Saint Jérôme
Church of England
Bilingual School

Asthma Policy

Policy last reviewed:	June 2025
Policy reviewed and updated:	September 2026
Date of next review:	September 2027
Review cycle:	Annually, in line with the DfE's Allergy Safety in Schools guidance, which treats asthma within its scope. The previous three-year cycle (to June 2028) has been shortened to bring it into line.
Linked policies:	Allergy Safety Policy, Supporting Children with Medical Needs Policy, First Aid Policy, Educational Visits Procedures, Child Protection and Safeguarding Policy.

Version history

Date	Version	Summary of changes
June 2025	V1	Reviewed but never signed off; the signature block was left blank. References an 'Executive Headteacher' and 'Head of School', governance titles that do not reflect the school's current structure. Says staff administering medicines 'are insured by the local education authority', which does not apply to an Academy Trust. Cites 'Asthma UK' and its 'School Asthma Pack', a name the charity moved away from in February 2022 when it became Asthma + Lung UK, a currency error the June 2025 review itself did not catch. Did not reference the possibility of the school holding its own unprescribed spare emergency inhaler, a long-standing provision under the Human Medicines Regulations 2012. Set a three-year review cycle (to June 2028), longer than the annual cycle now expected under the DfE's Allergy Safety in Schools guidance.
September 2026	V2	Corrected named governance: Kate Schutte (Headteacher), Sarah Cox (SENDCO), Vas Lappas and Edward Stowell (Co-Chairs of Governors). Corrected the insurance reference to the DfE's Risk Protection Arrangement (RPA) for Academy Trusts, the same correction made to the Supporting Children with Medical Needs Policy. Updated 'Asthma UK' to Asthma + Lung UK throughout. Added a new section on the school's own spare emergency salbutamol inhaler, permitted without prescription under the Human Medicines Regulations 2012 (as amended 2014), which the previous version did not mention at all, only parent-provided inhalers. Added a KCSIE 2026 safeguarding cross-reference, matching the same addition made to the Supporting Children with Medical Needs and Allergy Safety policies. Cross-referenced the new Allergy Safety Policy throughout, since the DfE's Allergy Safety in Schools guidance treats asthma within its scope and recommends storing emergency inhalers alongside spare adrenaline devices. Shortened the review cycle to annual.

Headteacher:

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(Kate Schutte)

SENDCO:

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(Sarah Cox, Deputy Headteacher)

Co-Chairs of Governors: Approved by Governors on 17th September 2026

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(Vas Lappas and Edward Stowell)

1. Our Approach

This policy should be read alongside our Allergy Safety Policy, which sets out the school's wider approach to allergic conditions, including asthma, in line with the DfE's statutory guidance 'Allergy Safety in Schools' (Benedict's Law).

The school:

- Welcomes all children and members of staff with asthma
- Recognises that asthma is a widespread, serious but controllable condition affecting some of our pupils, and encourages pupils with asthma to achieve their potential in all aspects of school life, including art, PE, science, visits and out-of-hours activities, through a clear policy understood by staff, governors and pupils. Supply teachers and new staff are made aware of the policy, and all staff in contact with pupils with asthma receive yearly asthma training
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times
- Ensures the whole school environment, physical, social, sporting and educational, is favourable to pupils with asthma
- Ensures all staff, including supply and support staff, understand what to do if a child or member of staff has an asthma attack, will give emergency treatment where necessary, and will inform parents accordingly
- Requires parents/carers to notify the school when their child joins if the child has asthma, providing full details of treatment, dosage, triggers, how to recognise worsening asthma, and what action to take; asthma cards are given to all parents of children with asthma
- Keeps a record of all pupils with asthma and their medicines
- Carries out regular monthly checks on medication expiry dates, ensuring medicines are correctly labelled and stored in the correct class medical bags.

2. Asthma Medicines

Preventative / Anti-Inflammatory Inhalers

These are generally supplied in orange, green, purple or brown containers and contain steroids; colours are indicative, not a guarantee, so always check the label. Their purpose is to control the condition and prevent attacks. Owing to their regular, ongoing use, preventers are usually given at home and are not usually kept at school.

Reliever Inhalers

These are generally in blue, sometimes purple, containers, and open the airways to bring rapid relief. They must be shaken vigorously before use.

- Parents/carers are asked to provide the school with two labelled, in-date reliever inhalers. All inhalers must be labelled with the child's name by the parent/carer, or supplied in the original pharmacy packaging
- Two clearly labelled reliever inhalers and one paediatric volumatic spacer are kept at school at all times. One is stored in the class medical bag, kept in each classroom for immediate access and ease of transport to external activities, the school hall, swimming or PE; a second is kept in the medical room for immediate access during breaks and lunchtimes
- Immediate access to reliever medicine is essential. Pupils are encouraged to carry their own reliever inhaler once the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough to do so; younger children's inhalers are kept in the classroom medical bag and the medical room
- In an emergency evacuation, the class teacher is responsible for taking the class medical bag to the evacuation meeting point
- School staff are not required to administer asthma medicines except in an emergency, though many staff at this school are willing to do so. Staff who agree to administer medicines are covered under the school's arrangements through the DfE's Risk Protection Arrangement (RPA) for Academy Trusts. All staff let pupils take their own medicine where they are able to do so, and a record is kept
- We work in partnership with the Governing Body, all school staff, the school nursing service, parents/carers, and pupils to ensure this policy is planned, implemented and maintained successfully.

3. The School's Own Emergency Inhaler

Separately from the personal reliever inhalers described above, the Human Medicines Regulations 2012, as amended in 2014, permit the school to buy and hold its own emergency salbutamol inhaler and spacer, without needing a prescription, for use in an emergency. This can be used where a pupil who has been prescribed a reliever inhaler cannot access their own, for example because it is missing, broken or empty.

The school's emergency inhaler can only be used with written parental consent, obtained in advance. It is recommended that this inhaler is stored alongside the spare adrenaline auto-injectors (AAIs) held under our Allergy Safety Policy, since asthma and severe allergy are closely linked and may need managing together in an emergency. See our Allergy Safety Policy for how spare emergency medication is stored, checked and replaced.

4. School Visits

- Children are placed in a group with a qualified first aider on all school visits
- Children considered mature enough are given responsibility for carrying their own inhaler on visits; a spare inhaler and spacer for each child with asthma are also carried in the class medical bag by the first aider. See also our Educational Visits Procedures.

5. Record Keeping

- Parents/carers are asked to return a completed treatment plan, from which the school keeps its asthma register, available to all staff. Parents/carers are asked to inform the school in writing of any changes to medicines or dosage during the year
- A record of medication, dosage, date and time is kept in the child's own record sheet in the asthma folder
- If an inhaler is administered but is ineffective, the Welfare Officer or a member of staff will notify parents immediately of any change in the pattern of the child's asthma; if there are signs of a severe attack, emergency services will be contacted immediately
- The Welfare Officer carries out regular monthly checks on medication expiry dates, ensures medicines are correctly labelled and stored, and notifies parents/carers when expiry is approaching or supplies are low.

6. Exercise and Activity: PE and Games

Taking part in sport, games and activity is an essential part of school life for all pupils. All teachers know which children in their class have asthma, and PE teachers are aware of pupils with asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in PE. PE teachers remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to warm up and down thoroughly. Each pupil's labelled inhaler is kept in the class medical bag at the side of the lesson, and pupils are encouraged to use it during a lesson if needed. Classroom teachers follow the same principles for games and physical activity.

7. Out-of-Hours Sport and Clubs

The health benefits of exercise are well documented, including for children and young people with asthma, so the school involves pupils with asthma as much as possible in after-school clubs. PE teachers, classroom teachers, out-of-hours sport coaches, and Breakfast and After School Club staff are given a register clearly stating which children have asthma, and are aware of the potential triggers for an attack. All staff receive annual training from the school nursing service.

8. Asthma Attacks

All staff who come into contact with pupils with asthma know what to do in the event of an attack and receive annual asthma training.

In the event of an asthma attack, the school follows the procedure set out by Asthma + Lung UK, displayed visibly in the staffroom, medical room and every classroom.

What to Do in an Asthma Attack

If a pupil with asthma becomes breathless, wheezy, coughs continually, or is tight-chested:

- Remain calm

- Sit the pupil in the position they find most comfortable; do not make them lie down
- Let the pupil take 2 puffs of their usual reliever inhaler, as stated on their Health Care Plan, shaking the inhaler before use and between doses
- Wait 5 to 10 minutes
- If symptoms disappear, the pupil can resume normal activities
- If symptoms do not improve, administer up to 8 puffs and call the parents or named contact, checking the child's emergency care plan.

A Severe Attack

Signs of a severe attack include: normal relief medication having no effect; the pupil being breathless or unable to talk normally; and unusually rapid breathing.

- Commence administration of the emergency reliever inhaler, 2 to 8 puffs
- Call 999 if symptoms do not improve sufficiently in 5 to 10 minutes, the child is too breathless to speak, becoming exhausted, or their lips or face look blue
- Continue giving the reliever inhaler until medical help arrives; it is not possible to overdose. See our emergency guidance sheet
- Contact parents or the named contact
- The first aider or member of staff continues to reassure the child until the parent or emergency services arrive.

9. Medical Conditions and Safeguarding

A medical condition such as asthma does not, by itself, indicate that a child is at greater safeguarding risk. Where a clinical incident occurs, such as an asthma attack, this would not by itself warrant a referral to local safeguarding partners. A referral is only required where the incident gives rise to concern that, because of their condition, the child may be at increased risk of neglect, abuse or exploitation. Where such a concern arises, staff follow our Child Protection and Safeguarding Policy and report it to the Designated Safeguarding Lead.

10. School Environment

The school does all it can to ensure the environment is favourable to pupils and staff with asthma. The school has a definitive non-smoking policy, and as far as possible avoids using chemicals in science and art lessons that are potential triggers. Pupils with asthma are encouraged to leave the room and go to the medical room if particular fumes trigger their asthma.

11. When a Pupil is Falling Behind

If a pupil is missing significant time at school, or is often tired because their asthma disturbs their sleep, the class teacher will talk to parents/carers to work out how to prevent the pupil falling behind. If appropriate, the teacher will then talk to the school nursing service and the SENDCO about the pupil's needs.

12. Headteacher and Governors

The Headteacher and Governing Body are responsible for:

- Planning an individually tailored school asthma policy with the help of school staff, the school nursing service, and appropriate advice
- Ensuring the health and safety of employees and anyone else on the premises or taking part in school activities, including pupils, extending to those leading off-site activities such as visits
- Planning the school's asthma policy in line with current national guidance
- Liaising between school staff, the school nursing service, parents/carers, governors and pupils
- Ensuring the policy is put into action, well communicated, and maintained in every aspect
- Assessing staff training needs and arranging for them to be met
- Ensuring all supply teachers and new staff know the school's asthma policy

- Regularly monitoring the policy and how well it is working
- Delegating a staff member, the Welfare Officer, to check the expiry date of spare reliever inhalers and maintain the school's asthma register
- Reporting to the Governing Body on the school's asthma policy.