



St Matthew's Catholic Primary School

Supporting Pupils with Asthma Policy

October 2026

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1. Policy statement

St Matthew's Catholic Primary School welcomes and supports pupils with asthma so that they can participate fully and safely in school life. The school will make appropriate arrangements for pupils with medical conditions and will work in partnership with pupils, parents/carers, healthcare professionals and relevant staff.

The school will have regard to section 100 of the Children and Families Act 2014 and the Department for Education statutory guidance Supporting pupils at school with medical conditions. Where a pupil's asthma meets the legal definition of disability, the school will consider and make reasonable adjustments in accordance with the Equality Act 2010.

This policy also reflects national guidance on the use of emergency salbutamol inhalers in schools. At the date of this review, the Department for Education has published draft revised guidance on medical conditions and allergy; until final statutory guidance replaces the current guidance, the school will continue to have regard to the statutory guidance currently in force.

2. Legal framework and related guidance

- Children and Families Act 2014, section 100.
- Equality Act 2010.
- Human Medicines Regulations 2012, as amended, including provisions that permit schools to hold salbutamol inhalers for emergency use.
- Department for Education: Supporting pupils at school with medical conditions: statutory guidance.
- Department of Health: Guidance on the use of emergency salbutamol inhalers in schools.
- Relevant current NHS and professional guidance for the management of asthma in children and young people.

This policy should be read alongside the school policies and procedures for supporting pupils with medical conditions/administration of medicines, first aid, SEND, safeguarding and child protection, educational visits and health and safety.

3. What is asthma?

Asthma is a condition affecting the airways. Symptoms can include coughing, wheezing, chest tightness and breathlessness and may be triggered by factors such as respiratory illness, pollen, dust, smoke or exercise. Symptoms and triggers vary between pupils. An acute asthma attack can be a medical emergency.

4. Identifying pupils and individual healthcare plans

Parents/carers must tell the school if their child has asthma and provide up-to-date information about the condition, prescribed treatment, triggers and emergency arrangements. The school will maintain an asthma/medical register and update information at least annually and when notified of a change.

Where asthma is severe, complex, poorly controlled or otherwise requires individual arrangements, the school will consider whether an Individual Healthcare Plan (IHP) is required. An IHP will be developed in partnership with the pupil, where appropriate, parents/carers, relevant school staff and healthcare professionals. It will be reviewed at least annually and sooner when needs or treatment change.



5. Medication and access to inhalers

Pupils' asthma medication will be managed in accordance with the prescribed instructions and, where applicable, the pupil's IHP. Reliever medication must be immediately accessible whenever it is needed. Other prescribed asthma medication required during the school day will be managed under the school's medicines procedures.

Where pupils are sufficiently competent to manage their own asthma medication, they will be encouraged and supported to do so following discussion with parents/carers and, where appropriate, healthcare professionals. Arrangements will reflect the individual pupil's needs and understanding rather than a fixed age threshold.

- Personal inhalers and spacers should be clearly labelled and stored so that they are readily accessible and never locked away during the school day.
- Staff must know where pupils' inhalers and the school emergency inhaler kit are kept.
- Medication must accompany the pupil during PE, sporting activities, educational visits, off-site activities and residential visits.
- Parents/carers should ensure that medication supplied to school is in date and that the school is told promptly of changes to treatment.

6. Record keeping

The school will maintain suitable medical records. Staff administration or assistance with medication, use of the school emergency salbutamol inhaler, asthma attacks and other significant medical incidents will be recorded in accordance with school procedures. Arrangements for competent pupils who self-administer routinely will be agreed and documented where appropriate. Parents/carers will be informed following an asthma attack or emergency treatment and when there are concerns about increased reliever use.

7. Physical education, trips and wider school life

Pupils with asthma will be encouraged and supported to participate fully in PE, sport, educational visits, residential visits, enrichment and wraparound provision. The pupil's inhaler and spacer, where prescribed, must be readily available. Necessary reasonable adjustments and risk-management arrangements will be put in place so that pupils are not unnecessarily excluded because of asthma.

For visits and residential activities, the visit leader will ensure that relevant medical information, medication, emergency arrangements and contact details are available. Staff supporting a pupil with specific medical needs will receive appropriate information and training.

8. Staff training and awareness

All staff will receive sufficient information to recognise common asthma symptoms, know how to obtain a pupil's medication and understand the school's emergency response. Staff undertaking specific healthcare responsibilities will receive appropriate training relevant to the pupil and the task. Training will be refreshed at least every two years and sooner where pupils' needs, staffing, guidance or school arrangements change.



9. Changes in symptoms, illness or treatment

Where asthma symptoms or medication requirements change temporarily, including during respiratory illness, parents/carers must inform the school. Medication will be administered in accordance with prescribed instructions, the pupil's IHP where applicable and the school's medicines procedures. If instructions are unclear or differ from the prescribed directions, the school will seek appropriate clarification before administering the medicine unless emergency action is required.

Frequent or increasing use of reliever medication, repeated symptoms, night-time symptoms reported by the family or difficulty participating in normal activities may indicate that asthma is not well controlled. The school will share relevant concerns with parents/carers and advise them to seek appropriate healthcare advice.

10. Emergency asthma procedure

An asthma attack must be treated promptly. Staff must remain with the pupil, keep the pupil as calm and comfortable as possible, obtain the pupil's reliever inhaler and spacer without delay and follow the pupil's individual emergency instructions and the school's current asthma emergency protocol. Staff must not rely on outdated dosage instructions embedded in this policy.

- Call 999 immediately if the pupil is severely breathless, has difficulty speaking, is becoming exhausted, shows a marked change in colour, collapses, deteriorates at any stage, or if staff are otherwise seriously concerned.
- Continue appropriate reliever treatment while awaiting emergency help in accordance with the pupil's plan and the school's current emergency asthma protocol.
- Never leave a pupil experiencing an asthma attack unattended.
- Contact the parent/carer as soon as practicable after emergency action has begun.
- Record the incident and any medication administered, and review arrangements after a significant episode or near miss.

11. School emergency salbutamol inhaler

The school will maintain an emergency salbutamol inhaler kit in accordance with the Human Medicines Regulations and the Department of Health guidance on emergency salbutamol inhalers in schools. The emergency inhaler is additional to, and not a replacement for, a pupil's own prescribed inhaler.

The school will maintain a current protocol covering:

- where emergency inhaler kits are kept and how staff can gain rapid access;
- checking inhalers and spacers, including expiry dates and replacement;
- safe storage, care, cleaning and disposal of equipment;
- which pupils may use the emergency inhaler and the required consent/records;
- recording each use and informing parents/carers;
- staff awareness and training; and
- arrangements for school trips and off-site activities where appropriate.

Personal prescribed inhalers should not routinely be shared between pupils. Where a pupil cannot access their own inhaler, staff will follow the school emergency salbutamol protocol and call 999 when indicated.



12. Responsibilities

Governing Body

- Ensure arrangements are in place to support pupils with medical conditions and that this policy is implemented.
- Ensure sufficient appropriately trained staff and suitable emergency arrangements are available.
- Monitor the effectiveness of the policy and ensure it is reviewed at least annually or when guidance changes.

Headteacher

- Take overall responsibility for the day-to-day implementation of the policy.
- Ensure staff are aware of pupils' medical needs where relevant to their role and know what to do in an emergency.
- Ensure sufficient trained staff and contingency arrangements are available.

Medical Lead

- Coordinate school medical information and relevant records.
- Maintain oversight of the asthma register and emergency inhaler arrangements.
- Support staff training and communication with families and healthcare professionals as appropriate.
- Monitor significant incidents and ensure arrangements are reviewed where necessary.

All school staff

- Understand and follow this policy and relevant emergency procedures.
- Know which pupils they work with have asthma where this information is necessary for safe care.
- Allow immediate access to reliever medication.
- Know how to summon emergency help and never leave a pupil having a significant asthma attack unattended.
- Ensure relevant medication accompanies pupils on trips, PE and off-site activities.
- Report and record concerns or incidents in accordance with school procedures.

Parents/carers

- Tell the school that their child has asthma and provide accurate, current information.
- Supply prescribed medication and spacers requested by the school, clearly labelled and in date.
- Inform the school promptly of changes to symptoms, treatment or medication.
- Provide information required for visits, residentials and other activities.
- Work with the school and healthcare professionals in developing and reviewing an IHP where one is required.

Pupils

Pupils will be encouraged, according to their age, understanding and competence, to understand their asthma, recognise symptoms and triggers, carry or access their medication as agreed, and tell an adult promptly if symptoms occur or medication is not available.



13. Equality, inclusion and safeguarding

The school will consider reasonable adjustments for pupils whose asthma amounts to a disability under the Equality Act 2010. A pupil will not be unnecessarily excluded from curriculum activities, PE, school visits or wider school life because of asthma. Medical information will be shared with staff on a need-to-know basis so that pupils can be supported safely, while respecting confidentiality and the school's data-protection and safeguarding arrangements.

14. Concerns and complaints

Concerns about a pupil's asthma management should be raised promptly with the class teacher, Medical Lead or Headteacher as appropriate. Formal complaints will be considered under the school's complaints procedure.

15. Further information

- GOV.UK: Supporting pupils at school with medical conditions.
- GOV.UK / Department of Health: Guidance on the use of emergency salbutamol inhalers in schools.
- NHS information on asthma.
- Asthma + Lung UK information and resources.
- The pupil's GP, asthma nurse, school nurse or paediatric respiratory team, where applicable.

Local clinical contact details should be checked and updated by the school before publication rather than relying on historic contact details.

16. Monitoring and review

The Governing Body will review this policy annually and sooner if there is a significant incident or a change to legislation, statutory guidance, national clinical guidance or school arrangements. This October 2026 version should also be revisited when the Department for Education publishes final revised statutory guidance on supporting children and young people with medical conditions and allergy.