Asthma Policy

Reviewed by:	Anna Yates
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This policy is based on an original template produced by The National College. Burscough Village Primary School has reviewed, adapted and amended the content to ensure it reflects the school's own context, practice and statutory responsibilities.	

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A. Asthma Policy Information Slip

Statement of intent

Burscough Village Primary School recognises that asthma is a serious but controllable condition and welcomes all pupils with asthma. This policy sets out how the school ensures that pupils with asthma can participate fully in all aspects of school life including physical exercise, school trips and other out-of-school activities. It also covers how the school enables pupils with asthma to manage their condition effectively in school, including ensuring immediate access to reliever inhalers where necessary.

Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Equality Act 2010
- DfE 'Supporting pupils at school with medical conditions'
- Asthma + Lung UK 'Asthma at school and nursery'
- DfE 'First aid in schools, early years and further education'
- DfE 'Keeping children safe in education 2026'
- DfE statutory guidance on supporting pupils with medical conditions. The school will also have regard to current DfE allergy guidance where relevant. Allergy guidance does not replace asthma-specific arrangements; however, shared expectations relating to individual planning, staff awareness, emergency preparedness, incident reporting and learning from near misses will be applied proportionately.

This policy operates in conjunction with the following school policies:

- Complaints Policy
  Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Child Protection and Safeguarding Policy
- Data Protection Policy and Records Management procedures

Roles and responsibilities

The governing board has a responsibility to:

- Ensure the health and safety of staff and pupils is protected on the school premises and when taking part in school activities.
- Ensure that this policy, as written, does not discriminate against any of the protected characteristics, in line with the Equality Act 2010.
- Handle complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensure this policy is effectively monitored and updated.
- Monitor the implementation and effectiveness of this policy and hold school leaders to account for any necessary improvements.
- Provide indemnity for teachers and other members of school staff who volunteer to administer medicine to pupils with asthma in need of help.

The headteacher has a responsibility to:

- Create and implement this policy with the help of school staff, school nurses, local guidance and the governing board.
- Ensure this policy is effectively implemented and communicated to all members of the school community.
- Arrange for all members of staff to receive training on supporting pupils with asthma. Ensure all supply teachers and new members of staff are made aware of this policy and provided with appropriate training.
- Monitor the effectiveness of this policy.
- Ensure that first aiders are appropriately trained regarding asthma, e.g. supporting pupils to take their own medication and caring for pupils who are having asthma attacks.
- Delegate the responsibility to check the expiry date of spare reliever inhalers and maintain the school's asthma register to a designated member of staff.
- Report incidents and other relevant information to the governing board and LA as necessary.
- Ensure that relevant medical information is shared appropriately with staff who need to know, including temporary, supply, wraparound and off-site activity staff, while maintaining confidentiality in line with data protection requirements.
- Ensure that any safeguarding concerns linked to a pupil's medical condition, attendance, wellbeing, neglect of medical needs, or barriers to accessing education are referred to the designated safeguarding lead in line with KCSIE 2026 and the school's safeguarding procedures.

All school staff have a responsibility to:

- Read and understand this policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in the event of an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents if their child has had an asthma attack.
- Inform parents if their child is using their reliever inhaler more than usual.
- Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom.
- Ensure pupils who are unwell due to asthma are allowed the time and resources to catch up on missed school work.
- Be alert to wider safeguarding, attendance or wellbeing concerns where asthma or any medical condition may affect a pupil's health, education, participation or safety, and report concerns promptly to the designated safeguarding lead.
- Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms.

- Be aware that pupils with asthma may experience bullying due to their condition and understand how to manage these instances of bullying.
- Make contact with parents, the school nurse and the SENCO if a pupil is falling behind with their school work because of their asthma.

PE staff have a responsibility to:

- Understand asthma and its impact on pupils – pupils with asthma should not be forced to take part in activities if they feel unwell.
- Ensure pupils are not excluded from activities that they wish to take part in, provided their asthma is well-controlled.
- Ensure pupils have their reliever inhaler with them during physical activity and that they are allowed to use it when needed.
- Allow pupils to stop during activities if they experience symptoms of asthma.
- Allow pupils to return to activities when they feel well enough to do so and their symptoms have subsided (the school recommends at least a five-minute waiting period before allowing the pupil to return).
- Remind pupils with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up.
- Ensure pupils with asthma always perform sufficient warm-ups and cool-downs.

The school nurse has a responsibility to:

- Provide information about where the school can procure specialist asthma training.
- Provide advice, support or signposting, within the scope and availability of the school nursing service, where a pupil's asthma needs require further clinical input.

Pupils with asthma have a responsibility to:

- Tell their teacher or parent if they are feeling unwell due to their asthma.
- Treat the school's and their own asthma medicines with respect by not misusing the medicines and/or inhalers.
- Know how to gain access to their medication in an emergency.
- Know how to take their asthma medicine.

All other pupils have a responsibility to:

- Treat other pupils, with or without asthma, equally, in line with the school's Behaviour Policy.
- Understand that asthmatic pupils will need to use a reliever inhaler when having an asthma attack and ensure a member of staff is called immediately.

Parents have a responsibility to:

- Inform the school if their child has asthma.
- Complete and keep up to date the school's Asthma Information Form for their child.
- Inform the school of the medication their child requires during school hours.
- Inform the school of any medication their child requires during school trips, team sports events and other out-of-school activities.
- Inform the school of any changes to their child's medicinal requirements.
- Inform the school of any changes to their child's asthmatic condition, e.g. if their child is currently experiencing sleep problems due to their condition.
- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their child's name.
- Ensure that their child's reliever inhaler and spare inhaler are within their expiry dates.
- Arrange regular asthma reviews with their child's GP, asthma nurse or other relevant healthcare professional, in line with clinical advice.
- Provide the school with a current Personal Asthma Action Plan (PAAP), where one has been issued by their child's GP, asthma nurse or hospital team.
- Work with the school to review the information held about their child at least annually, and sooner if symptoms, medication, emergency procedures, triggers or attendance patterns change. Where an IHP is in place, parents will contribute to its review. Parents should also provide an updated PAAP whenever it is revised by a healthcare professional.

3. Personal Asthma Action Plans and Individual Healthcare Plans

Parents and carers will be asked to provide the school with a current Personal Asthma Action Plan (PAAP), where one has been supplied by their child's GP, asthma nurse or other healthcare professional. The PAAP contains the child's individual medical instructions, including their medicines, symptoms, triggers and what to do if their asthma becomes worse.

A separate Individual Healthcare Plan (IHP) will not automatically be required for every pupil with asthma. The school will decide, in consultation with parents or carers and relevant healthcare professionals where appropriate, whether an IHP is needed according to the complexity of the pupil's condition and the support required in school. Where an IHP is required, the PAAP will inform it.

The Asthma Information Form records key school arrangements and parental consent. It is not a substitute for a clinician-issued PAAP or, where one is required, an IHP. This is held centrally on medical tracker and also in the medical file of the child's class.

4. Asthma medicines

Pupils with asthma are encouraged to carry their reliever inhaler as soon as their parent and the school agree that they are old enough and/or have sufficient capabilities and independence. If not, inhalers are given to the school to be looked after. Reliever inhalers kept in the school's charge are held in the pupil's classroom in a designated storage area.

Parents will be required to label their child's inhaler with the child's full name and year group. Parents will ensure that the school is provided with a labelled spare reliever inhaler, in case their child's inhaler runs out, or is lost or forgotten.

Members of staff are not required to administer medicines to pupils, except in emergencies. Staff members who have volunteered to administer asthma medicines will be insured by the school's appropriate level of insurance which includes liability cover relating to the administration of medication.

Staff will administer the asthma medicines in line with the school's Administering Medication Policy. For pupils who are old enough and/or have sufficient capabilities and independence to do so, staff members' roles in administering asthma medication will be limited to supporting pupils to take the medication on their own.

This policy applies to prescribed asthma inhalers used in school. Not all reliever inhalers are blue. Some pupils may be prescribed an AIR or MART inhaler for relief of symptoms. Staff will follow the pharmacy label, the child's PAAP and any written instructions supplied by the prescribing healthcare professional. Preventer medication will be managed in accordance with the child's prescribed instructions and the school's Administering Medication Policy.

5. Emergency inhaler

The school keeps a supply of salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. These are kept in the school's emergency asthma kits.

Emergency asthma kits contain the following:

- A salbutamol metered dose inhaler
- Two plastic, compatible spacers
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Instructions for replacing inhalers and spacers
- The manufacturer's information
- A checklist, identifying inhalers by their batch number and expiry date
- A list of pupils for whom written parental consent to use the school's emergency inhaler has been received

- A record of administration showing when the inhaler has been used

The school buys its supply of salbutamol inhalers from a local pharmacy. The emergency inhaler will only be used by a pupil for whom written parental consent has been received and who has either been diagnosed with asthma or prescribed a reliever inhaler. Consent will be recorded on the pupil's Asthma Information Form, PAAP or IHP, as applicable, and on the school's emergency inhaler consent register.

When not in use, emergency inhalers are kept in clearly identified emergency asthma kits in the locations specified in the school's asthma register and emergency arrangements. They are stored at the temperature stated in the manufacturer's instructions, out of pupils' unsupervised reach, but not locked away, so that they remain immediately accessible.

Expired or used-up emergency inhalers are returned to a local pharmacy to be recycled. Spacers must not be reused in school but may be given to the pupil for future home-use. Emergency inhalers may be reused, provided that they have been properly cleaned after use.

In line with the school's Supporting Pupils with Medical Conditions Policy and First Aid Policy, appropriate support and training will be provided for relevant staff, e.g. first aid staff, on the use of the emergency inhaler and administering the emergency inhaler.

Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration and the school's records. The records will indicate where the attack took place, how much medication was given, and by whom. The pupil's parents will be informed of the incident in writing.

A designated staff member is responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining an asthma register.

The designated staff member who oversees the supply of salbutamol inhalers is responsible for:

- Checking that inhalers and spacers are present and in working order, with a sufficient number of doses, on a monthly basis.
- Ensuring replacement inhalers are obtained when expiry dates are approaching.
- Ensuring replacement spacers are available following use.
- Ensuring that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary.

6. **Symptoms of an asthma attack**

Members of staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)

- Wheezing
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

Younger pupils may express feeling tightness in the chest as a 'tummy ache'.

7. Response to an asthma attack

In the event of an asthma attack, staff will follow the procedure outlined below:

- Keep calm and encourage pupils to do the same.
- Encourage the pupil to sit up and slightly forwards – do not hug them or lie them down.
- If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.
- If necessary, summon the assistance of a member of suitably trained first aid staff to care for the pupil and help administer an emergency inhaler.
- Follow the child's Personal Asthma Action Plan where one is available. Help the pupil to use their prescribed reliever inhaler, preferably through a spacer. If a blue salbutamol reliever inhaler is being used, give one puff every 30 to 60 seconds, shaking the inhaler between puffs, up to a maximum of 10 puffs.
- Ensure tight clothing is loosened.
- Reassure the pupil.

The school will ensure that a sufficient number of staff are trained and confident to support pupils with asthma and use the emergency inhaler. Staff should summon trained assistance promptly, but this must not result in the pupil being left alone or emergency action being delayed. Staff must call 999 whenever the emergency criteria in this policy are met or there is any doubt.

Call 999 if the pupil becomes worse at any point or does not improve after the maximum dose stated in their PAAP or, for a blue salbutamol inhaler, after 10 puffs. If an ambulance has not arrived after 10 minutes and symptoms have not improved, repeat the same dose while awaiting further instructions from the emergency services. If the pupil uses an AIR or MART inhaler, follow the emergency instructions in the pupil's PAAP and the instructions for that prescribed inhaler.

- Call 999 for an ambulance if this has not already been done.
- Continue to monitor and reassure the pupil while following instructions from the emergency services.

Staff will call 999 immediately if:

- The pupil is too breathless or exhausted to talk.
- The pupil's colour changes, including a blue, grey or very pale tinge to the lips or skin.
- The pupil does not have access to a reliever inhaler, or the inhaler is not helping.
- The pupil has collapsed.
- You are in any doubt.

8. Emergency procedures

Staff will never leave a pupil having an asthma attack unattended. If the pupil does not have their inhaler to hand, staff will send another member of staff or pupil to retrieve their spare inhaler. In an emergency situation, members of school staff are required to act like a 'prudent parent', i.e. making careful and sensible parental decisions intended to maintain the child's health, safety and best interests.

As reliever medicine is very safe, staff will be made aware that the risk of pupils overdosing on reliever medicine is minor. Staff will send another pupil to get another member of staff if an ambulance needs to be called. The pupil's parent will be contacted immediately after calling an ambulance.

A member of staff should always accompany a pupil who is taken to hospital by ambulance and stay with them until their parent arrives. Generally, staff will not take pupils to hospital in their own car unless in exceptional circumstances, e.g. where a pupil is in need of professional medical attention and an ambulance cannot be procured.

In these exceptional circumstances, the following procedure will be followed in line with the First Aid Policy:

- A staff member will call the pupil's parents as soon as is reasonably practical to inform them of what has happened, and the course of action being followed – parental consent is not required to acquire medical attention in the best interests of the child.
- The staff member will be accompanied by one other staff member, preferably a staff member with first aid training.
- Both staff members will remain at the hospital with the pupil until their parent arrives.

9. Record keeping

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form.

The school keeps a record of all pupils with asthma, complete with medication requirements, in its asthma register. Parents will be required to inform the school of any changes to their child's condition or medication during the school year.

All emergency situations will be recorded, and staff practice evaluated, in line with the First Aid Policy.

Medical information is recorded on Medical Tracker.

Serious incidents, significant asthma attacks and near misses will be reviewed so that any learning can be used to strengthen risk assessments, Individual Healthcare Plans, staff training and emergency procedures. Where an incident or pattern of concern raises a safeguarding issue, this will be recorded and referred in line with KCSIE 2026 and the school's Child Protection and Safeguarding Policy. (CPOMS)

Records relating to asthma, medication, emergency treatment, parental consent and Individual Healthcare Plans will be stored securely, shared only with staff who need the information to keep pupils safe, and retained in line with the school's data protection and records management procedures.

10. Exercise and physical activity

Games, activities and sports are an essential part of school life for pupils. All teachers will know which pupils in their class have asthma and will be aware of any safety requirements.

Relevant information about pupils' asthma and emergency arrangements will be shared with staff and external providers who need it to keep pupils safe. Only the information necessary for the activity will be shared, in line with the school's data protection procedures.

Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.

During sports, activities and games, each pupil's labelled inhaler will be kept in a box at the site of the activity. Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

The school believes sport to be of great importance and utilises out-of-hours sports clubs to benefit pupils and increase the number of pupils involved in sport and exercise. Pupils with asthma are encouraged to become involved in out-of-hours sport as much as possible and will never be excluded from participation. Members of school staff and contracted suppliers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in this policy.

11. The school environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma by:

- Conducting regular risk assessments of the school premises to identify and reduce asthma triggers, such as dust, mould, or pets.
- Ensuring good ventilation in classrooms and communal areas.

- Staff training on recognising and managing environmental triggers for asthma, thus fostering a safer and more supportive environment for all pupils.

As far as possible, the school does not use any chemicals in art or science lessons that are potential triggers for asthma. If chemicals that are known to be asthmatic triggers are to be used, asthmatic pupils will be taken outside of the classroom and provided with support and resources to continue learning.

12.Monitoring and review

The effectiveness of this policy will be monitored continually by the headteacher. Any necessary amendments may be made immediately. The governing board will review this policy **annually**.

As part of the annual review, the school will check this policy against the latest DfE guidance on supporting pupils with medical conditions, allergy safety, first aid in schools and KCSIE. Staff training, induction and briefing arrangements will be updated where guidance changes affect practice.

Any changes made to this policy will be communicated to staff, pupils, parents and other relevant stakeholders.

The next scheduled review date for this policy is **1 September 2027.**

Asthma Information Form

Burscough Village Primary School

To help us keep your child safe and support them effectively in school, please complete this form if your child has asthma or has been prescribed an inhaler.

Please notify the school immediately if there are any changes to your child's medication or asthma management.

Child's Details

Child's Name: _____

Date of Birth: _____

Class: _____

GP Surgery: _____

Asthma Information

Has your child been diagnosed with asthma by a healthcare professional?

☐ Yes ☐ No

Type of inhaler(s):

Dosage prescribed (number of puffs and when required):

Does your child use a spacer device?

☐ Yes ☐ No

Does your child have a **Personal Asthma Action Plan (PAAP)** provided by their GP, asthma nurse or hospital team?

☐ Yes, a copy is attached ☐ Yes, I will provide a copy

If your child does not currently have a PAAP, please discuss this at their next asthma review and provide the school with a copy when available.

☐ No or not yet ☐ I am unsure

Are there any triggers that may worsen your child's asthma (e.g. exercise, pollen, dust, cold weather, illness)?

Emergency Asthma Medication

Burscough Village Primary School holds an emergency salbutamol inhaler and spacer device for use in an asthma emergency.

This may be administered by trained members of staff:

- if your child is displaying symptoms of an asthma attack;
- if their own inhaler is unavailable, empty, broken or has been forgotten; or
- if staff deem it necessary in an emergency situation.

Parents/carers will be informed as soon as possible following any use of the school's emergency inhaler.

Parental Consent

I confirm that the information provided is accurate and up to date.

I give permission for trained members of staff at Burscough Village Primary School to administer my child's prescribed asthma medication and, if necessary, the school's emergency salbutamol inhaler and spacer in accordance with the school's Asthma Policy and emergency procedures.

Parent/Carer Name: _____

Signature: _____

Date: _____

Emergency Contact Number: _____

Office Use Only

☐ Child added to asthma register

☐ Inhaler received and checked

☐ Spacer received (if applicable)

☐ PAAP received ☐ PAAP requested or parent signposted to healthcare professional

☐ IHP considered and outcome recorded

☐ Staff informed

☐ Review date: _____