



# Asthma Policy

Approved: December 2025

Next Review Date: Spring 2029

## Introduction

Asthma is the most common long-term medical condition in children. It is an inflammatory condition that affects the airways. It cannot be cured, but with appropriate management, quality of life can be improved.

Having asthma has implications for a child's schooling and learning. It impacts on care given within schools and early years settings. Appropriate asthma care is necessary for the child's immediate safety, long-term well-being and optimal academic performance. Whilst some older children may be fully independent with their condition, younger children, children with learning difficulties or those newly diagnosed are likely to need support and assistance from school staff during the school day, to help them to manage their asthma in the absence of their parents.

The Children, Schools and Families Act and the Children and Families Act 2014 introduced a legal duty on schools to look after children with medical conditions. This is inclusive of children with asthma and it is therefore essential that all school staff and those who support younger children have an awareness of this medical condition and the needs of pupils with this condition.

This policy sets out how a school can support students with asthma. Our schools work closely with pupils, parents and health colleagues to ensure they have robust procedures in place for the administration, management and storage of asthma inhalers at school. Parents/guardians are kept informed if their child has had medication during the school day.

Parents are required to ensure the school is aware of their child's needs. Parents should assist in the completion of their child's school asthma plan and also provide the school with one named inhaler and spacer in the original packaging detailing the prescription.

Inhalers and spacers should be kept in the classroom and easily accessible at all times and for all activities.

The Head of School/ Deputy Head should ensure that the school has at least one specified Asthma Champion who will check the expiry dates of medications every half term and advise parents if new medication is required. It is the responsibility of parents/guardians to ensure all medication is in date as advised by the school Asthma Champion and that the school is kept informed of any changes to children's medication/ care needs throughout their time at school.

School staff are not obliged to administer medication however some will be happy to do so. School staff are insured to administer medication under the school's public liability insurance policy.

Pupils with asthma should be fully integrated into school life and able to participate fully in all activities including physical education (PE).

## Record Keeping

It is the responsibility of parents/guardians to inform school on admission of their child's medical condition and needs. It is also important that the school is informed by parents of any changes. The school will keep an accurate record of each occasion a pupil is given or supervised taking their inhaler. If recording takes place in more than one location i.e. classroom and office - the record is amalgamated to clearly reflect frequency of use. Ideally there should be one record (Appendix 1).

The Schools keeps an asthma register (Appendix 2) so that staff can identify and safeguard students with asthma; this is held in the classroom and school office.

Pupils with asthma will have a school asthma plan This is written jointly between health, education and parent/student. An alternative to an individual school asthma plan is for a school-wide emergency asthma plan (example Appendices 3 & 4).

Any child or young person with complex asthma should have an individual asthma plan. In the event a student's inhaler and spare inhaler are unavailable/ not working the school will use the schools' emergency inhaler (if the parent/guardian has consented - Appendix 5) and inform the parent as soon as possible (Appendix 6).

Consent to use emergency inhalers should be recorded on the asthma register and the pupil's Individual Health Care Plan (IHCP).

## Parents' Responsibilities

Parents are required to:

- Inform the school if their child has asthma.
- Ensure their child has an up-to-date written self-management plan from their doctor or specialist healthcare professional and that they share this with the school or a completed asthma plan provided by the school (Appendices 3 & 4). There will be some children and young people who will need their own individualised plan, relating to specific medication
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines the child requires while taking part in visits, outings, field trips and other out-of-school activities such as school sports events.
- Inform the school of any changes to their child's condition.
- Ensure their medicines and medical devices are labelled with their full name and date of birth, in the original pharmacy packaging.
- Ensure that their child's medicines are within their expiry dates once advised by the school Asthma Champion.
- Ensure their child has regular reviews (at least annually and after each exacerbation) with their doctor or specialist healthcare professional.
- Ensure in-date medicines come into school on the first day of the new academic year. Spacers need to be replaced annually if used regularly.

## **School Management and teachers' responsibilities**

- X** To ensure 'that the school's asthma policy is read and understood by all members of staff
- including teachers, teaching assistants and support staff.
  - To ensure that the school asthma policy is shared and available to parents
  - Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
  - Know which students have asthma and be familiar with the content of their individual health plan.
  - Allow all students to have immediate access to their emergency medicines.
  - Inform parents if a child uses their inhaler after an exacerbation or in the playground. Encourage parents to seek a clinical review if a child regularly uses their inhaler at school.
  - Maintain effective communication with parents including informing them if their child has been unwell at school.
  - Be aware that asthma can affect a student's learning and provide extra help when needed.
  - Be aware of children with asthma who may need extra social support.
  - Liaise with parents, the student's healthcare professionals, special educational needs co-coordinator and welfare officers if a child is falling behind with their work because of their condition.
  - Use opportunities such as Personal Social Health & Economic (PSHE) education to raise pupil awareness about asthma
  - Understand asthma and the impact it can have on students (students should not be forced to take part in an activity if they feel unwell). If school identify a pattern or are concerned about an individual student, they will inform their parent/guardian and seek medical advice.
  - Ensure students with asthma are not excluded from activities in which they wish to take part.
  - School management review the asthma policy annually and conduct an annual review of the safe management of asthma in the school.

## **School Asthma Champions' responsibilities**

The school Asthma Champions are delegated responsibility by the head teacher and school governors to ensure:

- Schools have an adequate supply of emergency kits and know how to obtain these from their local pharmacy.
- Procedures are followed.
- Register is up-to date and accessible to all staff.
- All children on the register have consent status recorded, an inhaler, a spacer and a care plan.

- If a pattern of regular use is emerging at school for example, if a child was using their rescue inhaler three times a week, parents should be informed.
- Expiry dates are checked at least every half term and impending expiry dates are communicated to parent/guardian.
- Replacement inhalers are obtained before the expiry date.
- Empty/out of date inhalers are sent home to parents.
- Their own training is up-to-date.
- The school's policy in practice is audited annually.
- Emergency kits are checked regularly and contents replenished immediately after use.
- Asthma Champions are trained and confident to support in an emergency situation.

### **All staff responsibilities**

- Attend asthma training yearly.
- Know what the procedures are and which students have asthma, be familiar with their care plans.
- Communicate parental concerns and updates to the Asthma Champions. Inform the Asthma Champion if a school emergency inhaler has been used.
- Record inhaler usage as per their school system for recording. If recording takes place in more than one location i.e. classroom and office - the record is amalgamated to clearly reflect frequency of use. Ideally there should be one record. Record the usage in the main asthma register located in the staff room if the school's emergency inhaler has been used.
- Ensure all students with asthma have easy access to their reliever inhaler and spacer.
- Ensure students know where their inhalers are stored, although access is via an adult.
- Ensure all staff attending off site visits are aware of any students on the visit with asthma and have brought their medication. They should be trained what to do in an emergency.

### **Safe storage**

#### General

- All inhalers are supplied and stored, wherever possible, in their original containers. All medication needs to be labelled with the student's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medicines are stored in accordance with instructions at room temperature.
- All inhalers and spacers are sent home with students at the end of the school year. Medications are not stored in school over the summer holidays.

#### Emergency medicine

- Emergency medications are readily available to students who require them at all times during the school day whether they are on or off site.

## Safe Disposal

- Scholl staff will hand out of date medication back to parents/carers for safe disposal.
- An Asthma Champion is responsible for checking the dates of medication and arranging for the dispersal of those that have expired.

## Physical Education/activities

The school management and governors need to ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to students with asthma.

Staff will be sensitive to students who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents should be made aware so medical help may be sought.

This includes out of school visits, which schools ensure are accessible to all students.

Children and young people with asthma will have equal access to extended school activities, school productions, after school clubs and residential visits.

Staff will have training and be aware of the potential social problems that students with asthma may experience. This enables the school to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.

Staff to raise awareness of asthma amongst students and to help create a positive social environment and eliminate stigma. School staff understand that pupils with asthma should not be forced to take part in an activity if they feel unwell.

Staff are trained to recognise potential triggers for asthma when exercising and are aware of ways to minimise exposure to these triggers.

Staff should make sure students have their inhalers with them during PE and take them when needed as stated in their plan; before, during or after PE.

Risk assessments will be carried out for any out of school visits. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency. Schools should recognise there may be additional medication, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.

In an emergency situation all members of school staff are required under common law duty of care, to act like any reasonable parent. This may include administering medication. The school management should ensure that there are asthma emergency procedure posters on display in prominent places e.g., the staff room, the school office, reception and school hall.

## **School Environment**

The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack. Smoking is explicitly prohibited on the school site. There are other asthma triggers, for example house dust mites, viruses, damp, mould and air pollution. Idling in cars, which means keeping the engine running when the car is stationary when waiting to drop off or pick-up children from school, increases the amount of toxic pollutants in the air which can trigger asthma symptoms. Exposure to these triggers should be limited wherever possible.

Chemicals in science, cookery and art have the potential to trigger an asthma response and teachers and support staff should be aware of any students who may be at risk from these activities. Students who are known to have specific triggers will not be excluded from any activities and alternative options will be sought if required. Cleaning and grass cutting should, where possible, be carried out at the end of the school day.

## **Students who miss school due to asthma**

The school management monitors students' absence. For example, if a student is having a lot of time off school due to their asthma, or the student is identified as being constantly tired in school, staff will make contact with the parent to work out how they can be supported.

There is no reason for a child to miss out on education due to asthma. Poor asthma control should not be accepted as a reason for missing school or being late, and as such local policy around missing school and referral to educational welfare teams should not be delayed for this reason, however, it must also trigger referral to the school nursing team and the safeguarding lead at the school.

## **Asthma attacks**

Staff should be trained to recognise an asthma attack and know how to respond. It is good practice to clearly display the procedure to be followed on posters in the staff room and office as a reminder. Please see Appendix 7 for a sample poster and Appendix 8 for example emergency kit.

If a child has an asthma attack in school a member of staff will remain with them throughout and administer their inhaler in accordance with the emergency procedure. No student should ever be sent to get their inhaler in this situation; the inhaler must be brought to the student. Emergency services and parents will be informed.

This policy will be reviewed annually or more frequently as required.





# Appendix 3-Asthma Plan - provided by Asthma UK - page 1

## My asthma triggers

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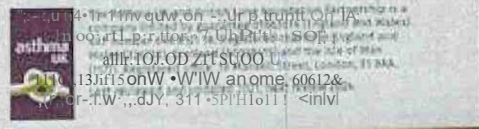
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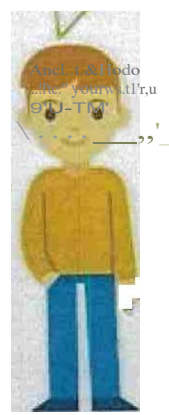
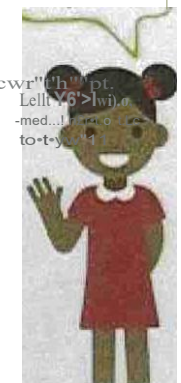
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# I My asthma plan



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## My asthma plan

1 My usual inhaler is...

• I use my usual inhaler every day...

• I use my inhaler...

• I use my inhaler...

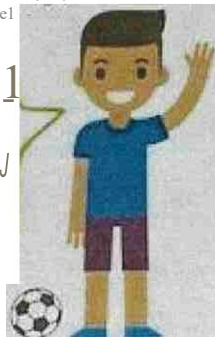
• I use my inhaler...

• I use my inhaler...

• I use my inhaler...

• I use my inhaler...

**Gf** I use my inhaler...  
when I do sport or activity, I use my inhaler...  
I use my inhaler...



2 My inhaler is...

• I use my inhaler...

• I use my inhaler...

• I use my inhaler...

If my inhaler is out of use...

• I use my inhaler...

• I use my inhaler...

• I use my inhaler...

• I use my inhaler...

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• I use my inhaler...

• I use my inhaler...

I use my inhaler...

3 My inhaler is...

• I use my inhaler...

• I use my inhaler...

• I use my inhaler...

• I use my inhaler...

If my inhaler is out of use...

• I use my inhaler...

• I use my inhaler...

• I use my inhaler...

• I use my inhaler...

• I use my inhaler...

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# Appendix 5 - Use of Emergency Salbutamol Inhaler

## 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 is held at school

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:

# Appendix 6- Specimen parent letter - to inform parents of emergency salbutamol inhaler use

## Hardwick Primary School

Child's name: .....

Class: .....

Date: \_\_\_\_\_

Dear

This letter is to formally notify you that \_\_\_\_\_ has had problems with their breathing today.

This happened when \_\_\_\_\_

They did not have their own asthma inhaler in school/it was not possible to use their own inhaler, so a member of staff helped them to use the school emergency asthma inhaler containing salbutamol. They were given \_\_\_\_\_ puffs.

Although they soon felt better, we would strongly advise that your child is seen by their own doctor or asthma nurse as soon as possible.

Please can you ensure your child brings in a working in-date inhaler and spacer for their use in school: both should be clearly labelled with your child's name and date of birth.

Yours sincerely,

# Appendix 7 - Asthma Plan Poster



Do I have signs of: ,.....

- \*Wheezing\* Shortness of bre
- \*Coughing\* Or saying that my chest hurts {I may express this by saying my tummy hurts}

Stay with me and call for help if necessary. Give me 2-5 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 I feel better but this has happened 3 or more times in the space of week I may need to make doctor's appointment for a review



If my rescue (blue) inhaler has 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 may go very quiet
- \* I am breathing hard and fast
- \* 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 THE YELLOW ALLERGIES BOX BELOW

**CALL 999**

Call 999 for an ambulance if:

- \* There is little or no improvement
- \* You are worried or unsure
- \* If I have collapsed
- \* If I am exhausted
- \* If I am going blue

If I'm feeling better (my symptoms have resolved) inform my parent/carer, advise them that I need to see my GP

School Postcode - ~~IP30 0UA~~ IP33 2AV

Call my parent/carer. Continue to give me 10 puffs of my rescue (blue) inhaler every 15 minutes until medical help arrives or my symptoms improve.



## ALLERGIES

- \* Do I have an adrenaline pen?
- \* If I'm not getting any better, I could be having an anaphylactic reaction causing inflammation in my lungs
- \* 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 is not available or expired, use the school's emergency inhaler/spacer.

## Appendix 8 - Checklist: Emergency Kit

<b>An emergency asthma inhaler kit should include:</b>	<b>Yes</b>	<b>No</b>	<b>Checked by/date</b>
Two salbutamol metered dose inhalers			
At least two single-use plastic or disposable spacers compatible with the inhaler; Once used the plastic spacer should be sent home with the child who has used it. It cannot be used for another child			
Instructions on using the inhaler and spacer/plastic chamber			
Advice that the salbutamol inhaler and spacer are single patient use only because of the risk of COVID. Instructions on storing the unused inhaler and unused spacer. Instructions for disposing of the used inhaler.			
Manufacturer's information			
A checklist of inhalers, identified by their batch number and expiry date, with half termly checks recorded			
A note of the arrangements for replacing the inhaler and spacers			
A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans (asthma register with consent recorded)			
A record of administration (i.e. when the inhaler has been used).			
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Asthma Champions' details 1.  2.			