Asthma Policy

Date policy created: September 2026

Date of last review:

Date of next review: September 2027

Created by: Mrs B Readey

1. Introduction

Ashton Primary School is committed to ensuring that pupils with asthma are able to participate fully and safely in all aspects of school life.

Asthma is a common long-term condition affecting the airways. Symptoms and triggers vary between individuals and, in some circumstances, an asthma attack can become a medical emergency.

With appropriate treatment, planning and support, pupils with asthma should be able to participate fully in education, physical activity, educational visits and the wider life of the school.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy and First Aid Policy.

2. Aims

Ashton Primary School aims to:

- ensure pupils with asthma are safe and appropriately supported;
- ensure pupils have prompt access to their prescribed reliever medication;
- ensure staff understand how to recognise and respond to asthma symptoms and attacks;
- maintain accurate information about pupils with asthma;
- work in partnership with parents, carers and healthcare professionals;
- minimise avoidable asthma triggers where reasonably practicable;
- enable pupils with asthma to participate fully in school life;
- provide appropriate support during PE, educational visits and activities away from school;
- maintain an emergency salbutamol inhaler for use in accordance with relevant requirements; and
- ensure appropriate records are maintained.

3. Legal and National Guidance

This policy has regard to:

- Section 100 of the Children and Families Act 2014;
- DfE statutory guidance, *Supporting pupils at school with medical conditions*;
- relevant medicines legislation;

- DfE guidance concerning emergency asthma inhalers in schools; and
- current clinical and educational guidance relating to asthma.

The Governing Body has a statutory duty to make arrangements to support pupils at school with medical conditions.

4. Asthma Register

The school will maintain an up-to-date Asthma Register identifying pupils known to have asthma or who have been prescribed reliever medication for asthma symptoms.

The register will be accessible to relevant members of staff and handled in accordance with the school's data-protection arrangements.

Parents and carers are responsible for informing the school if:

- their child is diagnosed with asthma;
- their child is prescribed a reliever inhaler;
- their child's medication changes;
- their child's asthma action plan changes;
- their child's asthma becomes better or worse; or
- their child no longer requires asthma medication.

The Asthma Register will be reviewed regularly and updated whenever the school receives relevant new information.

5. Individual Asthma Action Plans

The school strongly encourages every pupil with asthma to have an up-to-date personalised asthma action plan provided by an appropriate healthcare professional.

The plan may include:

- the pupil's usual asthma symptoms;
- known triggers;
- medication;
- the type of reliever inhaler prescribed;
- dosage and administration instructions;
- whether a spacer is required;
- what should happen when symptoms occur;

- what constitutes an emergency for that pupil; and
- any other relevant medical information.

Parents and carers should provide the school with an up-to-date copy of their child's asthma action plan.

Relevant staff will be made aware of the arrangements for pupils in their care.

6. Individual Healthcare Plans

Not every pupil with asthma will necessarily require a separate Individual Healthcare Plan (IHP).

The need for an IHP will be considered according to the nature and severity of the pupil's asthma and the level of support required within school.

Where an IHP is required, it will be developed in consultation with parents/carers, relevant school staff, healthcare professionals where appropriate and the pupil themselves where appropriate.

7. Reliever Inhalers

Pupils with asthma must have **quick and reliable access to their prescribed reliever medication** throughout the school day.

The school recognises that asthma treatment varies between individuals. A pupil may have a traditional short-acting reliever inhaler or another inhaler prescribed for use as a reliever.

Staff must therefore follow the pupil's prescribed treatment and individual asthma action plan rather than assuming that all pupils with asthma use the same type of inhaler or treatment regime.

8. Inhalers and Spacers in School

Parents and carers are responsible for providing the school with their child's prescribed reliever inhaler and, where required, an appropriate spacer.

Medication provided to school should be:

- in date;
- clearly labelled;
- prescribed for the individual pupil;
- accompanied by appropriate instructions; and
- supplied in accordance with the school's procedures for medicines.

Parents and carers are responsible for replacing medication before it expires or when it becomes empty.

The school will also have arrangements for monitoring medication held on the premises so that expired or empty inhalers can be identified.

Each classroom inhaler box contains an inhaler administration log. Whenever a pupil uses their inhaler during the school day, the member of staff supervising or supporting the pupil must record the administration on this log. The record must include the date, time, pupil's name and number of puffs administered, together with the initials or signature of the member of staff as appropriate.

This applies whenever a pupil uses their inhaler because they are experiencing asthma symptoms or where medication is administered in accordance with their individual asthma plan.

9. Storage and Accessibility

Each class has a designated inhaler box in which pupils' prescribed inhalers and spacers are stored. The box is kept in an identified and readily accessible location within the classroom.

Relevant staff must know where the inhaler box is located and ensure that pupils can access their medication promptly when required.

The inhaler box must accompany the class whenever pupils undertake PE, whether the lesson takes place indoors or outdoors. The box should remain readily accessible to the member of staff supervising the activity and must not be left in the classroom while the class is undertaking PE elsewhere.

Appropriate arrangements must also ensure that inhalers remain accessible during other activities away from the classroom.

A pupil experiencing asthma symptoms must not be sent alone to retrieve their inhaler. An adult should obtain the inhaler or remain with and support the pupil as appropriate.

10. Self-Management

As pupils develop sufficient maturity and understanding, they should be encouraged to become increasingly involved in managing their asthma.

Whether a pupil carries or administers their own inhaler will be considered according to:

- age;
- maturity;
- understanding;
- ability to recognise symptoms;

- healthcare advice;
- information from parents/carers; and
- the individual needs of the pupil.

Within a primary-school setting, younger pupils are likely to require greater adult support.

Even where a pupil can use their inhaler independently, staff remain responsible for responding appropriately if the pupil becomes unwell.

11. Recognising Asthma Symptoms

Asthma symptoms vary between individuals.

Possible symptoms include:

- coughing;
- wheezing;
- shortness of breath;
- chest tightness;
- difficulty speaking normally;
- unusual tiredness;
- becoming distressed or anxious;
- difficulty participating in physical activity; or
- the pupil reporting that their breathing or asthma feels worse.

Staff should always take a pupil seriously if they report difficulty breathing or say that they are experiencing asthma symptoms.

12. Asthma Triggers

Asthma triggers vary between individuals and may include:

- physical activity;
- colds and respiratory infections;
- pollen;
- dust and dust mites;
- mould;
- air pollution;
- smoke and vaping;

- animals;
- strong smells or fumes;
- changes in temperature;
- stress;
- excitement; and
- allergies.

The school will take reasonable steps to minimise exposure to known triggers where these have been identified for an individual pupil.

The existence of a potential trigger should not ordinarily result in the unnecessary exclusion of a pupil from activities. Appropriate adjustments should instead be considered wherever possible.

13. Physical Education and Exercise

Pupils with asthma should be encouraged to participate fully in PE, sport, play and physical activity unless individual medical advice indicates otherwise.

Staff supervising physical activity must be aware of pupils known to have asthma. The class inhaler box must be taken to every PE lesson, whether PE takes place inside or outside, so that pupils' prescribed inhalers and spacers are immediately accessible. Where a pupil is required to use their inhaler before exercise in accordance with their prescribed treatment, they should be supported to do so.

If asthma symptoms develop during physical activity, the pupil should:

1. stop the activity;
2. be supported and supervised by an adult;
3. access their reliever medication;
4. follow their individual asthma action plan; and
5. only return to physical activity when they have recovered sufficiently.

Parents/carers should be informed where staff have concerns about asthma symptoms associated with exercise.

14. Educational Visits and Activities Away from School

Asthma should not prevent a pupil from participating in educational visits, residential visits or other activities away from school.

Pupils' prescribed inhalers and spacers must be taken on all school trips and educational visits. Before leaving school, the member of staff responsible for the visit must ensure that the necessary asthma medication has been taken and is readily accessible throughout the visit.

Appropriate planning must ensure that:

- all required inhalers and spacers are taken;
- relevant staff know which pupils have asthma;
- medication remains readily accessible throughout the visit;
- relevant medical information is available;
- staff understand what to do if a pupil experiences asthma symptoms or an asthma attack;
- emergency arrangements are understood; and
- known triggers are considered within planning and risk assessment.

Medication must remain with the pupil's group and under the supervision of an appropriate adult. It must not be left on a coach, minibus or in any other location where it would not be immediately accessible.

The inhaler administration log must also accompany the inhalers on school trips and educational visits. Any use of an inhaler while off site must be recorded, including the time of administration and number of puffs given, in the same way as it would be in school.

15. School Emergency Salbutamol Inhaler

Ashton Primary School will maintain an **emergency salbutamol inhaler** for use in accordance with relevant legislation and national guidance.

The emergency inhaler provides a backup where an eligible pupil's own prescribed reliever inhaler:

- is unavailable;
- is broken;
- is empty; or
- cannot otherwise be used.

The emergency inhaler is not intended to replace a pupil's own prescribed medication routinely.

16. Eligibility to Use the Emergency Inhaler

The school's emergency salbutamol inhaler may only be administered to a pupil where its use is permitted under the applicable requirements.

The school will maintain appropriate records identifying pupils who are eligible to receive the emergency inhaler and for whom the necessary parental/carer consent has been obtained.

Staff must check the school's records before administering the emergency inhaler except where emergency medical advice directs otherwise.

17. Management of the Emergency Inhaler

The emergency salbutamol inhaler will be kept in a clearly identified and readily accessible location known to relevant staff.

The school will ensure that:

- the inhaler is available;
- it remains in date;
- it is stored appropriately;
- suitable spacers are available;
- relevant staff know where it is located;
- eligibility information is kept up to date; and
- replacement supplies are obtained when required.

A designated member of staff will have responsibility for checking the school's emergency asthma equipment regularly.

18. Use of the Emergency Inhaler

Whenever the school's emergency inhaler is administered:

- appropriate staff will supervise and support the pupil;
- administration will be recorded;
- parents/carers will be informed; and
- appropriate follow-up action will be taken.

Where its use forms part of a significant asthma incident, the school will review the circumstances and consider whether the pupil's existing asthma arrangements require further discussion with parents/carers.

19. Responding to Asthma Symptoms or an Asthma Attack

Staff must respond promptly whenever they believe a pupil is experiencing significant asthma symptoms or an asthma attack.

A pupil experiencing an asthma attack must never be left alone.

Staff should:

1. remain calm and reassure the pupil;
2. sit the pupil upright in a comfortable position;
3. ensure the pupil is supervised;
4. obtain the pupil's prescribed reliever medication immediately;
5. use a spacer where appropriate;
6. follow the pupil's individual asthma action plan and prescribed instructions;
7. monitor the pupil carefully; and
8. seek emergency medical assistance where required.

Staff must follow the pupil's individual prescribed treatment because the appropriate response may vary depending upon the medication they have been prescribed.

20. When to Call 999

Staff must call **999 immediately** where a pupil is experiencing a severe asthma attack or there is significant concern about their breathing.

This includes where:

- symptoms are severe or rapidly worsening;
- the pupil is struggling to breathe;
- the pupil is too breathless to speak normally;
- their reliever medication is not helping;
- the pupil becomes exhausted;
- there is concern about their colour or responsiveness;
- their individual asthma plan indicates that emergency assistance is required; or
- staff are otherwise seriously concerned.

Where there is uncertainty about the severity of a breathing emergency, staff should seek emergency medical assistance.

The pupil must remain supervised while awaiting the ambulance.

Parents/carers should be contacted as soon as possible, but contacting parents must never delay a 999 call.

21. Following an Asthma Incident

Following significant asthma symptoms or an asthma attack:

- the pupil's parent/carer will be informed;
- medication administered will be recorded appropriately;
- use of the school's emergency inhaler will be recorded where applicable;
- relevant information will be passed to parents/carers;
- existing arrangements will be reviewed where appropriate; and
- parents/carers may be advised to seek appropriate medical advice.

Repeated use of reliever medication or increasing symptoms should be brought to the attention of parents/carers.

22. Recording Inhaler Use and Informing Parents and Carers

All use of a pupil's inhaler during the school day must be recorded on the inhaler administration log kept within the class inhaler box. Staff must record the date and time of administration, the number of puffs given and any other relevant information required by the school's recording arrangements.

Parents and carers should be informed when their child experiences notable asthma symptoms or requires their reliever inhaler because of symptoms during the school day.

This is particularly important where:

- inhaler use is more frequent than usual;
- symptoms are significant;
- the pupil has difficulty returning to normal activity;
- the emergency inhaler has been used;
- there has been an asthma attack; or
- staff have concerns about the pupil's asthma.

23. School Attendance

The school recognises that asthma may occasionally affect a pupil's attendance, particularly following an asthma attack, respiratory illness or medical appointment.

Asthma-related absence will be managed sensitively and in accordance with the school's Attendance Policy.

Where asthma appears to be having a significant or recurring impact upon attendance, participation or education, the school will work with parents/carers and appropriate professionals to identify whether additional support is required.

24. Equality and Inclusion

Pupils with asthma should not be unnecessarily excluded from any aspect of school life because of their condition.

Reasonable adjustments will be made where appropriate to enable pupils to participate safely in:

- the curriculum;
- PE and sport;
- playtimes;
- clubs;
- performances;
- outdoor learning;
- educational visits;
- residential visits where applicable; and
- other enrichment activities.

25. Parents' and Carers' Responsibilities

Parents and carers are responsible for:

- informing the school that their child has asthma;
- providing accurate and current medical information;
- providing an up-to-date asthma action plan where available;
- providing the child's prescribed inhaler;
- providing a spacer where required;
- ensuring medication supplied to school is in date;
- replacing empty, damaged or expired medication;
- informing the school of changes to treatment;

- providing relevant consent;
- informing school if their child's asthma has recently worsened; and
- informing school of any significant asthma attack or relevant medical advice that may affect the child's care in school.

26. Pupils' Responsibilities

Pupils will be encouraged, according to their age and understanding, to:

- develop an understanding of their asthma;
- recognise their own symptoms and triggers;
- tell an adult immediately when they experience symptoms;
- know where their inhaler is kept;
- use their medication appropriately; and
- increasingly participate in managing their own condition.

Pupils should be reassured that they should always tell an adult if they are struggling to breathe or believe they need their medication.

No child should feel that they are causing inconvenience by requesting their inhaler.

27. Staff Responsibilities

All staff should:

- understand that asthma can be a serious medical condition;
- know how to summon emergency assistance;
- recognise common signs of an asthma attack;
- know the school's emergency response;
- ensure pupils can access their medication promptly;
- never send a pupil experiencing symptoms to retrieve their inhaler alone;
- follow pupils' individual medical arrangements;
- record and report relevant medication use;
- understand the school's emergency inhaler arrangements; and
- undertake appropriate training.
- record every use of a pupil's inhaler on the administration log contained within the class inhaler box, including the number of puffs administered;

Staff with particular responsibility for supporting pupils with asthma will receive additional information or training where required.

28. Staff Training

The school will ensure that appropriate staff receive asthma awareness training.

Training should provide staff with an understanding of:

- asthma and its potential seriousness;
- signs and symptoms;
- common triggers;
- inhaler and spacer use;
- responding to an asthma attack;
- the school's emergency salbutamol inhaler;
- when emergency medical assistance is required;
- recording medication; and
- informing parents/carers.

Training will be refreshed periodically and when significant changes occur.

29. Supply Teachers, Volunteers and Other Adults

Relevant information will be made available to supply teachers and other adults responsible for pupils.

Where appropriate to their role, they should know:

- which pupils in their care have asthma;
- where medication is located;
- how to access assistance;
- the school's arrangements for emergency medication; and
- what to do in an emergency.

Information will be shared on a need-to-know basis.

30. Asthma and The Burrow

Pupils attending **The Burrow** will be supported according to their individual medical, communication and SEND needs.

Where a pupil may have difficulty:

- recognising asthma symptoms;
- communicating that they are breathless;
- requesting medication;
- using an inhaler or spacer; or
- understanding what is happening,

appropriate individual arrangements will be established.

Staff should be particularly alert to changes in behaviour, presentation or engagement that may indicate discomfort or breathing difficulties in pupils who cannot readily communicate their symptoms.

Relevant medical information will be incorporated into the pupil's individual support arrangements where appropriate.

31. Asthma in EYFS

Children within EYFS may require greater adult support to recognise symptoms, access medication and use inhalers and spacers correctly.

Relevant staff must know which children have asthma and understand their individual arrangements.

Medication must remain readily accessible to the adults responsible for the child throughout the school day, including during outdoor provision and activities elsewhere within the school.

32. Data Protection and Confidentiality

Information about a pupil's asthma constitutes personal medical information and will be handled in accordance with the school's Data Protection Policy.

Relevant information will, however, be shared with members of staff who need it in order to keep the pupil safe.

Data-protection requirements must not prevent appropriate information being made available to those responsible for supporting a pupil with asthma.

33. Responsibilities of the Headteacher

The Headteacher has overall responsibility for ensuring appropriate arrangements are in place to support pupils with asthma.

This includes ensuring that:

- this policy is implemented;
- an accurate Asthma Register is maintained;

- medication is appropriately stored and accessible;
- emergency arrangements are in place;
- emergency asthma medication is appropriately managed;
- staff receive appropriate information and training;
- parents and carers understand their responsibilities; and
- significant incidents are appropriately reviewed.

34. Governing Body Responsibilities

The Governing Body will ensure that appropriate arrangements are in place to support pupils with medical conditions, including asthma.

Governors will seek assurance that:

- appropriate policies and procedures are in place;
- staff receive appropriate information and training;
- pupils have prompt access to medication;
- emergency arrangements are effective; and
- pupils with asthma are not unnecessarily excluded from school activities.

35. Related Policies

This policy should be read alongside the school's:

- Supporting Pupils with Medical Conditions Policy;
- First Aid Policy;
- Child Protection and Safeguarding Policy;
- SEND Policy;
- Educational Visits Policy;
- Attendance Policy;
- Health and Safety Policy;
- Equality Policy; and
- Data Protection Policy.

36. Monitoring and Review

The school will monitor the effectiveness of its arrangements for supporting pupils with asthma.

This may include reviewing:

- significant asthma incidents;
- use of the emergency inhaler;
- accessibility of pupils' medication;
- staff training;
- information provided by parents and healthcare professionals; and
- any concerns identified through school practice.

This policy will be reviewed **annually**, or sooner where:

- national guidance changes;
- legislation changes;
- there is a significant asthma-related incident;
- healthcare advice changes; or
- school monitoring identifies that procedures require improvement.