Asthma Policy

Approved by Governors	September 2026
Next review due	September 2027

1. Introduction

At Edleston Primary School, we are committed to supporting pupils with asthma and ensuring they can participate fully and safely in all aspects of school life.

Asthma is a common long-term medical condition that affects the airways and can cause breathing difficulties. With the correct support and management, children with asthma should be able to enjoy school, attend regularly, take part in physical activities and achieve their full potential.

We aim to create an inclusive environment where pupils with asthma feel safe, supported and confident in managing their condition.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy and First Aid Policy.

2. Aims of the Policy

This policy aims to:

- Ensure all pupils with asthma are properly supported in school.
- Reduce the risk of asthma-related emergencies.
- Ensure pupils have prompt access to their medication when required.
- Promote full participation in all school activities.
- Provide staff with clear guidance on supporting pupils with asthma.
- Work effectively with parents, carers and healthcare professionals.
- Maintain safe and effective emergency procedures.

3. Understanding Asthma

Asthma is a condition that affects the airways carrying air in and out of the lungs.

When exposed to a trigger, the airways can become:

- Inflamed
- Swollen
- Narrowed
- Filled with excess mucus This can make breathing difficult.

Common symptoms include:

- Coughing
- Wheezing
- Shortness of breath
- Chest tightness
- Tiredness

- Difficulty keeping up with physical activity

Symptoms may vary from child to child and can change over time.

4. Roles and Responsibilities

The Governing Board Will:

- Ensure arrangements are in place to support pupils with medical conditions.
- Monitor the effectiveness of this policy.
- Ensure the school complies with relevant legislation and guidance.

The Headteacher Will:

- Implement and review this policy.
- Maintain an up-to-date asthma register (Appendix A) identifying pupils diagnosed with asthma and any associated medical arrangements.
- Ensure staff receive appropriate training.
- Ensure emergency asthma medication is available.
- Monitor incidents involving asthma.
- Ensure appropriate procedures are followed during educational visits.

School Staff Will:

- Be aware of pupils with asthma.
- Know how to recognise asthma symptoms and respond appropriately.
- Ensure inhalers are accessible when required.
- Support pupils in managing their condition.
- Record and report any asthma incidents.

Parents and Carers Will:

- Inform the school if their child has asthma.
- Provide an in-date reliever inhaler.
- Provide a spacer where appropriate.
- Complete consent forms for emergency medication.
- Provide an up-to-date Personal Asthma Action Plan where available.
- Inform the school of any changes to medication or treatment.

Pupils Will:

- Tell a member of staff if they are experiencing symptoms.
- Use medication responsibly.
- Carry their inhaler if agreed by parents and school.

- Follow advice regarding managing their asthma.

5. Asthma Register

The school keeps an up-to-date asthma register. Staff will ask parents/carers of pupils diagnosed with asthma to provide a copy of their current Asthma Action Plan given to them by health professionals.

Where parents/carers are unable to obtain a copy, the school will provide the template from beat asthma in Appendix D. Parents/carers will be encouraged to ask their GP, asthma nurse or other relevant healthcare professional to review and complete the plan. In the interim, school staff and parents/carers will complete the sections they are able to using the information available, and the plan will be updated once professional advice has been obtained. The plans contain

- Pupil name and class
- Emergency contact details
- Details of asthma medication
- Known triggers
- Location of inhaler
- Consent for emergency inhaler use
- Details of any Personal Asthma Action Plan

The register is reviewed at least termly and updated whenever changes are reported. Relevant staff are informed of pupils who have asthma and any significant changes to their condition. Where a pupil's asthma is severe, complex or forms part of a wider medical condition, an Individual Healthcare Plan may also be implemented in accordance with the school's Medicines Policy and Supporting Pupils with Medical Conditions Policy.

6. Asthma Medication

Pupils with asthma should have immediate access to their prescribed reliever inhaler at all times.

At Edleston Primary School:

- All inhalers must be clearly labelled with the pupil's name.
- Inhalers will be stored in an agreed, easily accessible location.
- Staff will know where inhalers are kept.
- Medication expiry dates will be monitored.
- Parents remain responsible for ensuring medication is replaced before it expires.

A pupil should never be denied access to their prescribed medication.

7. Emergency Asthma Inhaler

The school maintains emergency salbutamol inhalers and spacers in accordance with current government guidance.

The emergency inhaler may be used when:

- A pupil has asthma or has been prescribed a reliever inhaler.

- Written parental consent has been provided. Parental consent for the use of the school's emergency salbutamol inhaler will be obtained using the consent form contained in Appendix C.
- The pupil's own inhaler is unavailable, damaged or ineffective.

Following use of the emergency inhaler:

- Parents/carers will be informed as soon as possible.
- A record will be completed.
- Medical advice will be sought where appropriate.

All asthma incidents requiring the use of a reliever inhaler, emergency inhaler, additional monitoring or emergency medical assistance will be recorded using the Asthma Incident Record Form (Appendix B).

8. Physical Activity and Participation

Edleston Primary School encourages all pupils with asthma to participate fully in:

- PE lessons
- Sports competitions
- Forest School activities
- Outdoor learning
- Educational visits
- Residential visits
- Extra-curricular clubs

Asthma should not be a barrier to participation.

Reasonable adjustments will be made where necessary and inhalers will be readily available during all activities.

Staff supervising activities will be aware of any pupils who may require asthma medication.

9. Managing Asthma Triggers

Asthma triggers vary between individuals. Common triggers include:

- Viral infections and colds
- Exercise
- Pollen
- Dust
- Animal fur
- Smoke
- Air pollution
- Strong scents
- Weather changes
- Anxiety or emotional stress

Where possible, the school will seek to reduce exposure to known triggers and support individual needs.

Where pupils are also identified as having allergies or being at risk of anaphylaxis, support arrangements will be coordinated with the school's Allergy Register, Individual Healthcare Plans and Benedict's Law procedures.

Where required, pupils with asthma will have an Individual Asthma Care Plan (Appendix D) or Individual Healthcare Plan outlining symptoms, triggers, medication and emergency procedures.

10. Recognising Asthma Symptoms

Staff should be aware that a pupil may be experiencing worsening asthma symptoms if they are:

- Coughing persistently
- Wheezing
- Short of breath
- Complaining of chest tightness
- Finding it difficult to participate in activities
- Needing their reliever inhaler more frequently

Early intervention is important and symptoms should never be ignored.

11. Asthma Attack Procedure

If a pupil is experiencing asthma symptoms, staff should follow the school's Asthma Attack Flowchart (Appendix E).:

Step 1
Stay calm and reassure the pupil.

Step 2
Sit the pupil upright.

Step 3
Help the pupil use their reliever inhaler through a spacer, if available.

Step 4
Keep the pupil under close supervision.

Step 5
Follow the pupil's Personal Asthma Action Plan where available.

Call 999 Immediately If:

- Symptoms do not improve.
- The pupil becomes distressed or exhausted.
- The pupil struggles to speak or complete sentences.
- Breathing becomes increasingly difficult.
- The pupil collapses.
- You are concerned at any point.

Parents/carers must be informed as soon as possible following any significant asthma incident.

All asthma incidents requiring the use of a reliever inhaler, emergency inhaler, additional monitoring or emergency medical assistance will be recorded using the Asthma Incident Record Form (Appendix). Parents/carers will be informed as soon as reasonably practicable.

12. Educational Visits and Residential Visits

The school will ensure that pupils with asthma are able to participate fully in educational visits and residential activities.

Visit leaders will:

- Be aware of pupils with asthma.
- Have access to relevant medical information.
- Ensure inhalers accompany pupils.
- Carry emergency contact details.
- Know emergency procedures.

Risk assessments will consider any specific medical needs. Where a pupil has an Individual Healthcare Plan or Personal Asthma Action Plan, relevant information will accompany the visit and be shared with supervising staff as appropriate.

Visit leaders should complete the Educational Visits Asthma Checklist (Appendix F) before any off-site visit involving a pupil with asthma.

13. Staff Training

The school is committed to ensuring staff have sufficient knowledge and confidence to support pupils with asthma.

Training will include, where appropriate::

- Understanding asthma
- Recognising symptoms
- Using inhalers and spacers
- Responding to asthma attacks
- Use of emergency inhalers
- Individual medical needs

Training records will be maintained by the school.

14. Record Keeping

The school will maintain:

- An asthma register
- Consent forms
- Personal Asthma Action Plans
- Records of emergency inhaler use
- Training records

- Records of significant incidents [see Appendix
- Administration of emergency asthma medication will also be recorded on the school's central medication recording system in accordance with the Medicines Policy.

This information will be stored in accordance with data protection requirements.

The school will maintain records of asthma incidents using the Asthma Incident Record Form (Appendix 2). Significant incidents will be reviewed by the Lead Paediatric First Aider and Headteacher to identify any changes required to Individual Healthcare Plans, risk assessments or asthma management arrangements.

15. Monitoring and Review

This policy will be reviewed annually or sooner if:

- National guidance changes.
- School procedures change.
- An asthma-related incident highlights a need for review.
- New legislation is introduced.

The Headteacher and Governing Board will monitor the effectiveness of this policy and ensure that pupils with asthma continue to receive appropriate support.

The Headteacher will report any significant asthma-related incidents to the Governing Board through the Headteacher's Report and ensure that any lessons learned are incorporated into future practice.

Linked Policies

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Health and Safety Policy
- Educational Visits Policy
- Safeguarding and Child Protection Policy

At Edleston Primary School, we believe that every child deserves to feel safe, included and ready to learn. Through strong partnerships with families, effective staff training and a commitment to removing barriers, we ensure that pupils with asthma can participate confidently in every aspect of school life as we continue Building Strong Foundations for Every Child.

APPENDIX A

ASTHMA INFORMATION FORM

Edleston Primary School

Pupil Information

Pupil Name: _____
Date of Birth: _____
Class: _____
Date Asthma Diagnosed (if known): _____

Medical Information

Name of Asthma Medication(s): _____

_____

How often is medication usually required?

□ Daily
□ Occasionally
□ Before exercise
□ Other: _____

Known Asthma Triggers

Please tick any known triggers:

□ Colds/viral infections
□ Exercise
□ Pollen
□ Dust
□ Animal fur
□ Cold weather
□ Hot weather
□ Smoke
□ Strong smells
□ Anxiety/stress
□ Other:

I confirm that the above information is correct and that I will inform the school of any changes to my child's medical needs.

Parent/Carer Name: _____
Signature: _____
Date _____

TO BE ATTACHED TO THE MEDICATION CONSENT FORM

APPENDIX B

CONSENT FOR USE OF SCHOOL EMERGENCY ASTHMA INHALER

Edleston Primary School

The school holds an emergency salbutamol inhaler for use in an asthma emergency.

To enable school staff to administer the emergency inhaler, parental consent is required.

Child's Details

Name: _____ Class: _____ My child:

□ Has been diagnosed with asthma
OR
□ Has been prescribed a reliever inhaler

Parent/Carer Consent

I consent to appropriately trained members of staff administering the school's emergency salbutamol inhaler if:

- My child's prescribed inhaler is unavailable.
- My child's inhaler is empty or damaged.
- My child is experiencing symptoms that require urgent treatment.

I understand that:

- School staff will act in the best interests of my child.
- The school will contact me as soon as possible after use.
- A written record will be completed.

Parent/Carer Name: _____
Signature: _____
Date: _____
Emergency Telephone Number: _____

APPENDIX C

ASTHMA REGISTER

Edleston Primary School Asthma Register

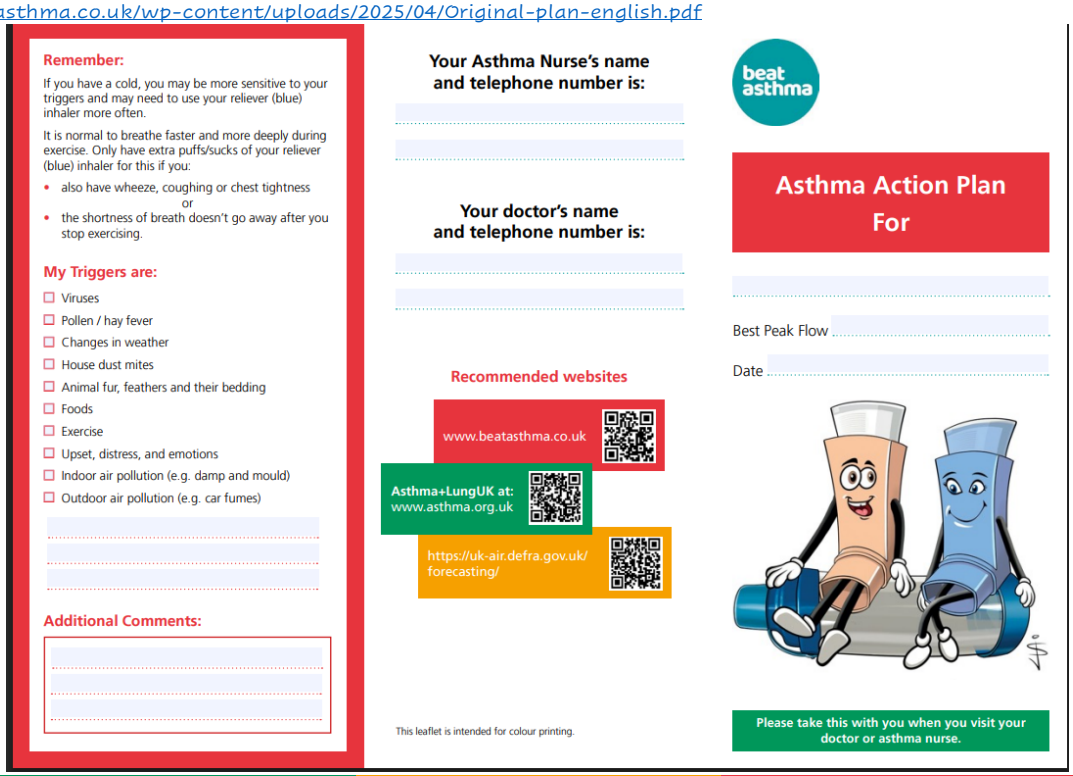
Name	Class	Date of Birth	Consent to use emergency inhaler	Provided school with a reliever inhaler and spacer	Expiry date checked each term		
					Autumn	Spring	Summer

	Term	Date	Staff initials	Actions
Termly register checks	Autumn			
	Spring			
	Summer			

APPENDIX D

Beat Asthma – Asthma action plan

https://www.beatasthma.co.uk/wp-content/uploads/2025/04/Original-plan-english.pdf



Remember:

If you have a cold, you may be more sensitive to your triggers and may need to use your reliever (blue) inhaler more often.

It is normal to breathe faster and more deeply during exercise. Only have extra puffs/sucks of your reliever (blue) inhaler for this if you:

- also have wheeze, coughing or chest tightness
  or
- the shortness of breath doesn't go away after you stop exercising.

My Triggers are:

- ☐ Viruses
- ☐ Pollen / hay fever
- ☐ Changes in weather
- ☐ House dust mites
- ☐ Animal fur, feathers and their bedding
- ☐ Foods
- ☐ Exercise
- ☐ Upset, distress, and emotions
- ☐ Indoor air pollution (e.g. damp and mould)
- ☐ Outdoor air pollution (e.g. car fumes)

Additional Comments:

Your Asthma Nurse's name and telephone number is:

Your doctor's name and telephone number is:

Recommended websites

www.beatasthma.co.uk

Asthma+LungUK at: www.asthma.org.uk

https://uk-air.defra.gov.uk/forecasting/

This leaflet is intended for colour printing.

beat asthma

Asthma Action Plan For

Best Peak Flow

Date

Please take this with you when you visit your doctor or asthma nurse.

Green zone

I have no asthma symptoms

Your asthma is under control if:

- your breathing feels good
- you have no cough or wheeze
- your sleeping is not disturbed by coughing
- you are able to do your usual activities
- you are not missing school
- if you check your Peak Flow, it is around your best

BEST PEAK FLOW

Green Zone Action

Take your normal medications

Your preventer inhaler is

Its colour is

You take ..... puffs/sucks every morning

You take ..... puffs/sucks every night

You do this every day, even when you are well.

Other asthma medications you take are:

Your reliever inhaler is

Its colour is

You take ..... puffs/sucks up to 3 times in a week for symptoms

If you are needing to use your reliever inhaler more than 3 times per week for symptoms,

Move to the Amber Zone

Amber zone

My asthma is getting worse

If you are regularly needing to use your reliever inhaler more than 3 times per week or your asthma interferes with normal activity or sleep, arrange a review with your asthma nurse or GP

Warning signs that your asthma is getting worse:

- you have symptoms (cough, wheeze, 'tight chest' or feel out of breath)
- you need your reliever inhaler more than usual
- your reliever is not lasting **four hours**.
- your peak flow is down by about a third

PEAK FLOW 1/3 DOWN

Amber Zone Action

Continue your normal medicines AND

- Take **2 puffs** of the BLUE inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes if you still have symptoms up to a total of 6 puffs.
- You can do this every 4 hours but **must** make an appointment at your GP surgery within the next 24hrs even if you feel better.
- If you need to do this more than every 4hrs, you must see your GP today or go to A & E
- Start keeping a record of your symptoms and peak flow readings to take to the Doctor

IMPORTANT

- If after your **6 puffs**, you still have increasing wheeze or chest tightness

Move to the RED ZONE

Red zone

I am having an asthma attack

- you are still breathing hard and fast
- you still feel tight and wheezy
- you are too breathless to talk in a sentence
- you are feeling frightened and exhausted

Other serious symptoms are:

- colour changes - very pale / grey / blue
- using rib and neck muscles to breath, nose flaring

Red Zone Action

Take 10 puffs of the blue inhaler via a spacer and call 999

Asthma can be life threatening

- Stay where you are and keep calm
- Do not attempt to do a peak flow
- Whilst waiting for the ambulance and using your spacer, take 1 puff at a time of your blue inhaler, breathing at a normal rate for 4-5 breaths, every 30 seconds.
- If the ambulance has not arrived after 10 minutes, call it again
- If your child becomes unresponsive and has an adrenaline pen for allergies-use it now.

Additional comments or information

APPENDIX E – ASTHMA ATTACK FLOWCHART

🚑 ASTHMA ATTACK? ACT FAST!

1. RECOGNISE THE SIGNS

A child may be:

- Coughing continuously
- Wheezing
- Struggling to breathe
- Complaining of a tight chest
- Finding it difficult to speak
- Becoming unusually tired during activity

2. STAY CALM

- ✅ Reassure the child
- ✅ Sit them upright
- ✅ Loosen tight clothing if needed
- ❌ Do NOT leave them alone
- ❌ Do NOT ask them to lie down

3. GIVE RELIEVER INHALER

- ✅ Help the child take their blue reliever inhaler
- ✅ Use a spacer if available
- ✅ Follow the child's Personal Asthma Action Plan where available

4. MONITOR CAREFULLY

Ask:
"Are you feeling better?"
Stay with the child and continue to monitor breathing.

CALL 999 IMMEDIATELY IF:

- 🔴 No improvement after inhaler use
- 🔴 Breathing becomes more difficult
- 🔴 Child cannot speak in full sentences
- 🔴 Child appears exhausted
- 🔴 Lips appear blue or grey
- 🔴 Child collapses
- 🔴 You are worried at any point

WHILE WAITING FOR THE AMBULANCE

- ✅ Keep the child sitting upright
- ✅ Stay with the child
- ✅ Continue to reassure them
- ✅ Contact parents/carers
- ✅ Send someone to meet paramedics

REMEMBER

IF IN DOUBT, CALL 999

It is better to seek emergency help unnecessarily than delay treatment during an asthma attack.

APPENDIX F

EDUCATIONAL VISITS ASTHMA CHECKLIST

Before the Visit

□ Review asthma register.
□ Identify pupils with asthma.
□ Check all inhalers are in date.
□ Collect inhalers and spacers.
□ Ensure medicines are clearly labelled.
□ Review asthma action plans.
□ Check emergency contact information.
□ Ensure a trained member of staff is attending.
□ Take emergency inhaler kit.

During the Visit

□ Inhalers accessible at all times.
□ Staff aware of pupils with asthma.
□ Asthma triggers considered.
□ Medication carried by designated adult or pupil as agreed.
□ Emergency procedures understood by all supervising staff.

After the Visit

□ Return medication safely.
□ Record any asthma incidents.
□ Inform parents of any concerns or medication used.
□ Review procedures if any issues arose.