medical bag.
- Inform parents if a child has a severe asthma attack in school.
- Symptoms of an asthma attack can come on very suddenly, so staff need to be prepared to administer a reliever inhaler if the young person cannot.

- If pupils require inhaler medication to be administered in school, staff must document this as per the Administration of Medicine Policy.
- Staff must inform the Designated Asthma Lead if the school emergency inhaler has been used.
- Inform parents if the school's spare inhaler has been used in an emergency (using the template letter in the classroom medical folder).
- To record all medication administered in accordance with the Administration of Medicine Policy.
- Ensure all children with asthma are not excluded from activities they wish to take part in.
- Be aware of children with asthma who may need extra support.
- Monitor inhaler usage and alert the office when they believe an inhaler may be approaching depletion so parents can be asked to supply a replacement.
- Ensure children have immediate access to their emergency medicines.
- Maintain effective communication with parents including informing them if their child has been unwell at school and updating them of any periods of increased inhaler use.
- Trip leaders will take pupil's inhalers on all school trips, sporting events and local walks.
- Trip leaders will carry the schools own emergency travel asthma kit on school trips and sporting events, where a risk-assessment has deemed this necessary.

All Pupils:

- Learn how they can support their peers and be alert to asthma-related bullying.
- Older pupils will learn how to recognise and respond to an asthma attack and to support their younger peers and staff in case of an emergency.

Pupils with Asthma:

In addition to the above, pupils with asthma should:

- Have a good awareness of their own symptoms of an asthma attack.
- Avoid their asthma triggers as best as they can.
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an asthma attack.
- Understand how and when to use their inhaler.
- Pupils who are trained and confident to administer their own inhalers will be encouraged to take responsibility for doing this.

Asthma Medication in School

Each pupil's inhaler should be stored in their classroom's red medical bag and kept under the supervision of the class teacher.

Unless specified on the device, all pressure-metered dose inhalers provide 200 puffs. Staff are asked to monitor inhaler usage and alert the office when they believe an inhaler may be approaching depletion. The office will then contact parents to request a replacement.

The school's Designated Asthma Lead is responsible for checking on a regular basis that the school's spare inhalers and spacers are present in the asthma kits and remain in date.

Children are encouraged to administer their rescue inhaler as soon as they are responsible enough to do so, but we recognise that all children may still need supervision in taking their inhaler. 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 result in hospitalisation or even death. Staff are encouraged to support children to use their inhaler, where necessary.

Salbutamol is generally a safe medication when inhaled, but like all medicines, it can have side effects. The effects of inhaled salbutamol are well-documented, usually mild, temporary and unlikely to cause serious harm. A child may feel slightly shaky, experience tremors, or notice an increased heartbeat. Should a child exhibit these side effects they will be monitored closely and parents informed.

The spare emergency salbutamol inhaler can be used by children who have been prescribed a rescue inhaler and for whom written parental consent has been given. Those who are on a Symbicort (white and red) MART regime can safely be administered the school emergency salbutamol inhaler in the event of their device being empty, not being available or broken. Staff should inform parents/guardians, in writing, if their child has used the school's emergency inhaler.

Medicine Expiry

It is the parent/guardian's responsibility to ensure all medication is in date, however school administrators will aim to check medication kept at school regularly and send a reminder to parents if medication is approaching expiry.

Storage

Inhalers should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

Pupil's spent and expired inhalers will be returned to parents to dispose of. The schools spare inhalers, once spent or expired, will be passed to a pharmacy to be recycled.

Medicine Administration

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.

If a plastic spacer has been used this should be washed with warm soapy water and thoroughly cleaned before being placed back in storage.

All inhalers will be administered and recorded in adherence with the school's Medicine Administration Policy.

Non Asthma Related Inhaler Use in School

We are aware that some pupils require an inhaler in school for medical conditions other than asthma. The same policies and procedures outlined for asthma-related inhaler use will also apply to pupils who have an inhaler in school for occasional, non-asthma-related needs. Parents will be asked to complete a Care Plan so we can ensure their child's needs are fully supported in school.

On Arbor, the schools electronic management information system, and the class one-page medical needs sheets, pupil's medical conditions will be listed as either 'asthma' or 'inhaler user' so that staff can easily distinguish between asthma/non-asthma inhaler users in school. Pupils with asthma will be identified as having 'asthma', while those who require inhalers in school for non-asthma medical needs will be identified as 'inhaler user – as and when'.

Preventative/Alternative Asthma Inhalers

Some children may have a Maintenance and Reliever Therapy (MART) Symbicort Turbohaler. This inhaler serves a dual purpose: it is used twice daily, in the morning and evening, as a preventer to reduce inflammation in the airways and prevent asthma symptoms. Additionally, it can be used as needed to relieve symptoms, acting in place of the blue reliever inhaler. The MART Turbohaler allows the child to manage both aspects of their asthma with a single inhaler.

Some children may also have a preventer inhaler, which is typically brown or orange in colour. These inhalers are different from the blue reliever inhaler, which is used in an emergency to relieve an asthma attack by opening the airways quickly. Preventer inhalers contain corticosteroids, anti-inflammatory medications that help reduce swelling in the airways. They are usually taken morning and night, as prescribed by a doctor or nurse, and must be used regularly and consistently to provide maximum benefit and prevent asthma symptoms.

Preventer inhalers are not intended for immediate symptom relief, and children should generally not bring them to school. Preventer inhalers are intended to be taken at home according to the prescribed schedule, allowing their effects to build over time. However, if a pupil is attending a residential trip or overnight school activity, they will need to bring their preventer inhaler with them to maintain their prescribed treatment. In such cases, the inhaler should be clearly labelled, stored safely and remain accessible, with staff available to supervise its use if required.

Staff Training

The School Business Manager will complete asthma awareness training on a bi-annual basis and will be responsible for co-ordinating staff asthma training.

As many staff as possible will complete asthma training annually.

Asthma training for staff includes:

- Knowing what asthma is.
- Spotting the signs and symptoms of an asthma attack.
- Knowing when to call for emergency services.
- Knowing how and when to administer a reliever inhaler to prevent serious injury or death.

Inclusion and Mental Health

The Greetland Academy is committed to ensuring that all children with medical conditions, including asthma, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

School Trips/Sporting Activities

- Staff leading school trips/sporting activities are to have a register of pupils with asthma and their medication.
- Trip leaders will take pupil's asthma medication on all school trips, sporting events and local walks. Any pupil who does not have their inhaler, or any other medication considered essential for an asthmatic emergency, will not be allowed to participate in the excursion.
- Where a risk-assessment has deemed this necessary, trip leaders are to carry the schools own emergency asthma travel bag on school trips, sporting events and local walks.
- Asthma management and possible triggers should be considered on the trip/sporting event risk assessment.
- All planned activities need to be risk-assessed to identify any potential hazards for pupils with asthma. Where necessary, alternative activities should be arranged to ensure full inclusion and safety.
- Asthma medication should be kept close to the pupils at all times eg. not left on the minibus when travelling or left in changing rooms.
- Inhalers must be protected from extreme temperatures.
- Overnight trips for children with asthma are encouraged and can be safely managed with thorough preparation. The accommodation venue will be fully briefed, in advance, regarding any pupils with asthma, including any

necessary precautions which need to be taken. When attending a residential trip, pupils may need to bring both their blue reliever and brown/orange preventer inhaler to maintain their daily asthma treatment.

- Children with asthma should have every opportunity to attend sporting activities. The Greetland Academy values the inclusion of all pupils and seeks the co-operation of parents/guardians in supporting any special arrangements necessary to ensure the safety and wellbeing of children with asthma.

Policy Links

- Medicine Administration Policy
- Supporting Pupils with Medical Needs Policy
- First Aid Policy
- Anaphylaxis Policy

Other Useful Links

- Asthma and Allergy Foundation (2025)
<https://asthmaandallergy.org.uk/asthma-information/>
- Asthma UK (2025)
<https://www.asthmaandlung.org.uk/conditions/asthma/child>
- Asthma & Respiratory NZ (2025) – Asthma First Aid Emergency Plan
<https://www.asthmafoundation.org.nz/resources/asthma-first-aid-m%C4%81ori>
- Beat Asthma (UK) (2025)
<https://www.beatasthma.co.uk/resources/schools/>
- Department of Health (2015), Guidance on the use of emergency salbutamol inhalers in schools
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf
- Department for Education (2017) Supporting pupils at school with medical conditions -
<https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf>

1 My daily asthma routine

I need to take my preventer inhaler every day.

My preventer inhaler is called:

and its colour is:

I take puff(s) at night.

I rinse my mouth out afterwards. I do this every day even if my asthma's okay.

I must remember to use my spacer with my inhaler. If I do not have one, I'll go back to my healthcare professional and ask for one.

Other asthma medicines I take every day:

My reliever inhaler helps when I have symptoms.

My reliever inhaler is called:

and its colour is:

IMPORTANT: If I need my blue reliever inhaler when I do sports or activity, I need to see a healthcare professional.

2 When I feel worse

My asthma is getting worse if I have any of these symptoms:

- I wheeze, cough, my chest hurts, or it's hard to breathe
- I need my blue reliever inhaler 3 or more times a week
- 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 healthcare professional).

If my asthma gets worse, I will:

- take my preventer medicines as normal
- take puff(s) of my blue reliever inhaler every 4 hours if needed
- see my healthcare professional within 24 hours if I do not feel better.

URGENT! If your reliever inhaler is not lasting 4 hours, you need to take emergency action now. **See section 3.**

Other things my healthcare professional says I need to do if my asthma is getting worse:

3 In an asthma attack

I'm having an asthma attack if I have any of these symptoms:

- my reliever inhaler is not helping or it's not lasting 4 hours at a time
- I find it hard to walk or talk
- I find it hard to breathe
- I'm coughing or wheezing a lot
- my chest is tight or it hurts.

If I have an asthma attack, I will:

1. Call for help. Sit up and try to keep calm.
2. Take 1 puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I'm worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

IMPORTANT: If you have a MART or AIR inhaler, please tell the responder when you **call 999.**

What to do after your child's asthma attack:

- If the asthma attack was managed at home, contact your GP surgery or call **111.**
- If your child was treated in hospital, take them to see a healthcare professional within 48 hours of being discharged.
- Make sure your child finishes any medicine they're prescribed, even if they start to feel better.
- If your child does not improve after treatment, see a healthcare professional urgently.

Appendix 2 - Request to administer medicine in school

School staff cannot give your child medicine unless you complete and sign this form.

In accordance with our Medicine Administration Policy school staff ***can only administer prescribed medication.***

Name of pupil			
Date of birth	/	/	
Class			
Medical condition			
Medicine			
Name/type of medicine <i>(as described on the container)</i>			
Date dispensed	/	/	
Expiry date	/	/	
Medicine review date			
Dosage and method			
Timing			
Special precautions			
Are there any side effects that the school needs to know about?			
Self-administration			
Procedures to take in an emergency			
Parent/Guardian Contact Details			
Name			
Relationship			
Telephone number (essential)			
Address			

PARENT/GUARDIAN DECLARATION

- I understand that I must deliver the medicine personally to the school office and this ***must be prescribed.***
- I understand that administering medicine is a service the school is not required to provide.
- The information I have provided is, to the best of my knowledge, accurate at the time of completion. I give consent for school staff to administer medicine in accordance with the school's policy and will notify the school immediately in writing of any changes to the dosage, frequency or if the medicine is discontinued.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

The information provided on this form will be processed and stored by the school in accordance with the Academy Trust's Data Protection Policy. It will be used solely for the purpose of administering medication to your child safely and will only be shared with relevant staff members where necessary.

Appendix 3 – Asthma/Non-Asthma Care Plan

Name of pupil			
Date of birth	/	/	
Class			
Parent/Guardian Emergency Contact Details			
Name			
Relationship			
Telephone number (essential)			

Medical Diagnosis

- My child has been diagnosed with asthma by a healthcare professional.
- My child has not been diagnosed with asthma but uses an inhaler for another medical reason.

Please provide the medical reason for inhaler use if your child has not been diagnosed with asthma.

Known Triggers

Please tick all that apply:

- Exercise Cold/Flu/Virus Dust Pollen
- Weather changes Smoke Pets Strong smells/perfume
- Emotions Other: _____

Medication Details

Name of medication prescribed and the device (eg inhaler, spacer, nebuliser).

When is the device to be used and what dosage is to be given.

Please state the maximum number of times your child can take their inhaler during the school day before parental contact.

Inhaler Use

- My child can administer their inhaler on their own.
- My child will need help from an adult to administer their inhaler.

Does your child need to use their inhaler before or after exercise? Yes No

If yes please give details below.

What are the signs your child may be having difficulty breathing and require their inhaler?

- Excessive coughing
- Wheezing (whistling sound when breathing)
- Shortness of breath or trouble breathing
- Chest tightness or saying chest "hurts"
- Needing reliever inhaler more often
- Looking pale, anxious or tired
- Difficulty speaking in full sentences
- Other: _____

Are there any key words or phrases your child uses to describe their symptoms in the event of having difficulty breathing? (e.g., "can't breathe," "tight chest," "need my inhaler")

PARENT/GUARDIAN CONSENT

Medication Administration

I give consent for school staff to administer / assist my child with administering their own inhaler whilst they are at school (as and when required).

Emergency Salbutamol Inhaler Use

If your child experiences difficulty breathing or exhibits signs of an asthma attack and their own personal inhaler is unavailable or cannot be used we ask for your consent for school staff to administer salbutamol from the school's spare emergency inhaler.

- I consent to my child being administered the school's spare inhaler in an emergency.
- I do not consent to my child being administered the school's spare inhaler in an emergency.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

PARENT/GUARDIAN DECLARATION

I give consent for copies of my child’s care plan to be shared with all relevant staff members, the school office, and to be stored in the school’s master medical needs folder and classroom medical file.

- I understand that I must deliver my child’s inhaler to the school office.
- I understand that inhaler medication must have been prescribed for my child by a health professional.
- I understand that I am responsible for replacing my child’s inhaler before the expiry date to ensure my child has uninterrupted access to the medication they need whilst at school.
- I will notify the school office immediately of any changes to my child’s inhaler prescription or usage.
- I will notify the school office immediately if my child no longer requires this care plan and no longer needs to use an inhaler in school.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

The information provided in this care plan will be processed and stored by the school in accordance with the Academy Trust’s Data Protection Policy. The information will be used solely for the purpose of managing your child’s symptoms in school and administering their inhaler (where necessary). This care plan will be shared with relevant staff members to ensure your child’s safety and wellbeing.

School Office Use	
Inhaler received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inhaler expiry date	_____
Pupil’s Arbor record updated	<input type="checkbox"/> Medical condition <input type="checkbox"/> Medication

Review

Asthma/Non-Asthma care plans should be reviewed annually or sooner if there are any changes to your child’s medical condition, medication or treatment plan.

Review Date	Reviewed By (Name/Role)	Signature	Comments



ASTHMA: Emergency Response Plan

Assess



MILD SYMPTOMS

Short of breath
Wheeze
Cough
Chest Tightness

MODERATE SYMPTOMS

Loud wheeze
Breathing difficulty
Can only speak in short sentences.

SEVERE SYMPTOMS

Distressed
Gasping for breath
Severe difficulty speaking
Blue around the mouth.

Sit



Remain calm and sit the pupil up straight.

Stay with them.

Bring rescue inhaler to them.

Treat



ADMINISTER ONE PUFF OF THE BLUE RELIEVER INHALER

EVERY 30-60 SECONDS

UP TO A MAXIMUM OF 10 PUFFS.

Shake the inhaler between each puff and use a spacer with the inhaler if you have one.



Help



If no improvement or symptoms have got worse

CALL 999
Request an ambulance.

Explain that an asthma attack is suspected.

Monitor



If improving, keep monitoring.

If after 10 minutes the pupil's symptoms are still not improving.

ADMINISTER BLUE RELIEVER INHALER AGAIN, EVERY 30 SECONDS, UP TO 10 PUFFS.

Stay with pupil until medical assistance arrives.

All OK!



When free of wheeze, cough or breathlessness the pupil can be moved to a quiet area to recover.

If it was a severe asthma attack call pupils emergency contact immediately to inform them what has happened.



The emergency asthma kit is located in the school office. The schools spare inhaler can only be used if we have parents consent. Parents must also be informed if the spare inhaler is used in an emergency using the template letter in your classroom medical folder.