HALE CE PRIMARY SCHOOL

Asthma Management Policy

Supporting safe participation, prompt treatment and inclusive school life

Policy owner	Headteacher
Headteacher	Mrs Emma Fenton
Nominated asthma lead	To be confirmed at approval
Approval body	Governing Board
Approval date	September 2026
Review date	September 2027

Be the Light

Matthew 5 14 to 16

1 Purpose and scope

Hale CE Primary School is committed to ensuring that pupils with asthma are safe, included and able to participate fully in education, physical activity, visits, clubs and wider school life. Asthma can be serious and, in some circumstances, life-threatening. Prompt access to prescribed treatment and a clear emergency response are therefore essential.

This policy applies during the school day and to activities arranged by the school, including off-site visits, residentials, sports fixtures, breakfast provision and Lighthouse Explorers after-school club. It should be read alongside the school's Supporting Pupils with Medical Conditions Policy, First Aid Policy, Health and Safety Policy, Educational Visits Policy and relevant individual healthcare plans.

2 Aims

- Identify and support pupils with asthma consistently.
- Reduce avoidable exposure to known triggers where reasonably practicable.
- Make prescribed reliever inhalers readily accessible.
- Ensure staff can recognise and respond to asthma symptoms and attacks.
- Support attendance, independence and full participation.
- Maintain effective communication with pupils, parents, carers and health professionals.
- Record medication use, incidents, training and checks accurately.

3 Legal and guidance framework

This policy has regard to:

- Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements to support pupils with medical conditions.
- The Department for Education statutory guidance Supporting pupils at school with medical conditions.
- Department of Health guidance Guidance on the use of emergency salbutamol inhalers in schools.
- The Equality Act 2010, including the duty to make reasonable adjustments for disabled pupils.
- The Human Medicines Regulations 2012, as amended, which permit schools to obtain and use emergency salbutamol inhalers in specified circumstances.

The school will follow current statutory and clinical guidance. This policy does not replace advice in a pupil's individual asthma action plan or instructions from a qualified healthcare professional.

4 Roles and responsibilities

The Governing Board

- Ensure arrangements are in place to support pupils with asthma and that the policy is reviewed.
- Ensure sufficient resources, insurance and appropriate staff training.
- Monitor implementation while maintaining pupil confidentiality.

The Headteacher

- Implement this policy and appoint a nominated asthma lead.
- Ensure sufficient trained staff are available, including for visits and clubs.
- Ensure individual healthcare plans are developed where required.
- Ensure emergency medication is appropriately obtained, stored, checked and accessible.
- Review serious incidents and report to governors as appropriate.

The nominated asthma lead

- Maintain the asthma register and relevant consent records.
- Coordinate information and individual healthcare plans.
- Arrange and record staff training.

- Check the emergency inhaler kit and keep a replacement process in place.
- Monitor inhaler use, incidents and near misses with senior leaders.
- Liaise with families, staff and healthcare professionals.

All staff

- Know which pupils in their care have asthma and where medication is kept.
- Follow each pupil's plan and the emergency procedure.
- Support immediate access to medication and never send a pupil to collect an inhaler alone.
- Include pupils in activities and make agreed reasonable adjustments.
- Record and report medication use, symptoms, concerns and incidents promptly.

Parents and carers

- Tell the school about a diagnosis and any change in symptoms, treatment or medical advice.
- Provide a current asthma action plan or other written healthcare advice.
- Provide prescribed medication in the original labelled container and replace it before expiry.
- Give or withhold written consent for use of the school's emergency inhaler.
- Keep emergency contact details current.

Pupils

Pupils will be involved according to their age, maturity and needs. They will be encouraged to recognise symptoms, tell an adult promptly, use their inhaler correctly and contribute to their healthcare plan. A pupil will not be expected to manage asthma without support beyond what is appropriate for them.

5 Identifying pupils and sharing information

The school will maintain an up-to-date asthma register. Information may be gathered at admission, through annual medical updates, from parents or carers, and from healthcare professionals. The register will include the pupil's class, prescribed reliever, known triggers, access arrangements, level of independence, emergency consent and relevant contact details.

Information will be shared with staff who need it to keep the pupil safe, including supply, wraparound and visiting staff where relevant. Medical information will be handled confidentially and in line with the school's data-protection arrangements.

6 Asthma action plans and individual healthcare plans

Parents and carers should provide a current written asthma action plan from the pupil's doctor or asthma nurse wherever possible. An individual healthcare plan will be developed when the pupil's needs are complex, long-term, changing or otherwise require coordinated arrangements. The Headteacher will decide whether a plan is required in consultation with the family and relevant professionals.

Plans should record symptoms and triggers, daily and emergency medication, access and storage arrangements, the pupil's level of independence, adjustments, emergency action, contacts and arrangements for visits or activities. They will be reviewed at least annually and sooner after an attack, hospital attendance, significant change or updated medical advice.

7 Medication and access to inhalers

- A pupil's prescribed reliever inhaler and spacer must be readily available whenever the pupil is on site or taking part in a school activity.
- Medication will be stored safely but not locked away in a way that delays access. Staff supervising the pupil must know its location.
- Pupils who are competent to carry and use their own inhaler may do so following agreement with parents and the school. The school may also hold a spare prescribed inhaler where supplied.

- Inhalers must be clearly labelled with the pupil's name and dispensing instructions and should normally be in their original pharmacy packaging.
- A responsible adult will ensure inhalers accompany pupils to PE, outdoor learning, visits, clubs and emergency evacuations.
- Staff will follow the dose on the prescription label and the pupil's action plan. A pupil will not be prevented from using their reliever when they report symptoms.

Parents and carers are responsible for supplying in-date prescribed medication. The school will check medication at agreed intervals and contact families when replacement is needed.

8 The school emergency salbutamol inhaler

The school may hold an emergency salbutamol inhaler kit for use in line with national guidance. The kit will be stored securely in a known, readily accessible location away from general pupil access. It will include the inhaler, compatible single-use spacers or spacers cleaned and stored in accordance with guidance, instructions, a register of eligible pupils and a record of use.

The emergency inhaler may be used only for a pupil who:

- has been diagnosed with asthma and prescribed a reliever inhaler, or has been prescribed a reliever inhaler
- is recorded on the school's emergency-inhaler register with written parental consent
- is displaying asthma symptoms and whose own inhaler is unavailable, unusable, empty or out of date

If a child who is not on the register appears to be having an asthma attack, staff will call 999 and follow the call handler's instructions. After any emergency-inhaler use, staff will record the dose and time, inform parents or carers in writing and verbally as soon as practicable, and advise them to inform the child's healthcare professional.

9 Staff training

All staff will receive asthma awareness information at induction and periodic refreshers. Staff expected to administer or support medication will receive suitable instruction and practical training. Training will cover common symptoms and triggers, the individual pupil's plan, correct inhaler and spacer use, the emergency inhaler, emergency action, recording and safe arrangements on visits. Training records will be retained and updated when needs or guidance change.

10 Reducing triggers and supporting participation

The school will consider known individual triggers and take reasonable steps to reduce exposure. Triggers may include respiratory infections, exercise, cold air, pollen, dust, mould, smoke, aerosols, strong fragrances, animal allergens, stress and air pollution. Not all triggers can be removed; planning will focus on proportionate risk reduction and prompt treatment.

Pupils with asthma will be encouraged to participate fully in PE, play, Forest School and sport. Staff will ensure inhalers are immediately available, allow an appropriate warm-up and recovery, and follow any medically advised adjustment. A pupil will not be routinely excluded from activity because of asthma.

11 Visits, residentials and clubs

Asthma arrangements form part of risk assessment and planning for educational visits, residentials, fixtures and clubs. The activity leader will check the pupil's plan, confirm medication and spacer are in date and accessible, brief relevant adults, carry emergency contacts and ensure a trained adult is available. Medication must remain with the group and not be left on transport or in luggage that cannot be reached quickly.

12 Recognising an asthma attack

Possible signs include persistent coughing, wheezing, shortness of breath, chest tightness, difficulty speaking, unusual quietness, distress, exhaustion, or a pupil saying that their chest feels tight or that they need their inhaler. A child may show only some signs. Blue or grey lips, marked drowsiness, confusion, collapse or severe difficulty breathing indicate a medical emergency.

13 Emergency response

If a pupil is having an asthma attack, staff must act immediately:

1. Keep the pupil calm, reassure them and help them sit upright. Do not make them lie down.
2. Help them take one puff of their reliever inhaler through a spacer every 30 to 60 seconds, up to 10 puffs, unless their personal plan gives different instructions.
3. Call 999 immediately if the pupil's inhaler is not available, symptoms worsen, they are too breathless to speak, they become exhausted or distressed, or there is any doubt about their condition. Do not delay the emergency call until 10 puffs have been given when symptoms are severe.
4. If there is no improvement after 10 puffs, call 999 if this has not already been done. Continue to supervise the pupil and follow the call handler's instructions.
5. If an ambulance has not arrived after 10 minutes and symptoms persist, repeat up to 10 puffs, one puff every 30 to 60 seconds, while following emergency-service advice.
6. Contact the pupil's parents or carers. A member of staff will accompany the pupil to hospital if a parent or carer has not arrived.

A pupil who has had an asthma attack should not be left alone. Staff must record what happened, the time and number of puffs given, which inhaler was used, who was contacted and the outcome.

14 After an incident and monitoring

Medication use, asthma attacks, emergency calls, hospital attendance, near misses and significant concerns will be recorded in accordance with school procedures. Parents or carers will be informed. Following a significant incident, senior leaders will review the response, the pupil's healthcare information, staff training, medication access and any relevant risk assessment. Safeguarding or health and safety reporting routes will be followed where applicable.

Frequent reliever use, repeated symptoms, night-time symptoms reported by a family, or reduced participation may indicate poor control. The school will share concerns with parents or carers and advise them to seek clinical review; staff will not diagnose or alter prescribed treatment.

15 Inclusion, attendance and equality

Asthma will not be used as a reason to deny a pupil admission, education, participation or reasonable support. The school will make reasonable adjustments where required and will address asthma-related bullying or stigma. Absence associated with asthma will be monitored sensitively, with support planned in partnership with the family and relevant professionals.

16 Complaints

Concerns should normally be raised promptly with the Headteacher so that they can be addressed. Formal complaints will be handled under the school's Complaints Policy. A complaint about the Headteacher will follow the route set out in that policy.

17 Monitoring and review

The Headteacher will monitor implementation through checks of the asthma register, medication and emergency kits, training records, incidents and healthcare-plan reviews. The Governing Board will review this policy annually and sooner if statutory guidance changes, arrangements change or an incident identifies a need for revision.

Appendix A Emergency asthma procedure

Use this alongside the pupil's current asthma action plan. If the personal plan gives different instructions, follow it.

Step	Action	What to do
1	Sit upright and reassure	Keep the pupil calm. Do not leave them alone and do not make them lie down.
2	Give the reliever	One puff through a spacer every 30 to 60 seconds, up to 10 puffs, unless the personal plan says otherwise.
3	Call 999 when needed	Call immediately if the inhaler is unavailable, symptoms are severe or worsening, the pupil cannot speak comfortably, is exhausted, or you are worried. If there is no improvement after 10 puffs, call 999.
4	Continue support	Follow the call handler's instructions. If the ambulance has not arrived after 10 minutes and symptoms persist, repeat up to 10 puffs.
5	Contact and record	Contact parents or carers. Record the time, symptoms, inhaler used, number of puffs, staff involved and outcome.

Never send a pupil to collect their inhaler alone. Never delay calling 999 because you are waiting for a parent or carer.

Appendix B Record of inhaler use or asthma incident

Pupil name		Class	
Date		Time	
Location or activity		Staff member	

Symptoms observed or reason for use

Pupil's own inhaler or school emergency inhaler used

Number of puffs and times given

Action taken and outcome

Parent or carer informed including time and method

Follow-up required or completed

Completed by	Signature	Date

Appendix C Emergency inhaler kit check

Complete at least monthly and after every use. Replace items promptly. Follow the manufacturer's instructions for storage, cleaning and expiry.

Check	Yes or no	Action needed or completed
Salbutamol inhaler present and in date		
Dose counter or remaining contents checked where possible		
Compatible spacers present, clean and ready for use		
Instructions and emergency procedure present		
Eligible-pupil register and consent records current		
Use record forms available		
Kit stored in agreed accessible location		

Date	Checked by	Signature	Next check due

Appendix D Parental consent for the school emergency inhaler

The emergency salbutamol inhaler is a backup for an eligible pupil whose own prescribed reliever inhaler is unavailable, unusable, empty or out of date. It does not replace the pupil's own medication.

Pupil name	
Class	
Prescribed reliever inhaler and dose	
Known triggers or important information	

Consent

I confirm that the pupil named above has been diagnosed with asthma and prescribed a reliever inhaler, or has been prescribed a reliever inhaler. I consent to the school's emergency salbutamol inhaler being used in accordance with this policy if the pupil displays asthma symptoms and their own inhaler is unavailable or unusable.

Parent or carer name	
Signature	
Date	
Emergency contact number	