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Signed by:
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Date: September 2026

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Date: September 2026

Euxton Primrose Hill Primary School

Asthma Policy



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INTRODUCTION

Euxton Primrose Hill Primary School recognises that asthma is a common long-term health condition affecting children and young people. The school is committed to supporting pupils with asthma so that they can participate fully in school life and access their education safely.

Pupils with asthma should not be disadvantaged or unnecessarily restricted because of their condition. The school will work in partnership with pupils, parents/carers and, where appropriate, healthcare professionals to ensure that appropriate support and arrangements are in place.

The school will encourage pupils to develop age-appropriate independence in managing their asthma and using their medication. However, staff will provide appropriate support to any pupil who is unable to manage their medication independently.

All staff will be aware of the school's arrangements for supporting pupils with asthma and will know how to respond if a pupil's symptoms worsen or they experience an asthma attack.

EXPLANATION OF ASTHMA

Asthma is a long-term condition that affects the airways. People with asthma have sensitive airways that can become inflamed, swollen and narrowed in response to certain triggers. This can make it difficult to breathe.

Asthma symptoms can include:

- coughing;
- wheezing;
- shortness of breath or difficulty breathing; and
- a tight feeling in the chest.

Asthma symptoms can be triggered or made worse by a range of factors, which can vary from person to person. These may include coughs and colds, exercise, cold weather, pollen, furry animals, smoke, air pollution and strong smells.

Sometimes symptoms can become significantly worse and result in an asthma attack. An asthma attack requires prompt treatment and, in some circumstances, emergency medical attention.

IDENTIFICATION OF PUPILS WITH ASTHMA

Parents/carers should inform the school if their child has asthma or has been prescribed medication for asthma.

The school will maintain an up-to-date record of pupils with asthma to ensure that appropriate support and emergency arrangements are in place.

Parents/carers should provide the school with:

- an up-to-date Personalised Asthma Action Plan (PAAP), where one has been provided by a healthcare professional;
- details of their child's prescribed asthma medication, including the type of inhaler and dosage instructions;
- information about any known asthma triggers;
- an Individual Healthcare Plan (IHP) where this is required; and
- any other information provided by a healthcare professional that is relevant to managing their child's asthma in school.

Parents/carers must inform the school promptly if there are any changes to their child's asthma, medication, treatment or emergency arrangements.

Relevant asthma information and emergency instructions will be accessible to staff who need this information to support the pupil safely, while maintaining appropriate confidentiality.

The school will review asthma information regularly and will request updated information from parents/carers where necessary.

TREATMENT OF ASTHMA

Pupils with asthma should have immediate access to their prescribed reliever inhaler whenever it is needed.

The pupil's Personalised Asthma Action Plan (PAAP) and/or Individual Healthcare Plan (IHP) should be followed when providing treatment.

A pupil may need to use their reliever inhaler if they experience symptoms of asthma, such as:

- coughing;
- wheezing;
- shortness of breath or difficulty breathing; or
- a tight feeling in the chest.

Pupils who are able to use their inhaler independently will be encouraged to do so. Staff will provide support where a pupil is unable to administer their medication independently.

The type of reliever inhaler used will depend on the individual pupil's prescription. This may include a blue salbutamol inhaler or an AIR/MART inhaler. Staff must follow the instructions in the pupil's PAAP/IHP and should not assume that every pupil with asthma uses a blue inhaler.

If a pupil's symptoms do not improve following their prescribed treatment, or if their symptoms are severe or worsening, staff should follow the school's Asthma Emergency Procedure and seek emergency medical assistance where required.

Use of a pupil's inhaler should be recorded in accordance with the school's medication procedures, and parents/carers should be informed where appropriate.

PREVENTION AND MANAGEMENT OF TRIGGERS

It is important to be aware that a range of factors can trigger or worsen asthma symptoms. Where reasonably practicable, the school will take steps to reduce exposure to known triggers within the school environment.

Triggers can vary between pupils and may include:

- coughs and colds;
- pollen and spores;
- furry animals;
- cold weather;
- smoke and air pollution;
- strong smells, sprays and chemical vapours;
- dust; and
- exercise or extremes of emotion.

The school will consider individual pupils' known triggers when planning activities and will make reasonable adjustments where necessary to support pupils to participate safely in school life.

Staff should be familiar with any specific triggers identified in a pupil's Personalised Asthma Action Plan (PAAP) or Individual Healthcare Plan (IHP).

Pupils should not be unnecessarily excluded from activities because they have asthma. Appropriate precautions and adjustments should be considered to enable them to participate safely.

TREATING WORSENING SYMPTOMS OF ASTHMA

If a pupil develops worsening symptoms of asthma, staff should remain calm and follow the pupil's Personalised Asthma Action Plan (PAAP) and/or Individual Healthcare Plan (IHP) where one is in place.

The pupil should be supported to use their prescribed reliever inhaler promptly. The pupil should remain with an adult and be monitored to ensure that their symptoms improve.

For pupils who use a blue salbutamol reliever inhaler, the pupil should take their inhaler in accordance with their asthma action plan.

If the pupil uses an AIR or MART inhaler, staff should follow the instructions in the pupil's individual asthma action plan, as the treatment and dosage may be different.

If symptoms improve, the pupil can return to normal activities when they feel well enough to do so. Staff should consider whether the pupil requires further support or monitoring and inform parents/carers where appropriate.

If symptoms do not improve, become worse, or staff are concerned about the pupil's condition, the school's emergency asthma procedure must be followed and emergency medical assistance sought.

STORAGE OF INHALERS AND SPACERS

- All prescribed inhalers and spacers will be stored in the pupil's classroom in a safe, clearly identified and readily accessible location so that they can be accessed promptly when required.
- Pupils must have immediate access to their reliever inhaler and should not be required to leave an activity or travel an unreasonable distance to obtain it.
- Inhalers must not be stored in a location that is inaccessible to staff or pupils in an emergency, such as a locked cupboard or office.
- All inhalers must be clearly labelled with the pupil's name and should be checked regularly to ensure they are in date and in good condition.
- Parents/carers are responsible for providing an in-date replacement inhaler and spacer when required.
- Spacers should be stored with the pupil's inhaler (not in a plastic bag) and should be clearly labelled.
- Pupils must have access to their inhaler during PE, sports activities, playtimes, lunchtimes, educational visits and residential visits.
- For educational visits and residential, the responsible member of staff must ensure that the pupil's inhaler is taken with them and remains readily accessible throughout the activity.
- Arrangements must also be made to ensure pupils can access their inhaler during breakfast club and after-school club.

- The school will maintain an emergency salbutamol inhaler and spacer in the school office cupboard. Its expiry date and condition will be checked regularly and its use recorded.
- The emergency inhaler and spacer will only be used in accordance with the school's emergency inhaler arrangements and where the necessary parental/carers consent and other requirements are in place.

PREVENTER MEDICATION

Some pupils with asthma are prescribed preventer medication to be taken regularly, usually at home, to reduce inflammation in the airways and help prevent asthma symptoms.

Where a pupil is prescribed preventer medication to be taken during the school day, the school will support the pupil in accordance with their Personalised Asthma Action Plan (PAAP) **and/or** Individual Healthcare Plan (IHP).

Preventer medication is different from a reliever inhaler, which is used when a pupil develops asthma symptoms.

Parents/carers should ensure that the school is informed of any prescribed medication that needs to be administered during the school day and provide the school with the appropriate medication and instructions.

If a pupil is requiring their reliever inhaler more frequently than usual, staff should inform the parent/carers and, where appropriate, advise that the pupil's asthma management is reviewed by their healthcare professional.

PHYSICAL EDUCATION AND SPORTS

Pupils with asthma should be encouraged and supported to participate fully in PE, sports and physical activity.

- Pupils must have immediate access to their reliever inhaler during PE, sports and other physical activities.
- Staff should be familiar with any specific instructions relating to exercise contained in the pupil's Personalised Asthma Action Plan (PAAP) or Individual Healthcare Plan (IHP).
- Where prescribed or recommended as part of the pupil's asthma management plan, pupils may use their reliever inhaler before exercise.
- Staff should be aware of symptoms that may indicate exercise is triggering or worsening the pupil's asthma and should respond in accordance with the pupil's asthma action plan.
- Pupils should not be excluded from PE or physical activity simply because they have asthma. Where necessary, appropriate adjustments should be made to enable the pupil to participate safely.
- Warm-up and cool-down activities should be encouraged as part of normal PE practice.
- Staff should consider environmental factors, such as cold weather, pollen or poor air quality, where these are known to affect an individual pupil's asthma.
- If a pupil develops worsening asthma symptoms during physical activity, the activity should stop and the pupil should be supported to use their prescribed reliever inhaler in accordance with their asthma action plan.

SCHOOL TRIPS AND RESIDENTIALS

Pupils with asthma should be able to participate fully in educational visits and residential activities. Appropriate arrangements must be made to ensure that pupils have access to their medication throughout the visit.

- The pupil's prescribed reliever inhaler must be taken on all educational visits, sporting events and residential trips.
- Inhalers must remain readily accessible and must not be stored somewhere that would prevent prompt access in an emergency.
- The visit leader and relevant staff should have access to the pupil's Personalised Asthma Action Plan (PAAP) and/or Individual Healthcare Plan (IHP), where appropriate.
- Staff supervising the visit should know which pupils have asthma, the location of their inhalers and what action to take if a pupil's symptoms worsen.
- The visit risk assessment should consider the pupil's individual asthma needs, known triggers, planned activities, environmental conditions and access to emergency medical assistance.
- For residential visits, appropriate arrangements must be made for the safe storage and accessibility of medication throughout the day and overnight.
- Staff accompanying residential visits must ensure that they have received appropriate information and training to support pupils with asthma.
- Where a pupil requires support with their medication, an appropriately trained member of staff should be identified before the visit.
- The school should ensure that emergency arrangements are in place and that staff know how to contact emergency services if required.

ASTHMA ATTACK – EMERGENCY PROCEDURE

An asthma attack is a medical emergency. Staff should remain calm and follow the pupil's Personalised Asthma Action Plan (PAAP) where one is available.

Signs that a pupil may be having an asthma attack include:

- coughing;
- wheezing;
- shortness of breath or difficulty breathing;
- chest tightness;
- breathing quickly;
- difficulty speaking because of breathlessness;
- becoming pale or having blue/grey colouring around the lips; or
- symptoms that are worsening or not responding to the pupil's reliever inhaler.

What to do

1. Keep calm and stay with the pupil.
2. Sit the pupil upright in a comfortable position. Do not make them lie down.
3. Help the pupil to use their prescribed reliever inhaler in accordance with their PAAP/IHP.
4. If the pupil uses a blue salbutamol inhaler, NHS guidance advises one puff every 30–60 seconds, up to a maximum of 10 puffs, using a spacer if available.
5. If the pupil uses an AIR or MART inhaler, follow the instructions in their individual asthma action plan.
6. **Call 999** if:
 - the pupil is getting worse at any time;
 - the pupil does not improve following the maximum dose specified for their inhaler/action plan;

- the pupil is severely breathless or having difficulty speaking;
 - the pupil becomes pale, blue or grey;
 - the pupil collapses or becomes unconscious; or
 - staff are concerned about the pupil's condition.
7. If an ambulance has been called, continue to follow the advice of the emergency services and remain with the pupil.
 8. A member of staff should meet the ambulance and provide information about the pupil's asthma and the medication/doses given.
 9. Contact the pupil's parent/carer as soon as practicable.
 10. Record the incident in accordance with the school's medication and safeguarding/incident recording procedures.

Important

The school's emergency salbutamol inhaler may be used where the pupil's own inhaler is unavailable and the requirements for its use, including appropriate consent, have been met.

EMERGENCY ARRANGEMENTS AND POINTS TO REMEMBER

- The pupil should never be sent to find or collect their **inhaler** when they are experiencing asthma symptoms. An adult should bring the inhaler to the pupil.
- During break and lunchtime, staff supervising pupils must know how pupils with asthma can access their inhalers promptly.
- If an asthma attack occurs outside the classroom, the pupil's inhaler should be brought to them immediately.
- Pupils should not be required to undertake unnecessary exercise or walk a significant distance to access their medication.
- The nearest appropriate inhaler should be used where this is consistent with the pupil's individual arrangements.
- The school's emergency salbutamol inhaler and spacer should be readily accessible to trained staff and used in accordance with the school's emergency inhaler arrangements.
- Spacers should be used where available and appropriate, particularly when treating an asthma attack.
- A pupil experiencing an asthma attack should be kept calm and should not be left alone.
- Staff should ensure that other pupils do not crowd around or distress the pupil.
- If emergency medical assistance is required, 999 should be called without delay.
- Parents/carers should be informed following a significant asthma episode or use of the emergency inhaler and/or spacer.
- Any significant asthma attack or use of emergency medication should be recorded and reviewed to determine whether any further action or changes to the pupil's support arrangements are required.

ROLES AND RESPONSIBILITIES

The Headteacher

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

- ensuring that the school has an up-to-date Asthma Policy;
- ensuring that appropriate arrangements are in place for pupils with asthma;
- ensuring that relevant staff are aware of pupils with asthma and their individual needs;

- ensuring that appropriate staff receive suitable training and information to support pupils with asthma;
- ensuring that emergency asthma medication is stored appropriately, regularly checked and readily accessible;
- ensuring that the school's asthma arrangements are monitored and reviewed.

School Staff

All staff have a responsibility to:

- understand and follow this Asthma Policy;
- know which pupils have asthma and be aware of any relevant Personalised Asthma Action Plan (PAAP) or Individual Healthcare Plan (IHP);
- know how to recognise the signs and symptoms of worsening asthma and an asthma attack;
- allow pupils immediate access to their prescribed reliever inhaler;
- support pupils to use their inhaler where they are unable to administer it independently;
- know where the school's emergency salbutamol inhaler is kept and understand the circumstances in which it may be used;
- ensure pupils have access to their inhalers during PE, sports, playtimes, lunchtimes, educational visits and residential;
- respond promptly if a pupil's asthma symptoms worsen;
- seek emergency medical assistance where necessary;
- inform parents/carers following a significant asthma episode or use of the emergency inhaler; and
- record significant asthma incidents and medication use in accordance with school procedures.

Pupils

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

- understand their asthma and recognise their symptoms;
- know where their inhaler is kept and how to access it;
- use their inhaler when needed, where they are able to do so safely;
- tell an adult if they are experiencing asthma symptoms or feel that their asthma is getting worse; and
- follow the advice in their asthma action plan.

Parents/Carers

Parents/carers have a responsibility to:

- inform the school if their child has asthma or is prescribed asthma medication;
- provide an up-to-date Personalised Asthma Action Plan (PAAP) where one has been provided;
- provide any information required for an Individual Healthcare Plan (IHP);
- provide the school with their child's prescribed inhaler(s) and any required spacer;
- ensure medication is clearly labelled and in date;
- replace medication before it expires or is used;
- inform the school promptly of any changes to their child's asthma, medication or treatment;
- ensure their child attends appropriate asthma reviews with their healthcare professional; and
- work in partnership with the school to ensure appropriate arrangements are in place to support their child's asthma.