

Asthma Protocol

ISI Regulation	3: Welfare, Health and Safety of Pupils
Reviewed by	Ed Griffiths, Deputy Head Pastoral & Natalie Abraham, Lead Nurse
Date	September 2026
Date of Next Review	September 2027

Introduction:

This Asthma Protocol is designed to ensure the well-being and safety of pupils who have been diagnosed with asthma, or who have not been diagnosed with asthma but have a medically prescribed inhaler, within GDST schools. The policy is aligned with the guidance provided by Asthma UK to create a supportive environment for students with asthma.

Information from NHS.UK:

- Asthma is a common lung condition that causes occasional breathing difficulties.
- It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults.
- There's currently no cure, but there are simple treatments that can help keep the symptoms under control so it does not have a big impact on your life.
- Asthma attacks kill three people in the UK each day, but many of these deaths could be avoided.
- Every 10 seconds someone has a potentially life-threatening asthma attack.
- If you're on the right asthma treatment, your chance of having an attack is greatly reduced.

What to do in the event of an asthma attack:

- Asthma can sometimes get worse for a short time – this is known as an asthma attack. It can happen suddenly, or gradually over a few days.
- Signs of a severe asthma attack include:
 - wheezing, coughing and chest tightness becoming severe and constant
 - being too breathless to eat, speak or sleep
 - breathing faster
 - a fast heartbeat
 - drowsiness, confusion, exhaustion or dizziness
 - blue lips or fingers
 - fainting

1. Take 1 to 2 puffs of your reliever inhaler immediately. Use a spacer if you have one. If it is 2 puffs, these should be 1 at a time.
2. Sit down and try to take slow, steady breaths.
3. If you do not start to feel better, take 1 puff of your reliever inhaler every 1 minute. If you have a blue reliever inhaler, you can take up to 10 puffs. If you have an anti-inflammatory reliever (AIR) inhaler or a maintenance and reliever therapy (MART) inhaler, take 1 puff every 1 to 3 minutes. You can take up to 6 puffs.
4. If you do not feel better after taking your inhaler or if you're worried, phone 999.
5. If an ambulance does not arrive within 10 minutes and you're still feeling unwell, repeat step 3.

Awareness and Training:

- All staff members will receive annual training on asthma awareness from the school nurse, including recognizing symptoms and appropriate responses. This will be carried out on staff study days.
- Designated staff members, such as first aiders, teachers and trip leaders, will undergo more comprehensive training via the GDST Learn e-learning platform in managing asthma emergencies.

Individual Asthma Care Plans:

- An **Individual Health Care Plan (IHCP)** must be completed for each pupil with asthma outlining specific symptoms, medications, and emergency procedures. If a pupil has an IHCP from a specialist health care team this should always be used and followed by the school. Additional information may need to be added alongside the plan to ensure it is clear how the pupil should be cared for in the school environment.
- It is the parent's responsibility to share the Individual Health Care Plans with the school nurse who will share with relevant staff members including teachers, support staff and first aiders.
- IHCPs should be reviewed annually or when there are changes in the asthma management of the pupil. Parents are made aware of their need to update the nursing team with any changes to their child's asthma needs. The school nurses will email parents requesting an updated plan annually.
- IHCPs will be kept with the child's inhaler and uploaded on to their Sims medical record.

Inhaler Accessibility:

- All senior school pupils should have their own reliever inhaler & spacer with them at all times. Parents will be asked to supply the school with a second named Asthma Inhaler to be kept as an emergency spare. The spare reliever inhaler will be kept in the Medical Room with the completed IHCP in case of emergencies.

- Junior pupils should keep their reliever inhaler and spacer in their bag (KS2) or in a plastic storage box in their classroom (EYFS,KS1) which must stay close to them at all times. Parents will be asked to supply the school with a second named Asthma Inhaler & Spacer to be kept as an emergency spare. The spare inhaler will be in the pupil's classroom with the asthma care plan in case of emergencies.
- Each inhaler should be labelled with the name of the pupil it belongs to.
- Parents /guardians are responsible for checking the condition of inhalers, their expiry dates and providing new ones to their child and the school in good time. The school cannot accept responsibility for any loss or damage to pupil's inhalers.

Emergency Salbutamol Inhalers

- WHS keeps a supply of emergency salbutamol inhalers for use in an emergency by pupils who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Emergencies include a child not having their own inhaler or spare inhaler with them, or it is empty.
- Emergency inhalers should only be used by pupils who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication, and for whom both medical authorisation and written parental consent for use of the emergency inhaler has been given. Consent should be updated regularly, ideally annually, to take account of the changes in the child's condition. A template for parental consent is included as Appendix 2.
- The school's emergency salbutamol inhalers are readily available in areas where staff are always present;
 - Medical Room
 - Junior reception
 - Senior reception
 - Dining room
 - Sports Hall
 - Sixth form cafe
 - Nursery Road sports ground
- Parents will be informed if the emergency inhaler is used, and this should be documented
- See below for Dept of Health guidance on the use of emergency inhalers in schools.

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

Inhaler Use / Techniques

- It is recommended that a spacer is used whenever a person with asthma is administering their inhaler. Below are 2 videos demonstrating technique.
 - <https://www.asthmaandlung.org.uk/living-with/inhaler-videos/spacer-single-breath>



- <https://www.asthmaandlung.org.uk/living-with/inhaler-videos/spacer-tidal>

Supervision During Physical Activities:

- All staff members should be aware of all pupils with medical conditions, including asthma and their asthma management. Teachers must ensure that students have their reliever inhalers with them during physical education classes or outdoor activities.
- Some children may need to take precautionary measures before or during exercise and may need immediate access to their asthma inhalers.

Considerations for Art, DT and Science Teachers

- Fumes from science experiments can trigger asthma symptoms or attacks. Teachers should check pupils care plans for specific triggers. Fume cupboards should be used wherever possible to avoid this. When a fume cupboard is not available, an asthmatic pupil should be asked to sit near an open window, at a good distance from the experiment(s).
- In Biology lessons asthmatic pupils should be reminded not to sit near to animals, birds or pollen experiments.
- In Technology lessons asthmatic pupils should be reminded to be aware of sawdust and fumes from solder, plus the need to wear eye protection as necessary.

School Trips / Educational Visits

- Arrangements for pupils to use their reliever inhaler, either routinely or in emergency situations, will need to be taken into consideration when planning school trips / visits. Staff supervising school trips / educational visits should always be aware of any individual pupil's medical needs and relevant emergency procedures. This will be discussed in the compulsory medical trip reviews. A copy of Individual Health Care Plans should be taken on visits in the event of the information being needed in an emergency.
- Medication required on Junior School trips and visits should be given when appropriate. Junior School pupils with asthma inhalers must carry an inhaler & spacer with them (or this must be carried by a member of staff) and the trip leader must hold a second inhaler & spacer for use in an emergency.
- Senior School pupils are responsible for bringing emergency medicines with them on school visits, however **staff must check that pupils have this medication** with them before departing on the visit. The trip leader must carry a second asthma inhaler & spacer for pupils who require them.
- Competency of staff to administer emergency medicines should be taken into account when preparing risk assessments for educational visits and the appropriate training should be provided by the school nurse where necessary.

Emergency Response:

- Staff members attend training on what to do in the event of an asthma emergency and should have full and immediate access to the child's IHP. The following links to what to do if a child is experiencing an asthma attack.



- <https://www.asthmaandlung.org.uk/conditions/asthma/asthma-attacks>
- Emergency contacts for students with asthma, including parents/guardians and healthcare professionals is noted on the child's IHP

Asthma Register

- School Nurses maintain an 'Asthma Register' on SIMS which includes the name of all affected pupils, their medication and how it should be taken.

Allergen Control:

- GDST schools will strive to maintain an environment that minimizes exposure to known asthma triggers, such as allergens and irritants – [See allergy safety policy.](#)
- Any changes in the school environment that may affect students with asthma will be communicated promptly to parents/guardians.

Communication with Parents / Guardians:

- Regular communication will be maintained with parents / guardians of students with asthma to update medical information and address any concerns.
- Parents / guardians are expected to inform the school of any changes in their child's asthma management plan.
- IHPs should be reviewed annually and updated accordingly.

Review and Evaluation:

- This Asthma Protocol should be reviewed regularly to ensure its effectiveness and relevance.
- Feedback from parents, staff, and healthcare professionals should be considered in the ongoing improvement of the policy.

Further Information

- www.asthma.org.uk/
- www.asthmaandlung.org.uk/

Appendices

Asthma IHP template examples



Wimbledon High School
Mansel Road, London, SW19 4AB
wimbledonhigh.gdst.net

Senior School
T 020 8971 0900
E info@wim.gdst.net

Junior School
T 020 8971 0902
E info.juniors@wim.gdst.net

Head Ms Fionnuala Kennedy
T 020 8971 0920
E heads-pa@wim.gdst.net



My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.



Name: _____

1. My daily asthma medicines

- My preventer inhaler 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 I feel well.
- Other asthma medicines I take every day:

- My reliever inhaler is called _____ and its colour is _____.
I take _____ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

2. When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than _____

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

I also take _____ puff/s of my reliever inhaler (usually blue) every four hours.

If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?

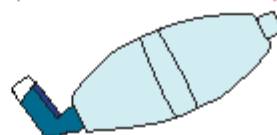


If YES

I take:

_____ puff/s of my reliever inhaler (usually blue) beforehand.

Remember to use my inhaler with a spacer (if I have one)





My Asthma Plan

3. When I have an asthma attack

I'm having an asthma attack if:

- My reliever inhaler (usually blue) isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than _____

My asthma triggers (things that make my asthma worse)

Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

When I have an asthma attack, I should:

Sit up – don't lie down. Try to be calm.

Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs.

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.



If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another _____ puff/s of my reliever inhaler (usually blue) every 30 to 60 seconds (up to 10 puffs).



I need to see my asthma nurse every six months

Date I got my asthma plan: _____

Date of my next asthma review: _____

Doctor/asthma nurse contact details: _____

You and your parents can get your questions answered:

Call Asthma UK's friendly Helpline

Monday to Friday 9am to 5pm

0300 222 5800

Get information at

www.asthma.org.uk

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

Make it easy for you and your family to find it when you need it

- 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 school, grandparents and babysitter (a printout or a photo).

My asthma triggers

Taking my asthma medicines every day means I'm less likely to react to these triggers. Avoiding them if I can may also help.

My triggers and what I do to manage them

For example: hay fever – I take antihistamines;
pollution – I avoid busy roads

My asthma review

I should have at least one routine asthma review every year. I will bring:

- My MART asthma action plan to see if it needs updating
- Any inhalers and spacers I have to check I'm using them correctly
- Any other medicines I take for my asthma
- My peak flow meter if I use one
- Any questions about my asthma.

Next asthma review date:

GP/nurse/healthcare professional contact details

Name:

Phone number:

Out-of-hours contact number (ask your GP surgery who to call when they are closed)

Name:

Phone number:

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Asthma and Lung UK, a charitable company limited by guarantee with company registration number 01602614, with registered charity number 2587750 in England and Wales, SC039415 in Scotland, and 1177 in the Isle of Man.

How to use this plan

- 1 Put it somewhere easy to find** like your fridge door, noticeboard, or bedside table.
- 2 Keep it on your mobile phone or tablet** so you can check it wherever you are.
- 3 Share it with family, friends, or anyone you live with** so they know how to help you if you're unwell.
- 4 Take it to every asthma appointment.** Ask your doctor, nurse, or healthcare professional to update your plan if their advice for you changes.

Get more advice + support from Asthma + Lung UK

Speak to a respiratory nurse specialist about managing your asthma: **0300 222 5800** (Mon-Fri, 9am-5pm)

Message our respiratory nurse specialists on WhatsApp: **07999 377 775**

Find out more on our website: **AsthmaAndLung.org.uk**

Join one of our online or in-person support groups: **AsthmaAndLung.org.uk/groups-support**

Follow us on Facebook, Twitter and Instagram for news and tips about your asthma.



Watch our inhaled videos to learn how to use your MART inhaler:
AsthmaAndLung.org.uk/inhaled-videos

Asthma questions?

Ask our respiratory nurse specialists
Call **0300 222 5800**. WhatsApp **07999 377 775**.
(Monday-Friday, 9am-5pm)



Your MART asthma action plan

Fill this in with your doctor, nurse or other healthcare professional.

Name and date: