



Small enough to care...big enough to inspire

Asthma Policy

Review Cycle: Annually

Next Review: September 2027

Headteacher: Debra Eaton

Asthma School Lead: Robert Brearley

1. Aims

Our school is committed to supporting pupils with asthma so that they can:

- be safe and well cared for in school;
- access their medication when needed;
- participate fully in school life, including PE, sport, trips and activities; and
- manage their asthma as independently as is appropriate for their age.

We recognise that asthma is a prevalent, serious but manageable condition and we welcome all students with asthma. This policy was drawn up in consultation with parents, students, School Nurses, Local Authority, School Governors, and health colleagues.

We ensure all staff are aware of their duty of care to students. We have a “whole school” approach to regular training, so staff are confident in carrying out their duty of care.

2. Asthma Register

The school maintains an up-to-date **Asthma Register** of pupils with diagnosed or suspected asthma.

Parents/carers are asked to inform the school if their child has asthma or if there are any changes to their child’s condition or medication.

The register is reviewed regularly and at least annually.

3. Asthma Action Plans

Where available, the school will keep a copy of each child’s **Personal Asthma Action Plan** or other relevant asthma information provided by parents/carers or a healthcare professional.

This information will be available to staff who may need to support the child.

Parents/carers should provide updated information whenever their child’s asthma or medication changes.

4. Inhalers and Medication

Pupils who use an inhaler should have their prescribed reliever inhaler available in school.

Inhalers must be:

- clearly labelled with the child’s name;
- in date and regularly checked;
- stored so that they are **readily accessible**; and

- available to the child wherever they are taking part in school activities, including PE, outdoor activities and trips.

Where appropriate, a spacer should also be provided.

Children will be encouraged to take responsibility for their inhaler as appropriate for their age and level of understanding. Younger pupils will be supported by staff.

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma and Lung UK).

5. Emergency Inhaler

The school keeps an emergency salbutamol inhaler and appropriate spacers for use in accordance with the school's arrangements and parental consent. We have two emergency inhalers and spacers which are kept in the Business Manager's office so they are easy to access.

The emergency inhaler will only be used in line with the school's emergency asthma procedure and relevant guidance ('The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015))

The emergency inhaler and spacers will be checked regularly to ensure they are available and in date. The school's asthma lead will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary. Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air

Any puffs should be documented so that it can be monitored when the inhaler is running out. The inhaler has 120 puffs, so when it gets to 100 puffs having been used we will replace it.

The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given.

The name(s) of these children will be clearly written on our Asthma register and listed in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

6. Common 'day to day' symptoms of asthma

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. We will also send home our own information and consent form for every child with asthma each school year. This needs to be returned immediately and kept with our asthma register.

However, we also recognise that some of 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

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per DOH document; they would not usually require the child to be sent home from school or to need urgent medical attention.

7. Asthma Attacks

All staff should know how to recognise the signs of an asthma attack and what action to take.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition guidance will be displayed in the staff room.

The DOH Guidance on 'The use of emergency salbutamol inhalers in schools' (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If a child is having an asthma attack, staff will follow the school's **Asthma Emergency Procedure** and the child's asthma action plan where available.

If the child's symptoms do not improve, or if staff are concerned about the severity of the attack, **999 will be called**.

Parents/carers will be informed following an asthma attack and the incident will be recorded.

7. PE, Sport and Activities

Pupils with asthma should be able to participate fully in PE, sport, play and other school activities.

Staff will be aware of pupils who may need their inhaler before or during exercise and will ensure inhalers are readily available.

Asthma should not normally prevent a pupil from taking part in physical activity.

8. School Trips and Visits

Pupils' inhalers and any relevant asthma medication will be taken on school trips (including residential) and visits.

Staff responsible for the activity will know which pupils have asthma and what support they may require.

9. Staff Awareness and Training

Relevant staff will receive appropriate asthma awareness training.

Staff should know:

- which pupils have asthma;
- where inhalers are kept;
- how to recognise an asthma attack;
- how to access the child's asthma information; and
- what to do in an emergency.

New staff will be made aware of the school's asthma arrangements.

10. Asthma-Friendly Environment

The school will take reasonable steps to reduce potential asthma triggers, including:

- dust and poor cleanliness;
- damp or mould;
- smoke and vaping;
- strong cleaning products; and
- poor air quality where this is relevant.

Individual pupil triggers will be considered where these are known.

11. Roles and Responsibilities

The Headteacher is responsible for ensuring that the school has appropriate arrangements in place for supporting pupils with asthma.

The Asthma Lead is responsible for maintaining the asthma register, supporting staff awareness and overseeing the school's asthma arrangements.

All staff have a responsibility to familiarise themselves with the school's asthma procedures and to respond appropriately if a pupil experiences asthma symptoms.

Parents/carers are responsible for providing the school with accurate and up-to-date information and appropriate medication for their child.

12. References

- www.asthma.org.uk/
- Department of Health (2015) Guidance on the use of emergency salbutamol inhaler in schools

13. Associated Legislation

- The Children and Families Act 2014
- The Education Act 2002
- Section 3 of the Children Act 1989
- Legal duties on local authorities
- Section 17 of the Children Act
- Section 10 of the Children Act 2004
- Section 3 of the NHS Act 2006
- Equality Act (2010)

13. Review

This policy will be reviewed **annually**, or sooner if there are significant changes to guidance, legislation or the school's arrangements.

Reviewed September 2026 by R.Brearley