



Asthma Protocol

Approved via Governorhub

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Asthma Protocol

Aims

Gunthorpe Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. Gunthorpe Primary School encourages pupils with asthma to achieve their potential in all aspects of school life including PE, visits, outings and field trips or other out of hours school activities.

This is achieved through:

- Ensuring that children have access to their inhalers as and when required.
- Keeping a record of all children with asthma and the medicines that they take.
- All staff are given appropriate training on an annual basis about asthma, the use of inhalers and how to manage an asthma attack.
- All staff have a clear understanding of procedures to follow when a child has an asthma attack.
- Reliever inhalers for pupils are accessible at all times.
- The school maintains a register of pupils with asthma and each individual pupil with asthma has an asthma care plan which details triggers and pertinent information.

Management of Asthma in school

Early administration of the correct reliever treatment will cause the majority of attacks to be completely resolved.

As immediate access is vital to early administration of the inhaler, all inhalers are kept in a labelled box in their classroom – this is carried outside to PE lessons, on school trips and also in the event of a fire.

School staff are not required to administer asthma medicines to children (except in an emergency). Children are encouraged to take their own inhaler when they require it. This is usually supervised either by a member of staff, a qualified first aider or the office staff.

For each child with asthma, parents/carers should complete the school asthma care plan and bring this into school along with their child's inhaler/spacer. All medications and spacers should be clearly labelled with the child's name. Please ensure that the medication you provide to school has not expired. It is the parent's responsibility to inform school of any changes to their child's treatment.

The school will contact parents when their inhaler needs replacing and this will need to be collected from school for you to dispose of appropriately.

Inhalers will be sent home at the end of the academic year.

Spacers will be cleaned once a term using warm soapy water and left to air dry. This will be carried out by staff in each year group.

Record keeping

When a child joins the school, parents/carers are asked if their child has any medical conditions, including asthma, on the admission form. Once we have received this notification you will be asked to complete a school asthma care plan which should be completed with your GP or nurse. School maintains an asthma register for all children which is available to all school staff and can be found in the main office, along with their school asthma care plan. Each individual class has their own asthma register which is kept in the medical box, with the inhalers, in their classroom. This register contains the child's name and if parental consent has been given to use the school emergency inhaler. A copy of the child's school asthma care plan is kept in a folder in their own classroom.

At the start of each new academic year a new school asthma care plan will need to be completed by the parent and inhalers/spacers will need to be brought into school and handed to your child's class teacher.

A record of when the child takes their asthma relief is recorded and an e-mail is sent home, this ensures that the parent/carer is aware of any irregularities that may occur, for example a child needing to take their asthma relief more than usual.

Emergency Inhalers in school

School keeps an emergency inhaler and spacers for use when a child's inhaler is not available or the inhaler they have provided school with is either broken or empty.

Emergency salbutamol inhalers and spacers for use in an emergency are kept with a register of children who have prescribed inhalers and have given parental consent for use of the emergency inhaler. This is kept in the labelled medicine cupboard in the school office.

Children will only be administered the emergency inhaler if we have parental consent.

The emergency inhaler kit is checked regularly to ensure that:

- The inhalers are present, in date and in good working order with sufficient number of doses available.
- Replacement inhalers are obtained when expiry dates approach.
- Replacement spacers are available following use.
- The plastic inhaler housing has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

What to do in the event of an asthma attack

Signs of an attack

Coughing

Being short of breath
Wheezy breathing
Feeling of tight chest
Being unusually quiet

What you should do

- Keep calm and reassure the child – do not panic
- Encourage the child to sit up straight and slightly forward
- Make sure the patient takes two puffs of their reliever inhaler – if this is not available or is broken, out of date or empty use the emergency inhaler which is in the labelled medicine cupboard in the school office. Check the register that is kept with the emergency medication. **You must only use the Emergency inhaler if parental consent has been given.**
- Loosen tight clothing
- Continue with one puff every 30-60 seconds up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with them until they feel better. The child can return to school activities when they are better.

Don't – hug or lie them down as this will restrict breathing.

Listen – to what they say i.e “I have had attacks before”.

Reliever medication is very safe, during an attack do not worry about overdosing.

Call 999 for an ambulance if:

- If the symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or may complain of a tummy ache
- They don't feel better after 10 puffs
- You are worried at any time

IF THE AMBULANCE DOES NOT ARRIVE IN 15 MINUTES YOU CAN REPEAT WITH 10 MORE PUFFS.

Health Care Plan

Pupil Name	
Date of Birth	
Medical diagnosis/condition	
Plan written by	
Date of plan	
Review Date	

Describe medical condition and symptoms

Daily Routine/Care Requirement/Time

What if...

Follow up procedure

Signatures

Parent	
AHT	
Class Teacher	
Teaching Assistant	
First Aider	