



Dowson Primary Academy

ASTHMA POLICY

November 2025

Review Cycle: 2 Years



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Asthma

Asthma is a serious condition that for most children is well managed. If a child has an asthma attack, it is potentially life threatening and must be treated as an absolute priority.

It affects approximately 11% of children which equates to over 50 children in a school our size.

Diagnosis and Health Care Plans

Children who are diagnosed with asthma by a health care professional will be prescribed medication and may be provided with an Asthma Care Plan which can be shared with school to be referred to when needed.

If an Asthma Care Plan has not been provided - school will complete an Individual Health Care Plan with the parent/carer.

Symptoms and treatment

Children may describe their symptoms in a variety of ways and they may present with noticeable symptoms. However, symptoms are not always noticeable and a child reporting or presenting with symptoms must have access to their medication without delay. An adult must stay with them until their symptoms have subsided.

An asthma attack can build over a long time and so swift treatment and communication to parent/carer is essential to safeguard the child.

A child experiencing symptoms MUST NEVER be left alone or waiting for medication.

Medication

Once diagnosed children will be prescribed preventative medication which is administered usually in the morning and evening at home, never in school (unless school have been notified by GP/consultant letter or via the child's Asthma Care Plan issued by their specialist).

They are also given reliever medication which must be accessible to them at all times both at home and at school. This medication is used with a spacer to be effective.

Some children are prescribed a combined preventer/reliever which will have clear instructions for use – these do not usually need to be used with a spacer.

Storage/Accessibility

Pupils with asthma must have immediate access to their medication at all times. Therefore, inhalers and spacers are kept in the classroom (green asthma bag) – staff and pupils can access when needed. Asthma reliever medication MUST NEVER be locked away.

The asthma bag goes to every activity/location that the class are in - including activities off site. The asthma bag must be taken with the class in the case of emergency such as a fire or evacuation.



Procedure

School follows the guidance included on the child's Asthma Care Plan or Individual Health Care Plan and the guidelines provided by Asthma.org as recommended by the NHS.

Generally, this will include:

- The child being reassured
- An adult being with the child from the time they present with symptoms until the time they feel the symptoms have resolved
- The child being treated in the location they are at
- Assist/supervise the child in using their spacer and inhaler as per the instructions/guidelines
- Inhaler use recorded
- Class Teacher informed so the child can be monitored
- Parent/Carer informed
- A child may resume activities if they feel well enough to do so and the adult caring for them feels they are presenting as non-symptomatic. If a trigger has been identified it may be necessary to avoid the trigger.

Recording

Every inhaler use must be recorded on their individual record which is kept with their inhaler. This must be signed off by the adult caring for them and parent/carer informed. This record may be photocopied for parent/carer in order for them to discuss/review with the child's health care provider.

Communication to parent/carer

Parent/carer must be informed either by telephone or in person, a first aid slip or note does not guarantee the parent/carer will see this information and so will be unaware of the need to monitor their child.

Parent/carer responsibilities

To inform school of their child's diagnosis
To inform school of any changes to their diagnosis or medication
To provide a clean spacer with their child's name on
To take a used spacer home for cleaning
To provide a reliever inhaler that is in date and has their name on
To send the inhaler and spacer in a labelled food storage bag to ensure they are kept clean.
To replace empty or expired reliever inhalers ahead of the expiry date
To ensure emergency contacts are up to date and available
To inform their child's asthma nurse/GP if a child is regularly needing to use the reliever medication (this is a sign of poorly controlled asthma and can increase the risk of an emergency situation)

Pupil responsibilities

To tell an adult if they need their inhaler or have used their inhaler
To use their inhaler with a spacer
To resume normal activity only if they feel their symptoms have been resolved



School responsibilities

Keep a record of children with asthma
Safely store medication/spacers
Ensure relievers/spacers are easily accessed by the pupil
Ensure prompt treatment for a child who presents with or reports symptoms
Ensure pupils know where their asthma medication is kept
Record when asthma medication has been administered
Inform parent/carer when medication has been administered

Emergency Inhaler Use

A supply of Salbutamol reliever inhalers and disposable spacers are stored in the main office in each building. These will be taken to assembly points in the case of an emergency evacuation.

These inhalers may also be used where a child has an asthma diagnosis but does not have access to their medication/spacer. Parental permission is sought during the completion of the Individual Health Care Plan.

Staff Training

At Dowson at least one person is trained at NHS Tier 1 Education for Health – Supporting Children and Young People's Health: Improving Asthma Care Together.

They will disseminate this information and training to all staff every 2 years via training videos, policy and asthma.org guidelines.

Review

This training is valid for 2 years and will be next reviewed in November 2027