



Asthma Policy



Name of school

IncludEd Learning Specialist School

Head teacher/principal

Ms Noreen Khan

Asthma champion/lead

Miss Emily Hales

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1. About asthma and this policy

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood. Asthma is caused by swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, so they temporarily narrow.



Common asthma symptoms include:

- coughing
- wheezing
- shortness of breath
- tightness in the chest.

Asthma is the most common chronic childhood condition in the UK and affects one in eleven children. That means on average there are between one and three children with asthma in **every classroom** in the UK.



Although asthma deaths are thankfully rare and the asthma death rate in children and young people is low, missed school days due to poorly controlled asthma are common. Absence from school impacts on a child's education, overall performance and attainment. **Research suggests that up to 18% of school absences are asthma related.**

In school, we recognise that asthma is a widespread, serious, yet controllable condition.

Those with asthma may need to be supported to help manage symptoms and prevent missing time engaging in the school day.

The purpose of this asthma policy is to ensure the immediate safety, and long term well-being of all pupils with asthma. The school aims to provide a supportive environment enabling all pupils to fully participate in all school activities while managing their condition effectively to promote optimal academic performance.

This policy applies to all pupils, staff, and parents or caregivers of the school and outlines the procedures for managing and supporting students with asthma during school hours and during activities that may take place beyond the normal school day.



We endeavour to support our pupils with asthma in school by having the following in place:

- An appointed **Asthma Champion/ Lead** in school
- An up-to-date **School Asthma Policy**, accessible to all staff, parents, care givers and students
- An up-to-date **Asthma Register** of all students with an asthma diagnosis
- An easily accessible **emergency** Salbutamol inhaler/spacer device
- All pupils with asthma have a **Personalised Asthma Action Plan** (PAAP)
- Processes and procedures to recognise when asthma is impacting on a pupil's attainment
- Asthma **training** provided to at least 85% of school staff
- A school risk assessment which identifies/mitigates asthma triggers.



2. The role of Asthma Champions & Leads

The School Asthma Champion and Lead are responsible for ensuring the supportive measures are implemented



Their role requires them to:

- Take responsibility for the management of the asthma register, ensuring it is up to date and accurate
- Update the school's asthma policy, ensuring it reflects current medical guidelines and best practices
- Manage the supply of emergency salbutamol inhalers in school, adhering to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools [[Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/67222/guidance-on-the-use-of-emergency-salbutamol-inhalers-in-schools.pdf)]
- Ensure that children always have immediate access to their inhalers, including during off-site school activities
- Communicate with parents/carers regarding any deterioration in a child's asthma condition whilst in school including requiring of any medication administered to relieve symptoms or given in an emergency

***These responsibilities may be delegated to other members of staff when appropriate, ensuring continuous support for students with asthma.**

3. The role of parents & care givers

Parents and care givers of pupils will be expected to:

- Inform school if their child has been given a diagnosis or suspected diagnosis of asthma and a reliever inhaler has been prescribed
- Ensure prescribed asthma reliever inhaler and spacer device is sent into school – labelled with their child's name, date of birth drug name and expiry date
- Provide the school with an up-to-date Asthma Action Plan for their child, completed by the health professional who supports their child's asthma management – this may be the GP, Practice Nurse, Asthma Nurse or Consultant
- Provide consent for use of the school emergency reliever inhaler where appropriate and required
- Inform the school of any changes in their child's asthma or medication
- Ensure their child knows how to correctly use their asthma inhaler where age or developmentally appropriate.



4. The role of all teachers & school staff



All teachers and school staff will be expected to:

- Be aware of which students in their class have asthma
- Have completed Tier 1 National Capabilities Asthma Training and refresh training every two years
- Understand and follow a pupils Personal Asthma Action Plan
- Ensure that pupils always have access to their asthma medication, including on school trips, during sporting activity, and on outdoor activities
- Take immediate action if a student is experiencing asthma symptoms by following the school's emergency procedures.

5. Asthma register

An asthma register is kept by school, which is updated yearly.

We do this by asking parents/carers if their child is diagnosed with or suspected asthma. When parents/carers have confirmed that their child has asthma or has been prescribed a preventer and/ or reliever inhaler we ensure that the pupil has been added to the asthma register and the school has:

- Made a request for a child's reliever inhaler to be in school with an appropriate spacer (where necessary)
- Parental/carer consent to allow use of the schools emergency inhaler in the event of their child's inhaler not being available
- Requested a copy of the child's Personal Asthma Action Plan (PAAP) to be shared with school.



6. Asthma Management Procedures

There are seven key steps in our asthma management procedures



step 1 Asthma Action Plans

1 All children/Young people with asthma should have a current Asthma Action Plan completed by their healthcare provider.

This plan should outline daily management strategies, triggers, signs of worsening asthma, and steps to take during an asthma attack.

Asthma UK evidence shows that if someone with asthma uses a personal asthma action plan, they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma + Lung UK)

These plans must be updated annually or whenever there is a significant change in a pupil's asthma management.

step 2 Medication Administration

2 Pupils should have immediate access to their reliever asthma medication (e.g., inhalers, spacers) at all times.

Children should not bring their preventer inhaler to school as it should be taken morning and night as prescribed by their doctor/nurse. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their asthma medication as prescribed.

Students who are competent to self-administer their medication - usually secondary school pupils - may carry their inhalers with written permission from their parent/guardian.

School staff are not required to administer asthma medicines to pupils however children may have poor inhaler technique or are unable to take the inhaler by themselves. Staff who have had asthma training and are confident to support children as they use their inhaler should do so whenever possible.

Younger pupils' inhalers will be stored securely in designated areas, but must be easily accessible when needed - usually in the classroom (not locked away).

They must know the whereabouts and how to access the emergency inhaler.

Children must never be left alone or be sent to get the inhaler if requiring it.

If we have any concerns over a child's ability to use their inhaler, we will advise parents/carers to arrange a review with their GP/nurse.



Asthma Management Procedures continued



step 3 Managing asthma in the classroom

3 A pupil's Personal Asthma Action Plan (PAAP) informs us of the day-to-day symptoms of their asthma and how to respond to them on an individual basis.

Where a child responds well to their own medication, they can usually remain in school however parents/carers should be kept informed to monitor symptoms.

Three or more symptoms that require reliever medication within a week can be a sign of deterioration of a child's asthma and therefore every effort will be made to communicate with parents regarding any symptoms that require medication.

Teachers should be aware of asthma triggers and work to minimise exposure (e.g. ensuring good air quality, avoiding use of strong chemicals or perfumes).

Teachers will ensure students with asthma have a pre-designated 'safe space' in the event they feel unwell or are experiencing asthma symptoms.

step 4 Staff training

4 Staff will access training for CYP Asthma at least every two years. This training can be accessed by following the link:

- [Asthma \(Children and young people\) - elearning for healthcare \(e-lfh.org.uk\)](https://e-learning-for-healthcare.e-lfh.org.uk)

The school commits to training as many staff as possible to ensure children with Asthma are supported in school.

step 5 School environment

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

The school has a definitive no-smoking/vaping policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not encounter their triggers, wherever possible.

As part of our responsibility to ensure all children are kept safe within the school grounds and on offsite school activities, a risk assessment will be performed by staff.

These risk assessments will establish asthma triggers which the children could be exposed to. Plans will be put in place to ensure these triggers are avoided/mitigated, where possible.



Asthma Management Procedures continued



Step 6 Exercise and activity

6

Taking part in sports, games and activities is an essential part of school life for all pupils. The health benefits of exercise are well documented, this is also true for children and young people with asthma.

It is therefore important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE.

All staff will know which children in their class have asthma and PE teachers at the school will be aware of which pupils have asthma from the school's asthma register. Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils who are mature enough to carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson.

If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so.

Step 7 When asthma is affecting a pupil's education

7

The school are aware the aim of asthma medication is to allow people with asthma to live a normal life.

Therefore, if we recognise that if asthma is impacting on their life and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse with consent, and suggest they make an appointment with their asthma nurse/doctor.

It may simply be that the pupil needs an asthma review, to check inhaler technique, review medication or update their PAAP, to improve their symptoms.



7. Emergency Inhaled Salbutamol Use

As a school we can purchase salbutamol inhalers and spacers from community pharmacists without a prescription.



We will request consent from parents/carers for use of the emergency inhaler when the school is notified that a child has asthma.

Once consent is gained, we will use the salbutamol emergency inhaler during the onset of breathing difficulties in the absence of the child's own inhaler or if the child cannot use their own inhaler to relieve symptoms (such as with a breath actuated inhaler). This will always be used with a spacer.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects.

Side-effects of inhaled salbutamol, tend to be mild and temporary and are not likely to cause serious harm. The child may:

- feel a bit shaky or may tremble
- or they may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

The school Asthma Champion and team will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has enough doses available
- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use
- Replacement inhalers are obtained following use
- Inhalers that have been used and need to be disposed of should be taken to the community pharmacy for correct disposal.

We will record where use of the emergency inhaler has been required, and parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.



8. Asthma Attacks and Emergency Management



1

Recognising an Asthma Attack:

Common asthma attack symptoms include:

- coughing
- wheezing
- shortness of breath
- tightness in the chest
- and difficulty speaking in full sentences.

Staff must remain calm, reassure the pupil and follow the Asthma Action Plan.

2

Emergency Procedure:

If a student exhibits severe symptoms (such as difficulty breathing, blue lips, or symptoms not relieved by inhaler), staff should:

- Stay with the student and remain calm
- Administer reliever medication as outlined in the student's Asthma Action Plan
- Call emergency services (999) if the student does not improve after administering the medication or if the attack is severe
- Notify parents/guardians at the earliest opportunity.





Review of Policy

This policy will be reviewed annually or as necessary to ensure it meets current medical guidelines and the needs of students with asthma.

Approval and Adoption

This policy has been reviewed and approved by

Ms Noreen Khan

[School Board/Principal]

on

01.12.25

[Date].

References

- Asthma +Lung UK www.asthma.org.uk
- Department for Health (2014) Guidance on the Use of Emergency Inhalers in Schools
- BTS/SIGN guidelines for CYP Asthma.

