





Heather Garth
Primary Academy
Stars Aiming High



Asthma Policy

Policy Review Details This review date is a guideline only and if circumstances or recommendations change then the policy will be reviewed and amended as appropriate.	
This policy will be reviewed by the Board of Governors on a 2 yearly basis	
Date of Issue: Autumn 2025	
	
Chair of Governors Signature	Headteacher Signature
Date of next review: Autumn 2027	

Name of School Asthma Lead: Mrs Maxine Taylor

NHS South Yorkshire Contact:

Dr Sonal Kansra, Clinical Lead for Children & Young People's Asthma across the NHS South Yorkshire Integrated Care Systems
and/or Specialist CYP Asthma Nurses at Place
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Aims

Asthma is the most common chronic childhood condition, affecting one in eleven children. On average, there are two pupils with asthma in every classroom in the UK and this results in over 25,000 emergency hospital admissions a year.

At Heather Garth Primary Academy, we recognise that asthma is a common, serious, but controllable condition, and we welcome all children with asthma to join us. We want our school community to be healthy and happy. By educating our staff around asthma and its treatment, we aim to enable pupils to medicate effectively in school and for asthma to have as little an impact as possible on their learning.

Objectives

We will ensure that all pupils who suffer from asthma:

- be linked with specified staff members who know them, their condition, their parents/guardians, and their medical care plan well;
- always have appropriate medicines stored in school (and held by a designated adult when on trips) at all times. Consent will be obtained from parents/guardians and added to the medical register.
- have full access to the curriculum including exercise and PE, educational visits, and residential trips, as far in advance as possible.

General Information

All pupils with asthma will be placed on an Asthma Register (appendix 1) and encouraged to take control of their own medical needs when, and as far as appropriate (according to their age and the severity of their condition).

The care and administration of medication to pupils with asthma will be incorporated in the planning and risk assessments around all school trips and visits.

Mrs Maxine Taylor is the named staff member in our schools who oversees the implementation of this policy.

Medical Support and Liaison

We follow a regionally endorsed Asthma Management Plan which sets out the response in the event of a pupil suffering from an asthma attack.

Exceptionally, for pupils where this plan is not appropriate, an individualised Medical Care Plan which incorporates guidance about what to do in the case of a medical emergency may be used. Our staff are trained to respond to asthma emergencies (see appendix 2) and will contact the emergency services and parents/guardians.

The school always keeps an emergency salbutamol inhaler and spacer.

The emergency kit will have two Salbutamol inhalers available at a minimum and spacers compatible with Salbutamol. The inhalers should be stored in their original packing.

If a pupil needs to be taken to hospital, a member of staff will always accompany them until a parent/guardian arrives.

If a pupil is frequently missing school lessons or activities, we (with consent from the parents/guardians) will link in with designated partners in health. This can be the School Nurse or the child's GP, Practice Nurse, or Hospital Specialist.

All Staff Responsibilities

All school staff will:

- Complete the appropriate level of training to effectively deal with children and young people's asthma.
- Read the schools' Asthma policy and be aware of which pupils have asthma, be familiar with the school's asthma management plan, and the content of the individualised asthma management plan of some pupils.
- Ensure that pupils have immediate access to their own medicines, which is stored in a safe place and labelled with their own name either in the Foundation Stage Unit for Foundation Stage Pupils or at Reception for Y1 to Y6 pupils.
- All inhaler use is recorded, with the date, number of puffs taken and signed by an adult.
- Support pupils to self-manage their asthma and report to the named school asthma lead if they need to use the rescue inhalers.
- Maintain effective communication with parents/guardians, including informing them if their child has been unwell at school.
- Inform parents, by school gateway or face to face, if pupils require their inhaler more than three times in a week.
- Ensure pupils have their medicines with them when they go on a school trip or external visit.
- Be aware of pupils with asthma who may require extra support.
- Ensure all children with asthma are included in activities they wish to participate in.

Physical Activity for Pupils with Asthma

- Pupils should be encouraged to warm-up and cool down appropriately before and after exercise, to use their inhalers as necessary, and to participate in all physical activities on offer.
- It is not recommended for children with asthma to routinely use salbutamol before exercise.

Environmental Impacts on Pupils with Asthma

- School and its grounds are a designated smoke free area.
- At our school, we will actively engage with local authorities' programmes to reduce air pollution around schools.
- Cleaning and maintenance will be carried out before or at the end of the school day.
- The indoor school environment will be kept free of common asthma triggers like dust mites, damp, and mould.
- We will remain aware of levels of air pollution in the area and be aware of mitigations that need to be put in for pupils with Asthma on high pollution days.

Monitoring and Review

Staff regularly check the dates and contents of each inhaler to ensure they are still safe to be used and inform parents/guardians if replacements are required.

Our staff will liaise with parents/guardians about the health of their children who suffer with asthma and any requirements while they are in school (medical appointments, spacers etc).

A pupil should not require a second salbutamol inhaler in an academic year; if the canister requires replacing, it should be replaced, yet this would indicate the pupil's asthma is poorly controlled and they need to see their GP Practice Nurses or Asthma Specialist.

Medical registers and health care plans will be amended and updated by the SENDCO and/or designated Asthma Lead.

Training around the management of asthma for all school staff will be facilitated each year by the Senior Leadership Team. At least 85% of staff will be trained to this level.

<https://www.e-lfh.org.uk/programmes/children-and-young-peoples-asthma/>

Appendix

Appendix 1 School Asthma Register

Appendix 2 School Asthma Plan

Appendix 3 Parent Asthma Letter

Example of Asthma Register

Pupil's Name & Year	DOB	GP	Consent	Exp Date	Location	In School	Dose	Sims	Checked
YEAR 3									
YEAR 4									
YEAR 5									
YEAR 6									

Primary School Asthma Action Plan

Do I have signs of

- Wheezing
- Shortness of breath
- Coughing • Or complaining that my chest hurts (I may express this as my tummy hurts)

Stay with me and call for help if necessary. Give me 2-4 puffs of my rescue (blue) inhaler with my spacer following the guidance in the green box

- Keep calm and reassure me
- Sit me up and slightly forward
- Shake my rescue (blue) inhaler before use, remove the cap and then place in my spacer
- I need to place the mouth piece of the spacer between my teeth and lips to make a seal. I need to spray one puff and then take 10 breaths.
- I will repeat the above steps for each puff of the rescue (blue) inhaler
- I may need help with these steps

If my rescue (blue) inhaler has had little or no effect:

- I have difficulty walking
- I am coughing and wheezing a lot more
- I am unable to talk or complete sentences
- I am breathing hard and fast
- I may go very quiet
- My nostrils may be flaring

Give me up to 10 puffs of the rescue (blue) inhaler with my spacer using the guidance in the green box. You do not have to give the full 10 puffs before you call 999 if you are worried.

THINK ANAPHYLAXIS, DO I HAVE AN ADRENALINE PEN? IF YES, REFER TO THE GUIDANCE IN YELLOW ALLERGIES BOX BELOW

Call 999 for an ambulance [School Postcode]

- If there is little or NO IMPROVEMENT Continue to give me 10 puffs of my rescue (blue) inhaler every 15 minutes until medical help arrives or my symptoms improve.
 - If I am EXHAUSTED
 - If I am going BLUE
 - You are WORRIED OR UNSURE
 - If I have COLLAPSED
- Call my Parent/carers**

ALLERGIES

- Do I have an adrenaline pen?
- If I'm not getting any better I could be having an anaphylactic reaction making it difficult for me to breathe
- **IF IN DOUBT FOLLOW MY ALLERGY MANAGEMENT PLAN AND *INJECT**
- Call an ambulance and state you suspect I am having an ANAPHYLACTIC REACTION

If my own inhaler/spacer or adrenaline pen is not available or expired, use the Schools emergency inhaler/spacer and adrenaline pen.

Adapted from London Healthy Lung partnership plan

School Asthma Action Plan

If a child stays in the Green zone and needs his rescue (Salbutamol) inhaler 3 or more times a week, contact parents/carers to arrange an asthma review in that week

For a child in the amber zone who improves with additional inhalers at school, parents/carers should be contacted and the child should have a medical review the same day

Repeat inhalers and adrenaline injectors should be ordered if the emergency school supply has been used

Acknowledgements

Adapted from East London NHS trust and London Healthy Lung partnership plan

Version 1.0: September 2022 Review: September 2023



Dear Parent / Guardian

We are currently reviewing our Asthma Policy. Please update the information regarding your child so we can ensure our school records are accurate.

Our updated asthma policy means we have an emergency salbutamol reliever inhaler on site. This is a precautionary measure. You will 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 own inhaler in an emergency, please fill in the details below.

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. For more information on reasons for and how to use a spacer, see Asthma UK:

www.asthma.org.uk

Please complete the information below and return to school

	Please tick
I confirm that my child has been diagnosed with asthma	
I confirm that my child has been prescribed an inhaler	
I have provided the school with a working, in date inhaler and spacer, which is clearly marked with their name.	

I DO NOT wish the school to use their inhaler in an emergency	
----------------------------------------------------------------------	--

Signed: _____ date: _____

Print name: _____

Child's name: _____ Year Group: _____