



Ranelagh Primary School

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Headteacher: Mrs O Hopper

Asthma Policy

Reviewed on:

28th September 2026

Next Review due:

Autumn 2027

Signed by:

A handwritten signature in black ink, appearing to be 'J. A. A.', written over a horizontal line.

Chair of Governors

Signed by:

A handwritten signature in black ink, appearing to be 'Hopper', written over a horizontal line.

Headteacher

Background

Asthma is one of the most common long-term conditions which particularly affects children, and which causes the airways in the lungs to narrow due to inflammation, making it difficult to breathe. Currently [1 in 11 children](#) in the UK have asthma. Together, schools and families can provide vital support for children and young people with asthma. By providing a pathway of care for each child and good awareness within the wider community, most children and young people with asthma can lead full and active lives. The Asthma Friendly Schools initiative has been introduced by many local authorities across the country, to help meet the national standards specified in the [National Bundle of Care for Children and Young People with Asthma](#).

It requires that schools meet the following 6 standards:

1. The school must have a policy on asthma.
2. The school must have a register of all students with asthma.
3. All students with asthma must have an asthma care plan from their healthcare professional that is shared with the school. The asthma plan should include details of daily care, type of medication, dose, route of administration, and what to do when symptoms worsen.
4. The school must have access to emergency asthma kit with an emergency inhaler.
5. Asthma training should be taken up by the whole school.
6. The school must have an Asthma Champion. An Asthma Champion leads all asthma related actions within the school.

Our named Asthma Champions are **Emily Last** and **Jackie Sunderland**.

This guide is based on the following resources:

1. Asthma UK '*asthma at school policy guide*' and informed by the
2. 2014 DH '[guidance on the use of emergency salbutamol inhalers in schools](#)'
3. 2014 SfE '[guidance of Supporting pupils at school with medical conditions](#)'
4. 2021 [National Bundle of Care for Children and Young People with Asthma](#)

This guide has been designed to help head teachers, school governors and teachers to implement arrangements for supporting pupils with asthma and has listed the roles and responsibilities below.

Roles and Responsibilities

Head teachers have a responsibility to:

GOVERNANCE

- Ensure a school asthma policy is developed in consultation with school staff and whilst drawing on advice from the local authority and national guidance and its implementation
- Delegate a staff member to be the school's Asthma Champion (preferably two named staff).
- Liaise with the Asthma Champion/s in addressing any issues identified.
- Ensure that there are sufficient number of staff within the school who are confident to help to administer an emergency inhaler (staff may volunteer but cannot be required to undertake this role).

POLICY

- Ensure that all requirements of are implemented and monitored regularly.
- Ensure that the school's asthma policy is available to all staff and parents
- Ensure annual audit is submitted for Asthma Friendly School status and provide leadership.

REGISTER

- Ensure the school keeps a register of children in the school that have been diagnosed with asthma and whether they have a reliever inhaler and an individual asthma plan.
- Ensure systems are in place to identify children who are missing school due to asthma.
- Liaise with parents, school nurse and Asthma Champion if a child is falling behind with their school work because of their condition, or if they have any concerns regarding a child's asthma.

ASTHMA PLAN

- Ensure there are systems to inform parents that children with asthma need a written asthma plan from their healthcare professional, that is shared with the school and kept up to date.

EMERGENCY ASTHMA KIT

- Ensure that the school keeps emergency asthma kit(s) for use during an asthma attack if an asthmatic child's own inhaler is not available, and parental consent has been given in line with the 2014 DH [‘guidance on the use of emergency salbutamol inhalers in schools’](#).
- Ensure systems are present to procure, store, care, and dispose of inhalers and spacers.
- Ensure arrangements are in place for all members of staff to summon the assistance of a member of staff who is competent to help administer an emergency inhaler.

TRAINING

- Ensure all staff is trained and meeting asthma-related training requirements. Asthma training should take place every two years and new staff trained as they join the school.

Asthma Champion has the responsibility to:

- Act as a designated lead for asthma within the school.
- Undertake the annual audit to check if the school adheres to the Asthma Friendly Schools Programme and achieve at least Bronze status and reports any findings accordingly.
- Work with headteacher and school nurses to address any policy issues relating to asthma.

POLICY

- Act as a contact for staff and parents if they have any concerns or questions regarding the school asthma policy.

REGISTER

- Be the named individual responsible for maintaining the school asthma register.
- Ensure the asthma register is accessible to all staff, especially when staff need to use it to check consent for emergency inhalers.

ASTHMA PLAN

- Ensure that all students with asthma have an asthma care plan, which is reviewed and updated at least annually.
- Ensure that the child's asthma plan is stored in an appropriate location so it is accessible by teachers and staff to understand the triggers and medications. to
- Send appropriate reminders to parents regarding the updating the asthma plan and consent for emergency inhalers.

EMERGENCY ASTHMA KIT

- Ensure the school has an adequate supply of emergency asthma kits.

- Ensure that a list of children from whom parental consent has been gained is easily accessible when the emergency asthma kit needs to be used.
- Maintain the emergency asthma kit and ensure there is process to check it on monthly basis
- Be the named individual responsible for overseeing the protocol for use of emergency inhaler and monitoring its implementation.
- Act as a designated member of staff who checks the emergency asthma kit regularly and ensuring that it is maintained well.

TRAINING

- Provide appropriate advice to school staff

All school staff have the responsibility to:

POLICY

- Read, understand, and help implement the school asthma policy.
- Take appropriate action when dealing with any child with asthma.
- Be aware that a pupil may be tired because of asthma symptoms occurring outside of school hours or may be bullied due to asthma.
- Teachers to liaise with parents, school nurse, Asthma Champion or Special Educational Needs Coordinators (SENCO) if a child is falling behind with work because of asthma.
- Know how to use an inhaler and spacer when appropriate, but if not confident in administering it, be able to quickly and efficiently escalate to another member of staff who can administer the emergency inhaler.
- Ensure inhalers are taken on external trips/outings and this is part of the risk assessment for the trip.
- Ensure inhalers are taken outside at playtime, during PE and fire drills.
- The emergency inhaler will be taken out onto the playground and returned to its location in school afterwards at lunchtime

REGISTER

- Be aware of how to check if a child is on the asthma register i.e. know which children in their care have asthma, and have parental consent to use the school's emergency asthma kit.

ASTHMA PLAN

- Familiarise themselves with pupil's asthma plan, triggers and medications and be able to refer to it in an emergency. Triggers can include allergies, colds, cough, cold weather.

EMERGENCY ASTHMA

- Allow child immediate access to their reliever inhaler.
- Inform the school nurse/asthma champion and parents if a child has had an asthma attack and needed to use reliever medicines (own reliever inhalers or emergency reliever inhaler).
- Ensure emergency inhaler use is recorded.
- Ensure a record of use of the emergency inhaler is kept and parents or carers are informed in writing if their child has used the emergency inhaler or their own inhaler due to an asthma exacerbation, using Annex B/C (to go to parent) and Template C (record kept in school).

TRAINING

- Undertake the appropriate asthma training including how to use and care for an inhaler with or without a spacer where necessary.

In cases of emergency, teachers have a general legal duty care to act as any reasonably prudent parent would. There is no legal or contractual duty on teaching staff to administer asthma medication. However, in line with the [National Capabilities Framework for Professionals who care for Children and Young People with Asthma](#), all education and teaching staff should know how to use an inhaler and how to care for it.

- Educate other pupils about asthma. Asthma can be included in Key Stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website www.asthma.org.uk.

PE teachers have a responsibility to:

- Be trained to recognise potential triggers for asthma when exercising e.g. allergies, colds, cough, cold weather.

- Remind pupils with asthma whose symptoms are triggered by exercise, to use their reliever inhaler a few minutes before warming up.
- Ensure appropriate measures are taken before, during and after these sessions to reduce the risk of an asthma attack.
- Liaise with form teachers, asthma nurse or Asthma Champions to inform parents if concerned that a child has undiagnosed or uncontrolled asthma.
- Ensure asthma inhalers are taken outside/to the hall/to a venue when children are taking part in PE/clubs.

Parents/guardians have a responsibility to:

- Inform the school if their child has been diagnosed with asthma or suspected asthma.
- Share with the school their child's asthma plan that is updated by healthcare professional at least annually.
- Keep the school up to date with information about their child's medications, asthma plan and any changes to their child's asthma symptoms.
- Ensure the child always goes to school with their medications and that these are clearly labelled with their name in the original packaging.
- Provide the school with a spare reliever inhaler (and spacer where relevant) in its original packaging clearly labelled with their child's name and date of birth and replace this before it becomes expired.
- If in agreement, ensure that written consent is provided to the school for staff members to administer the child's and/or the school's emergency inhalers.
- Ensure their child catches up on schoolwork missed if their child is unwell

Pupils have the responsibility to:

- Inform an appropriate adult (parent/teacher/PE teacher) when they are not feeling well or when they see another child who is not feeling well.
- Treat asthma medicines with respect.
- Treat children with and without asthma equally and with consideration.
- Children with asthma should know how to take their own asthma medicines.

Asthma medications

Reliever Inhaler

Every child and young person with asthma should have a reliever inhaler. Reliever medications are taken immediately when symptoms start. They allow the airways to open wider and make it easier to breathe again.

- ❖ It is essential that all pupils with asthma be allowed **to access their reliever inhaler freely at all times**, especially during physical education and educational visits. If the child or young person is not able to carry their inhaler themselves, it should be stored in an easily accessible place known to staff and pupils.
 - ❖ It is very important that a pupil with asthma has a reliever inhaler that they can use reliably and effectively (that is, one that a health professional has demonstrated and checked their technique). In a school setting where there may be many pupils with asthma it is important that it is known which reliever belongs to which pupil.
 - ❖ Consent should be sought from all parents of children with asthma to check whether the emergency relief inhaler can be given if the child does not have access to their own inhaler. This must be indicated on the asthma register.
 - ❖ Although relievers are a very safe and effective medicine, some children and young people get an increased heart rate and may feel shaky if they take a lot. However, children and young people cannot overdose on reliever medicines and these side effects pass quickly.
 - ❖ Inhalers must be clearly marked with the child's name and date of birth.
 - ❖ Spacers must be used if appropriate.
-
- At Ranelagh, individual pupils' inhalers and spacers are kept named, in a cotton bag in their classrooms. A copy of their asthma card and paperwork is also kept in the bag.
 - Staff will be aware of the location of all emergency inhalers and spacers. These are stored in the staffroom and in the downstairs corridor on the window sill by the photocopier room downstairs.

Preventer inhaler

Not all children and young people with asthma need a preventer. Most children and young people who need preventer medicines will receive an inhaler preventer from their doctor that

contains corticosteroids. Preventers reduce the risk of asthma attacks and need to be taken regularly even if the child or young person is feeling well. Normally, pupils should not need to take preventer inhalers in school hours. If they are needed, they may need to be reminded to take them. This should be written on the pupil's school asthma plan. Boarding schools will need to make sure that they know which pupils in their care are taking preventer medicines and set up appropriate management. It is also important to review which children need preventer medications during overnight school visits.

Spacers

A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other. They make inhalers easier to use and more effective. Spacers may often be needed and used at school, especially by pupils under 12. The emergency asthma kit should contain an appropriate selection of spacers for the age group of students in the school, and it should be labelled appropriately.

Procurement

Each **emergency asthma kit** should contain the following items

- A salbutamol metered dose inhaler
- At least 2 plastic spacers compatible with the inhaler and suitable for the age group of students in the school
- Instructions on using the inhaler and spacer
- A checklist for the inhalers, their batch numbers, and expiry date, which will be checked by the asthma champion monthly
- Manufacturer's information for the inhalers

Schools may wish to stock more than one asthma emergency kit if school premises are large or if there are multiple sites. Schools are allowed to purchase these equipment from a pharmaceutical supplier, including local pharmacies, without a prescription. However, schools should provide a letter from the head teacher on official school headed paper stating

- The name of the school for which the purchase is for
- The purpose for purchasing said product
- The total quantity being purchased

For advice on appropriately sized spacers and compatible spacer-inhaler pairs, discuss with your community pharmacist.

Record keeping

All parents must be asked if their child has a medical condition at the beginning of each school year or when a child joins the school.

A school asthma register must be kept and made available to all school staff. This must contain the name of the child and include whether they have an asthma plan and parental consent to use the emergency asthma inhaler. A copy must be kept with the emergency asthma kit. The asthma register must be checked and kept up to date regularly such as every term.

The emergency asthma kit must be checked every month. There must be a record of administration including the time, date, staff member administering the medication, child receiving the medication, and the dose and type of medication administered. The emergency asthma kit must also have a record of inhalers with batch number and expiry date.

The child's asthma plan must include the details of the child, their usual asthma medications and what to do if they get a worsening of their symptoms/have an asthma attack. This will be issued by the child's healthcare professional and would be reviewed at the child's annual asthma review, or it might be reviewed earlier if the child sustains an asthma attack. Parents must be reminded to keep the asthma plan up to date every year.

Ensure the school has arrangements that enable parents to be informed in writing if their child suffers a significant asthma attack at school. The letter needs to specify what treatment was given, when and by whom. The school should also notify parents in the event of any unplanned medication administration (not including planned events such as inhaler use prior to sporting activities) even if the child refuses the treatment.

Physical education, games and activities

Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled and should have equal access to physical education/activities. If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity (Most pupils with asthma should wait at least five minutes).

- ❖ All teachers must know which children in their class have asthma.
- ❖ Staff should ensure that those children who need to do so take their appropriate inhaler before exercise. Ensure pupils with asthma always warm up and down thoroughly.

- ❖ Pupil's inhaler should be labelled and kept at the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so.
- ❖ The child or young person should then take their reliever inhaler and wait until they feel better (at least five minutes) before starting again.
- ❖ Physical activity staff should speak to the parents if they are concerned that their child has undiagnosed or uncontrolled asthma. These pupils may need to have their asthma reviewed by their doctor or practice nurse.
- ❖ If the pupil is taking time off school or is frequently tired in class, this could be because s/he is having asthma symptoms during the night, disturbing their sleep. The teacher should firstly talk to the parents, and then the school nurse or Asthma Champion or special education needs coordinator.

School Trips/Residential Visits

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless advised by their GP or consultant. The child's reliever inhaler will be readily available to them throughout the trip, being carried by either the child themselves or by the supervising adult. For residential visits, staff will be trained in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parents/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided.

Colds/Viruses

When a child has a cold/virus, it may be necessary for them to use their inhaler regularly for a few days. Therefore the parent/carer may request that the blue inhaler is administered every lunchtime for approximately 1 week. The number of puffs will be advised by the parent/carer but may be between 4 and 8 puffs. This DOES NOT replace using the inhaler as and when needed – it is in addition to this. Children should not be taking their reliever inhaler every break/lunchtime 'just in case.' This is not recommended practice. However, if a parent requests this, the dose should be administered and ask the parent to seek written clarification from their GP/Practice Nurse regarding this.

The school environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definite no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. The school also ensures that the building premises are free from mould and damp. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

When a child or young person is falling behind in lessons If a child or young person is missing a lot of time from school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse or Asthma Champion or special education needs coordinator about the pupil's needs. The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Staff training

According to the [National Capabilities Framework for Professionals who care for Children and Young People with Asthma](#), non-clinical professionals who may come in contact with children with asthma but have no direct responsibility for their long-term care such as education and teaching staff should complete Tier 1 training. They should have a basic awareness of asthma and its impact and **know how to use an inhaler and spacer and how to care for it**. Some of the specific capabilities include:

- Have a basic understanding of what asthma is and its potential impact.
- Able to demonstrate basic knowledge of the aims of asthma treatment, and the use of spacers and other devices.
- Able to recognise the signs of an acute attack
- Knows who to call for help if a child is having an asthma attack in the community and the first steps of emergency management.

Free training to meet the Tier 1 capabilities is available on the education for health website: <https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>

The school nursing team may be able to provide advice and refer you to other sources of training. Posters and information leaflets can be found on websites such as Asthma UK and Beat Asthma.

Further information and resources:

- Guidance on the use of emergency salbutamol inhalers in schools (March 2015): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf
- Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (December 2015): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf
- Health Conditions in Schools Alliance: <https://medicalconditionsatschool.org.uk/>
- Asthma UK: <https://www.asthma.org.uk/professionals/>
- Beat Asthma: <https://www.beatasthma.co.uk/>

APPENDIX 1: WHAT TO DO DURING AN ASTHMA ATTACK

Most children experiencing deterioration in their asthma control show warning signs such as increased symptoms of breathlessness, and/or cough or wheeze, or a requirement for increased relief medication. Any staff member who notices a child with increasing discomfort or symptoms should bring this to the attention of the head teacher/Asthma Champion or use the school's critical incident procedure. Note: a wheeze may be absent and coughing the only apparent symptom.

Common signs of an asthma attack:

- **Coughing**
- **Shortness of breath**
- **Wheezing**
- **Feeling tight in the chest**
- **Being unusually quiet**
- **Difficulty speaking in full sentences**
- **Tummy ache (sometimes in younger children)**

Mild – Moderate Attack

Child feels breathless, may have an audible wheeze or cough, but looks quite well and can speak quite normally.

WHAT TO DO FOR A MILD-MODERATE ASTHMA ATTACK?

1. Keep calm and reassure the child
2. Let the child sit upright and encourage the child to take slow steady breaths.
3. Ensure child takes their usual dose of relief (usually blue) inhaler. If the child's reliever inhaler is not available, and if parental permission has already been given, use the emergency reliever inhaler. Take 2 puffs of the inhaler, 1 puff at a time. Use a spacer if

necessary. Make sure you shake the inhaler between each puff. It should take approximately 30 seconds to 1 minute each puff.

4. If symptoms are ongoing, continue to give the child up to 10 puffs of the inhaler.
5. If they do not feel better after taking the inhaler as above or you are worried at any time then ask a colleague to dial 999 for an ambulance. Do not leave the child on their own.

After a mild asthma attack

- If the child feels better, allow the child to sit and be observed for 15-20 minutes.
- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack. Even if the child is feeling better the parents/guardian may need to ensure that the child sees a doctor that day

Severe Attack

Some children become very ill very quickly and action must not be delayed. The following signs indicate that a child is having a severe attack which must be dealt with at once.

- **The usual relief inhaler does not work very well or at all**
- **The child cannot speak normally because of difficulty in breathing**
- **The child cannot move about normally because of difficulty in breathing**
- **The child may have a blue tinge around lips.**

Only ONE of these signs is needed to indicate the severity of the attack.

WHAT TO DO FOR A SEVERE ASTHMA ATTACK?

Check that child is known to have asthma and that there is no history of allergy/anaphylaxis e.g. allergy to peanuts, bee stings etc.

The emergency procedure is as follows:

1. Ask for the help of another member of staff and **dial 999** for an ambulance, stating that the child is having a **SEVERE ASTHMA ATTACK** requiring immediate attention.
2. Keep calm and reassure the child
3. Let the child sit upright and encourage the child to take slow steady breaths.
4. Ensure a member of staff stays with the child.

5. **Continue to give the child one puff of their reliever inhaler every 30 seconds to 1 minute up to 10 puffs.**
6. If there is significant improvement and the child feels relieved, stay with the child, and observe until the ambulance or doctor arrives.
7. **If there is no improvement, or if there is initial improvement but the child soon has worsening symptoms, repeat the step above.**

Ask the colleague to contact the child's parent or guardian to inform them of the situation and the action being taken. Make sure to prioritise the call to 999 before the call to parents/guardians to avoid unnecessary delay in help arriving.

If staff is concerned about their ability to help the child while waiting for the ambulance to arrive, they should contact the nearest GP and request immediate assistance.

Important things to remember in asthma attack

- ✓ Never leave a pupil having an asthma attack
- ✓ If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer. Never send the pupil suffering from the asthma attack to get their inhaler.
- ✓ If the pupil does not have their own inhaler and/or spacer with them, the emergency asthma inhaler may be used if the student meets the criteria.
- ✓ In an emergency school staff are required under common law, duty of care, to act like any reasonably prudent parent
- ✓ After an asthma attack, make sure that parents/guardians are informed in writing about the attack, what medications were given and how much and when.
- ✓ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing on reliever medications.
- ✓ Send another pupil to get another teacher/adult if an ambulance needs to be called
- ✓ Contact the pupil's parents or carers immediately after calling the ambulance/doctor
- ✓ A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- ✓ Generally, staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action (e.g. when advised to by 999/111 services). Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.



Ranelagh Primary School

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Telephone: (01473) 251608

Email: admin@ranelagh.suffolk.sch.uk

Headteacher: Mrs O Hopper

Dear Parent/Carer

In our asthma policy it states that we require parents of all pupils who suffer from asthma to complete an asthma card (attached) every year. Your child's information will also be kept on our asthma register.

In the interest of providing the most rapid and effective emergency procedure in the event of an asthma attack, the school has also decided to keep an emergency inhaler on site. This means that if, for any reason, your child does not have their inhaler, the emergency inhaler is available to administer if they have an attack. We require your permission to use the emergency inhaler. Please complete the form, Annex A (attached) to give permission for your child to be given the emergency inhaler if their own inhaler is not available. Again, you will be asked to complete this every year.

Our Asthma Policy is available to view on the school website. If you have any queries regarding asthma in school, please speak to Miss Turner or Mrs Sunderland.

Yours sincerely

Mrs O Hopper
Headteacher

Annex A:

**CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
RANELAGH PRIMARY SCHOOL**

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

.....

.....

.....

Telephone:

E-mail:

You have the right to withdraw permission at any time, should you wish to do so,
please contact the school office.

Annex B:

**PROFORMA TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER
USE**

Child's name:.....

Class:

Date:

Dear parent/carer,

[Delete as appropriate]

This letter is to formally notify you that.....has had
problems with his / her breathing today.

This happened when

.....

A member of staff helped them to use their asthma inhaler/they administered their
own inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped
them to use the emergency asthma inhaler containing salbutamol. They were given
..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

Annex C:

Date:

..... was helped to use their asthma inhaler/they administered their own inhaler before PE.

[Delete as appropriate]

Yours sincerely,

.....

Date:

..... was helped to use their asthma inhaler/they administered their own inhaler before PE.

[Delete as appropriate]

Yours sincerely,

.....

Date:

..... was helped to use their asthma inhaler/they administered their own inhaler before PE.

[Delete as appropriate]

Yours sincerely,

.....

Date:

..... was helped to use their asthma inhaler/they administered their own inhaler before PE.

[Delete as appropriate]

Yours sincerely

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Ranelagh Primary School

Medicine

Name/type of medicine

(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting **immediately**, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Template C: record of medicine administered to an individual child

Name of school/setting

Ranelagh Primary School

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature _____

Signature of parent _____

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Annex D:


Public Health Suffolk



How to manage an asthma attack in children

T Think ?

Any of these signs:

- Coughing
- Wheezing
- Hard to breathe
- Tight chest
- Cannot walk
- Cannot talk

Are they having an asthma attack?

Remember: stay with the child at all times

I Intervene +

- Keep calm
- Reassure child
- Sit them up and slightly forward
- Ask someone to get blue inhaler and spacer
- Administer inhaler (see blue box)
- Note time of using inhaler

M Medicine



- Use blue inhaler
- Shake inhaler
- Place in spacer
- Spray one puff
- Take five breaths
- Repeat the above up to 10 times if needed
- If no improvement, it is safe to repeat the above 10 more times

E Emergency 999



- If no improvement, or if you are worried or unsure, call 999
- If ambulance takes longer than 15 mins, repeat Medicine steps
- Note time of calling 999

Postcode

Has child taken their inhaler? 

When asthma strikes, it's **TIME** to act

These materials were developed by

