



ASTHMA POLICY

This Policy was approved Governors in:	April 2026
This Policy was shared with staff on:	April 2026
Implementation of this Policy will be monitored by:	Head Teacher and Governors
Monitoring will take place at regular intervals	
The Policy will be reviewed annually or more regularly if needed.	
Policy Review Date:	February 2026
Date of next Policy Review:	February 2027

INTRODUCTION

Asthma is the most common long-term medical condition in children. It is a long-term 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 year's settings, and 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 2010 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 children during the school day.

AN ASTHMA FRIENDLY SCHOOL

We are an asthma friendly school, we advocate inclusion, are clear on our procedures and have a Designated Senior Medical Lead to ensure these are adhered to. We commit to audit procedures termly. We recognise that asthma is a prevalent, serious but manageable condition and we welcome all children with asthma.

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

Our Asthma/Senior Medical Lead is Kerry Boorman, who ensures procedures are followed and a 'whole school' approach to training is delivered.

This policy reflects the requirements of key legislation (appendix 1) and in particular two key documents:

1. Supporting children at school with medical conditions (2014)¹
2. Guidance on the use of emergency salbutamol inhalers in schools (2015)²

We work closely with children, parents and health professionals to ensure we have procedures in place for the administration, management and storage of asthma inhalers at school. We will keep parents/guardians informed of any concerns/changes.

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 two named inhalers (and spacers, if required) in the original packaging detailing the prescription. It is the responsibility of parents/guardians to ensure all medication is in date and that the school are kept informed of any changes to their child's medication/care needs throughout their time at school. School staff are not obliged to administer medication. School staff are insured to administer medication under the school's insurance policy. Children with asthma are able to participate fully in all activities including physical education (PE). Children require open and immediate access to their medication (inhaler) at all times; we have clear procedures in place that facilitate this. Children carry their own inhalers where possible.

RECORD KEEPING

It is a parent/carers responsibility to inform school of their child's medical condition and needs. It is also important that the school are informed of any changes. The school will keep an accurate record of each occasion a child is given or supervised taking their inhaler. Details of the supervising staff member, child, dose, date and time are recorded. Parents will be informed if a child uses their inhaler more than 3 times a week in excess of their usual requirements e.g. If a child normally uses their inhaler pre or post exercise

this would be recorded, if they also require their inhaler in addition to this 3 times or more, parents will be informed. If a child refuses to have their inhaler, this is also recorded and parents are informed as soon as possible. School keeps an asthma register so we can identify and safeguard students with asthma; this is held by the Senior Medical Lead, Mrs Boorman. children with asthma will have a School asthma plan. This is written jointly between health, education and parents. In the event a child's inhaler and spare inhaler are unavailable/ not working we will use the school's emergency inhaler (if the parent/guardian has consented) and inform the parent as soon as possible. Consent to use emergency inhalers are recorded on the asthma plan.

Parents Responsibility

- Informing the school if their child has asthma.
- Ensure the school has a complete and up-to-date asthma plan for their child.
- 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.
- Ensure their child has regular reviews (usually every 3 months) with their doctor or specialist healthcare professional.
- Ensure their child has a completed care plan from their doctor or specialist asthma nurse and they share this with school.
- It is the parent's responsibility to ensure new and in date medicines come into school on the first day of the new academic year.

Teacher's/Support staff's responsibility

- Read and understand the school's asthma policy.
- Being aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- Know which children have asthma and be familiar with the content of their individual health plan
- Allow all children to have immediate access to their emergency medicines.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure children have medical/inhalers with them when they go on a school trip or out of the classroom.
- Be aware that asthma can affect a child's learning and provide extra help when needed
- Use opportunities such as Personal Social Health Education (PSHE) to raise children's awareness about asthma.
- Understand asthma and the impact it can have on children. (Children should not be forced to take part in activity if they feel unwell) If school identify a pattern or are concerned about an individual child they will inform parent/guardian and advise medical support should be sought.
- Ensure children with asthma are not excluded from activities they wish to take part in.
- Ensure children have the appropriate medicines with them during activity or exercise and are allowed to take it when needed.

School Asthma Medical Leads responsibilities

- Our Asthma Senior Medical Lead has a delegated responsibility by the head teacher to ensure Schools have an adequate supply of Emergency kits and know how to obtain these from their local pharmacy.

- To ensure correct procedures are followed.
- To ensure all children on the register have an inhaler, a spacer (if required) and a care plan. Expiry dates are checked by parents but impending expiry dates are communicated to parents/guardians when noticed.
- Be aware of children with asthma who may need extra support. Liaise with parents or the children's healthcare professionals, if a child is falling behind with their work because of their condition.
- Empty/out of date Inhalers are disposed of or given back to parents.
- Register is up-to-date and accessible to all staff.
- Training is up-to-date.
- The blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant Emergency kit after use.
- Our Asthma Lead is confident to support in an emergency situation.

All staff responsibilities

- All staff to attend asthma training yearly.
- Know what the procedures are and which students have asthma and be familiar with their care plan.
- Communicate parental concerns and updates to the asthma lead immediately.
- Staff must inform the Asthma Lead if a school emergency inhaler has been used
- Staff must record all inhaler use.
- If the emergency inhaler is used, it must be recorded in the main log in the office.
- All children with asthma must have easy access to their reliever inhaler and spacer.
- All children are encouraged to carry and administer their own inhaler when their parents and health care provider determine they are able to start taking responsibility for their condition. Children who do not carry and administer their own emergency medicines, should know where their inhalers are stored.
- All staff attending off site visits should be aware of any children on the visit with asthma.
- All staff should be trained about what to do in an emergency.

If a child misuses medicines, either their own or another child's, medical help will be sort immediately and their parents will be informed as soon as possible. They may be subject to the school's usual disciplinary procedures.

SAFE STORAGE

- Parents are responsible for collecting out of date medicines from school
- Each class teacher is responsible for ensuring the safe storage of medications in the classroom medical bag and for logging all doses given.

PE/ACTIVITIES

We will ensure that the whole school environment, which includes physical, social, sporting and educational activities, are inclusive to children with asthma.

PE staff will be sensitive to children 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.

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

Staff will have annual training and be aware of the potential social problems that children with asthma may experience, this enables us to prevent and deal with problems in accordance with the school's anti bullying and behaviour policies. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of asthma amongst students and to help create a positive social environment and eliminate stigma.

School staff understand that children with asthma should not be forced to take part in activity if they feel unwell. Staff are trained to recognize potential triggers for children with asthma when exercising and are aware of ways to minimize exposure to these triggers.

Physical Education (PE) staff should make sure children have their inhalers with them during PE and take them when needed, before, during or after PE.

SCHOOL ENVIRONMENT

The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack – that is, we may not keep warm blooded pets, for example rabbits or guinea pigs.

Smoking is explicitly prohibited on the school site.

We are aware that chemicals, cooking ingredients and art materials may have the potential to trigger an asthma response and will be vigilant to any child who may be at risk from these activities.

We will not exclude children who are known to have specific triggers but will endeavour to seek alternatives where possible.

Cleaning and grass cutting should, where possible, be carried out at the end of the school day.

CHILDREN WHO MISS TIME OFF SCHOOL DUE TO THEIR ASTHMA

As a school we monitor absence, if a child is missing a lot of time off school due to their asthma or we identify they are constantly tired in school, staff will make contact with the parent to work out how we can support them.

School may need to speak with a health professional to ensure the child's asthma control is optimal.

ASTHMA ATTACKS

Staff are trained to recognise an asthma attack and know how to respond. 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 their care plan emergency procedure. Emergency services and parents will be informed where necessary.

A member of staff will accompany the child to hospital until their parent/caregiver arrives.

(No child will ever be sent to get their inhaler in this situation, the inhaler must be brought to the child)

The maximum amount of puffs a child may receive in school is 10 per day. Following this parents will always be informed to take the child home.

LEGISLATION

The Children and Families Act 2014

Section 100 of 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 diabetes. Schools must make arrangements to support children at school with medical conditions and have regard to the statutory guidance: Supporting children at school with medical conditions

The Education Act 2002

Sections 21 and 175 detail how governing bodies of maintained schools must promote the wellbeing of children and take a view to the safeguarding of children at the school.

Section 3 of the Children Act 1989

This places a duty on a person with the care of a child to do all that is reasonable in the circumstances for the purposes of safeguarding and promoting the child's wellbeing. With relation to a child with asthma, this will mean knowing what to do in the event of an emergency.

Legal duties on local authorities

Local authorities have legal responsibilities to help make sure schools can meet the duties relating to children with asthma. These duties both refer to all children in the local authority and they do not depend on the kind of school the child attends.

Section 10 of the Children Act 2004

This is a particularly important piece of legislation if schools are struggling to get the support and training they need to allow them to look after a child with asthma properly.

Section 10 essentially means the local authority must make arrangements to promote cooperation between the authority and relevant partners. Relevant partners include the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board. They must make arrangements with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education.

Section of 17 of the Children's Act

This gives local authorities a general duty to safeguard and promote the welfare of children in need in their area. If a school is looking after a child with asthma so poorly that the child is put in danger, the local authority must step in.

What to do if a child has an ASTHMA ATTACK



Actions to take if a child has an asthma attack and when to call 999.

- 1** Help them to sit up – don't let them lie down. Try to keep them calm.
- 2** Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
- 3** If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, call 999 for an ambulance.
- 4** If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
- 5** If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

Important: This asthma attack advice does not apply to MART inhalers.
Speak to your GP or asthma nurse for more information.



An asthma action plan is a written plan
with all the information you need about
your child's asthma in one place.
Scan the QR code to get yours.

AsthmaAndLung.org.uk



Asthma and Lung UK is a charitable company limited by guarantee with company registration number 01963614, with registered charity number 326730 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man.

Record of inhaler administered to children

Child's Name:	
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Date	Time	Name of medicine	Dose given	Signature of staff	Print name

Parents should be notified if a child is using their inhaler more frequently than three times per week more than stated on their care plan.

PARENT CONSENT FORM

(Opt in) Use of Salbutamol Inhaler

Child's Name:	
Child's Class:	

Child showing symptoms of asthma/having asthma attack		
1.	I can confirm that my child has been diagnosed with asthma	Yes ☐ No ☐
2.	I can confirm my child has been prescribed an inhaler	Yes ☐ No ☐
3.	My child has a working, in-date inhaler, and Spacer clearly labelled with their name, which they will bring with them to school every day.	Yes ☐ No ☐
4.	If my child shows symptoms of asthma, or if their own inhaler is not available or is unusable.	Yes ☐ No ☐
I consent for my child to receive salbutamol from an emergency inhaler held by the school in an emergency.		
Signed:		Date:
Print Name:		