



Longshaw Primary Academy
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Part of United Learning

Asthma Policy

2026-29

Version Information	
Policy Name	Asthma Policy
School	Longshaw Primary Academy
Headteacher	Mrs J Woods
Asthma Lead	Mrs G Sal Cigdem
Senior Leader Responsible	Mr A Bedwell
School Nursing Contact	Via NELFT - TOWER HAMLETS GP CARE GROUP CIC
Date Approved	September 2026
Review Date	September 2029 (reviewed every three years)
Governing Body Approval	October 2026
Emergency Inhaler Location	Wall mounted in school office
Emergency Spacer Location	Wall mounted in school office
Asthma Register Location	Held electronically and securely on school system, printed in hardcopy form and stored securely with emergency inhaler (re-printed when amended).

Introduction

Longshaw Primary Academy recognises that asthma is a common long-term medical condition affecting many children and young people. We are committed to ensuring that all pupils with asthma can participate fully in school life, including educational visits, sporting activities and extra-curricular opportunities.

We aim to provide a safe, supportive and inclusive environment in which pupils with asthma are able to achieve their full potential whilst effectively managing their condition.

The academy acknowledges its responsibilities under relevant health and safety legislation, equality legislation and statutory guidance relating to supporting pupils with medical conditions.

Policy Aims

The aims of this policy are to:

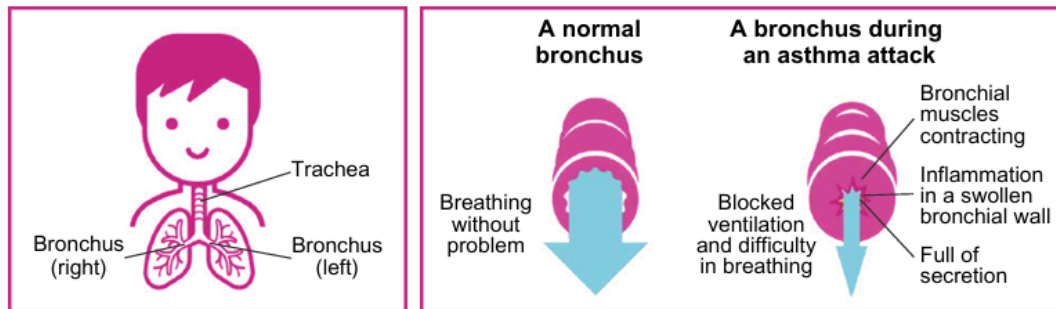
- Ensure the safety and wellbeing of pupils with asthma.
- Support pupils in managing their asthma effectively whilst at school.
- Ensure pupils have prompt access to appropriate medication when needed.
- Promote attendance, participation and achievement.
- Provide staff with clear guidance on supporting pupils with asthma.
- Foster effective communication between school, parents/carers and healthcare professionals.
- Reduce avoidable medical emergencies through effective management and monitoring.

Longshaw Primary Academy will seek to maintain:

- A named Asthma Lead.
 - A current asthma register.
 - Access to emergency asthma medication where appropriate.
 - Individual Asthma Action Plans where available.
 - Appropriate staff training.
 - Procedures for managing asthma emergencies.
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What is asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a child with asthma is exposed to something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrow and inflamed. Sticky mucus or phlegm also builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.



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
- Tummy ache in younger children

Asthma triggers

Common asthma triggers can include:

- Exercise
- Colds and viruses
- Pollution
- Mould
- Allergies such as pollen, animal fur, dust
- Cigarette smoke
- Chemicals
- Cleaning products
- Pollen
- Stress



Triggers may vary between individuals.

The school will take reasonable steps to minimise exposure to known triggers where practicable.

Roles and Responsibilities

Headteacher

The Headteacher will ensure that:

- Appropriate arrangements are in place to support pupils with asthma.
 - Suitable staff training is provided.
 - Asthma management remains an ongoing priority within the school's safeguarding and welfare duties.
-

Asthma Lead

The Asthma Lead will be:

Mrs G Sal Cigdem

Responsibilities include:

- Maintaining the asthma register.
 - Ensuring this policy remains current.
 - Monitoring emergency inhaler supplies.
 - Liaising with parents and healthcare professionals where required.
 - Supporting staff in implementing this policy.
 - Recording significant asthma incidents.
-

School Staff

All staff will:

- Be aware of pupils who have asthma.
 - Familiarise themselves with relevant Asthma Action Plans.
 - Support access to medication.
 - Respond promptly to asthma symptoms.
 - Follow asthma emergency procedures.
 - Attend asthma training as required.
-

Parents and Carers

Parents and carers are expected to:

- Inform the school if their child has asthma.
- Provide in-date inhalers and spacers where required.
- Supply an up-to-date Asthma Action Plan where available.
- Inform school of any changes to treatment or diagnosis.
- Ensure medication is correctly labelled.

Asthma Register

The school will maintain an up-to-date asthma register containing details of all pupils known to have asthma.

The register will be reviewed regularly and updated whenever changes are communicated by parents or healthcare professionals.

The register will be kept securely in an electronic form, but printed in hard copy form and stored with the emergency inhaler **in the school office**.

Medication

Pupils must have prompt access to their reliever inhaler at all times.

All medication supplied to school must:

- Be clearly labelled.
- Be within its expiry date.
- Be provided by parents/carers.
- Match the prescribed instructions.

Medication storage arrangements:

In the wall mounted cabinet in the school office.

Where appropriate and agreed, pupils may carry and self-administer their inhalers.

No pupil experiencing breathing difficulties should be sent unaccompanied to collect medication.

Emergency Asthma Inhalers

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

As a school we can purchase salbutamol inhalers and spacers from community pharmacists without a prescription. Emergency reliever inhalers are readily available to pupils who require them at all times during the school day whether they are on or off site. These are the emergency salbutamol inhalers.

Consent must be obtained from parents/carers for emergency inhaler use when the school is notified that a pupil has asthma. (Consent form in the appendices attached).

Once consent is gained, we will use the salbutamol emergency inhaler during the onset of breathing difficulties in the absence of the pupils own inhaler or if the pupil cannot use their own inhaler on that occasion (such as a breath actuated or dry powder inhaler). This will always be used with a spacer.

Emergency inhalers are stored:

In the school office – wall mounted.

Emergency spacers are stored:

In the school office – wall mounted.

Parental consent will be obtained before the emergency inhaler is used.

The school will maintain records of:

- Usage.
- Expiry dates.
- Stock checks.
- Parent notification following use.

Educational Visits and Sporting Activities

No pupil will be excluded from activities solely because of asthma.

Staff leading visits and activities will ensure:

- Medication is available.
- Relevant medical information accompanies the visit.
- Emergency procedures are understood.
- Appropriate supervision is in place.

Pupils whose care plans advise pre-exercise inhaler use will be supported to do so.

School Environment

Longshaw Primary Academy operates a strict no-smoking and no-vaping policy throughout the school site.

Reasonable adjustments will be made to minimise known asthma triggers where possible while ensuring pupils remain fully included in school activities.

Attendance and Achievement

Where asthma appears to be affecting a pupil's attendance, wellbeing or educational progress, school staff will work collaboratively with parents and healthcare professionals to identify appropriate support.

Staff Training

The school will ensure appropriate asthma awareness and emergency response training is provided for staff.

Training records will be maintained by the school's HR team.

The school will seek to ensure that the majority of staff hold current asthma awareness training.

Asthma Emergency Procedures

Staff should be alert to signs of an asthma attack, including:

- Persistent coughing.
- Wheezing.
- Difficulty breathing.
- Chest tightness.
- Difficulty speaking.
- Visible distress caused by breathing difficulties.

If a pupil experiences an asthma attack:

1. Remain calm.
2. Stay with the pupil.
3. Help the pupil use their reliever inhaler immediately.
4. Follow the pupil's Asthma Action Plan where available.
5. Use the emergency inhaler if appropriate and authorised.
6. Contact parents/carers as necessary.
7. Call 999 if symptoms are severe or do not improve.

No pupil experiencing breathing difficulties should be sent unaccompanied to collect medication.

Monitoring and Review

This policy will be reviewed every three years or sooner if required by:

- Changes in legislation.
- Updated medical guidance.
- Significant incidents.
- Changes in academy procedures.

APPENDICES

HOW TO RECOGNISE AN ASTHMA ATTACK

It is important to recognise the signs and symptoms of an asthma attack in a child/young person (CYP). The onset of an asthma attack can gradually appear over days. Early recognition can reduce the risk of a hospital admission.

For Early Years
and Primary Schools

A CYP may have one or more of these symptoms during an asthma attack

BREATHING HARD AND FAST

You may notice faster breathing or pulling in of muscles in between the ribs or underneath the ribs. (recession)

WHEEZING

This is typically a high-pitched whistling noise heard on breathing in and out, a sound produced by inflamed and narrowed airways that occur in asthma.



COUGHING

A cough may become worse, particularly at night preventing your child from having restful sleep and making them seem more tired in class.



BREATHLESSNESS

A child may become less active and reluctant to join in activities. Lack of interest in food or restlessness can be a sign that the child is too breathless to exercise or eat.

TUMMY OR CHEST ACHE

Be aware that younger children often complain of tummy ache when it is actually their chest that is causing them discomfort.



INCREASED USE OF THE RELIEVER INHALER

If the CYP is old enough, he/she may ask for the reliever inhaler more frequently during an attack. It is important that you follow the asthma action plan and recognise that if the reliever inhaler is not helping that it is time to seek medical help.



My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them.



Always keep your reliever inhaler (usually blue) and your spacer with you. You might need them if your asthma gets worse.

Last reviewed and updated 2021; next review 2024.

Asthma and Lung UK is a charitable company limited by guarantee with company registration number 0963394, with registered office number 306750 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man.

I will see my doctor or asthma nurse **at least** once a year (but more if I need to)

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents and carers – get the most from your child's action plan

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with their school

Learn more about what to do during an asthma attack asthmaandlung.org.uk/child-asthma-attacks

ASTHMA QUESTIONS?

Parents and carers ask our respiratory nurse specialists

Call **0300 222 5800**

WhatsApp **07999 377 775**

(Monday-Friday, 9am-5pm over 16 only)



CHILD ASTHMA ACTION PLAN

Fill this in with your GP or nurse

Name and date:

1 My every day asthma care

I need to take my preventer inhaler every day.

It is called:

.....

and its colour is:

.....

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:

.....

My reliever inhaler helps when I have symptoms.

It is called:

.....

and its colour is:

.....

I take puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.

“ If I need my reliever inhaler (usually blue) when I do sports or activity, I need to see my doctor or my asthma nurse.

2 My asthma is getting worse if...

- I wheeze, cough, my chest hurts, or it's hard to breathe **or**
- I need my reliever inhaler (**usually blue**) three or more times a week **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).

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take puff/s of my reliever inhaler (**usually blue**) every four hours if needed
- See my doctor or nurse within 24 hours if I don't feel better.

URGENT!

If your reliever inhaler is not lasting four hours, you need to take emergency action now (see section 3)

Remember to use my spacer with my inhaler if I have one.

If I don't have one, I'll check with my doctor or nurse if it would help me.

Other things my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)

.....

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts.

If I have an asthma attack I will:

1. Call for help. Sit up – don't lie down. Try to keep calm.
2. Take one 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 am 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.**

“ Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.



Use of Emergency inhaler in school consent form

Our asthma policy means we have an emergency salbutamol reliever inhaler on site.

This is a precautionary measure. You still need to provide your child with their own inhaler and spacer as prescribed. If you do not wish for us to use the school's inhaler in an emergency, please fill in the details below and return to school as soon as possible.

Please note that everyone with asthma should use a spacer with their inhaler in order to deliver maximum benefit to the lungs (unless your child has a breath actuated inhaler). If your child does not have a spacer or has not had an asthma review in the past 12 months, please book an appointment with your GP as soon as possible.

I can confirm that my child has been diagnosed with asthma.

☐

I can confirm that my child has been given a reliever inhaler.

☐

I can confirm that I have supplied a reliever inhaler and spacer which is clearly labelled with my child's name/dose and expiry date.

☐

I confirm that I will provide my child's Personalised Asthma Action Plan (PAAP).

This should be provided by your child's health care professional. If this has not, please contact the GP.

☐

Please tick if you **DO NOT** wish your child to use the School relief inhaler in an emergency.

☐

Print name

Sign

Name of child

Class/group

Date

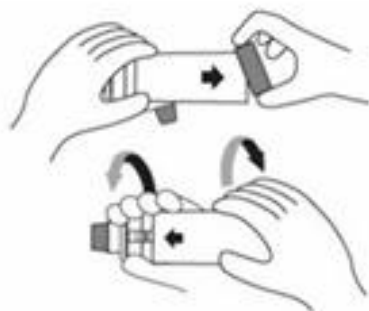
Cleaning emergency inhalers and spacers



Cleaning the AeroChamber® Spacer with a mouthpiece

Step 1

Remove the back piece. To detach the front piece, twist chamber as shown below.



Step 2 - Hand wash

Soak the parts for 15 minutes in a mild solution of liquid dish detergent and lukewarm clean water. Agitate gently. Rinse parts in clean water.

Step 2 - Dishwasher

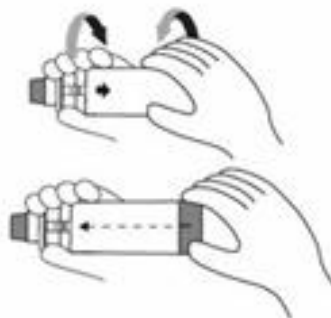
Place parts in top rack of dishwasher. Ensure product is securely placed face up. Run the dishwasher on a normal or light cycle. Do not heat dry.

Step 3

Shake out excess water and allow to air dry in a vertical position. Ensure parts are dry before reassembly.

Step 4

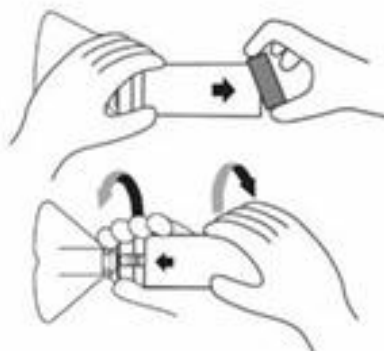
To reassemble, fit the frontpiece on the end of the chamber and twist firmly until securely locked into position. Centre the alignment feature on the backpiece with the Flow-Vu® Inhalation Indicator, as shown below. Press firmly to attach the backpiece.



Cleaning the AeroChamber® Spacer with a mask

Step 1

Remove the back piece. To detach the front piece, twist chamber as shown below.



Step 2 - Hand wash

Soak the parts for 15 minutes in a mild solution of liquid dish detergent and lukewarm clean water. Agitate gently. Rinse parts in clean water.

Cleaning emergency inhalers and spacers

Cleaning of emergency inhaler and spacer should be carried out to the manufacturers instructions however this guidance might also be useful:



Cleaning the salbutamol inhaler

The inhaler canister should be removed and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to its emergency kit located in the designated storage place.

Cleaning the Volumatic[®] Spacer

- Gently pull the two halves of the Volumatic apart. Do not take the valve apart.
- Wash the two halves of the Volumatic in warm water with a mild detergent (washing up liquid).
- Rinse thoroughly with clean water.

- Leave the parts to 'drip dry' at room temperature until they are completely dry. Do not rub the inside the Volumatic with a cloth or polish as this may cause static electricity to build up which will affect the delivery of salbutamol from the Volumatic.
- Do not put the Volumatic in a heated place to dry more quickly.
- Once completely dry, wipe the mouthpiece and valve thoroughly with a Clinell[®] wipe. Allow to air dry then store the Volumatic in its box to keep it clean. Place it back into the emergency kit from which it was taken.
- Prior to use the mouthpiece should be wiped with a Clinell[®] wipe and allowed to air dry.



If a spacer is 'single-use', it must be disposed off after use. See Page 10 for [Safe Disposal](#) guidance.

Cleaning emergency inhalers and spacers

Step 2 - Dishwasher

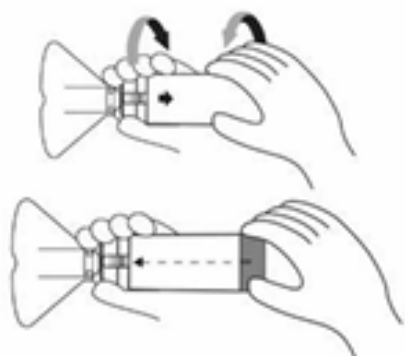
Place parts in top rack of dishwasher. Ensure product is securely placed face up. Run the dishwasher on a normal or light cycle. Do not heat dry.

Step 3

Shake out excess water and allow to air dry in a vertical position. Ensure parts are dry before reassembly.

Step 4

To reassemble, fit the front piece on the end of the chamber and twist firmly until securely locked into position. Centre the alignment feature on the back piece with the Flow-Vu® Inhalation Indicator, as shown. Press firmly to attach the back piece.



For more information, visit the [AeroChamber® website](#).