



ASTHMA POLICY V3 (2026)

INFORMATION

Version: 3.1

Date created: 28/01/2026

Next review date: 31/07/2026

Applies to: All staff, students, parents



1. PURPOSE AND PRINCIPLES

Scotholme Primary school:

- recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.
- The school promotes its asthma-friendly approach to parents and the wider community.
- recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- keeps a record of all pupils with asthma.
- has an emergency asthma kit, including salbutamol inhalers and spacers available for emergency use only, in the school waiting area. The emergency inhaler will only be used by children with asthma who also have written parental consent for its use. (See Asthma Care Plan, which will be used for this),
- The school has a named Asthma Lead (Sean Hall) responsible for maintaining the asthma register, overseeing inhaler management and acting as a point of contact for parents and health professionals.

In the event that the school emergency inhaler is used, parents will be contacted immediately and asked to bring medication to school the next day.

2. ASTHMA MEDICINES

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as they are mature enough. Where children are not old enough to do this, they will be kept in an easily accessible area of the classroom.

All inhalers must be labelled with the child's name.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by RPA when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

3. RECORD KEEPING

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.



When this has been established, an Asthma Care Plan will be sent to the parent/carers so that the school know they inhaler type, how much needs to be administered and the expiry date on the inhaler. This will also give consent for school to use the emergency inhalers.

This information is then added to the children's health lists which includes all of the pupils in each year group with any medical conditions or individual healthcare plans that they have. Copies of these are kept in the Head Teachers office and a copy of the asthma register is given to each year group with the information required for each pupil.

4. EXERCISE AND ACTIVITY - PE AND GAMES

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

Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with staff that each pupil's inhaler will be labelled and kept at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

5. OUT-OF-HOURS SPORT

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well-documented and 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 after school clubs.

Classroom teachers and out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

Staff also are aware in particular of the difficulties very young children may have in explaining how they feel.

6. SCHOOL ENVIRONMENT



The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has two school dogs - any children that may have complications because of this are factored in and kept away from dogs and the dogs are kept away from areas they may be. As far as possible, the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

7. WHEN A PUPIL IS FALLING BEHIND IN LESSONS

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the special education needs coordinator about the pupil's needs.

The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

8. ASTHMA ATTACKS

All trained first aid staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

Also there is a copy in each classroom of: - 'How to recognise an asthma attack' and 'What to do in the event of an asthma attack'

All adults will ask for the assistance of a paediatric first aider if it is required.

9. USE OF EMERGENCY SALBUTAMOL INHALERS IN SCHOOL

From 1st October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to keep a Salbutamol inhaler for use in emergencies.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler - this is a discretionary power enabling schools to do this if they wish.



At Scottholme Primary we will be holding emergency Salbutamol inhalers in school and we will ensure that it will only be used by children for whom written parental consent for use of the emergency inhaler has been given. All these pupils will have either been diagnosed with asthma and prescribed an inhaler or have been prescribed an inhaler as reliever medication. A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible - it will still help to relieve their asthma and could save their life.

We have arrangements for the supply, storage, care and disposal of the inhaler and spacers in line with the school's policy on supporting pupils with medical conditions.

As well as the above:

- Child's health list is available electronically via Medical Tracker.
- All children that have been diagnosed with asthma or prescribed a reliever inhaler are listed here.
- A copy of this list will be kept with the emergency inhalers. This list will identify all children who have parental permission for the use of the emergency inhaler. This allows staff to have a quick check for initiating the emergency response. This list will also ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use (see [Asthma Care Plan](#)).
- Consent will be updated regularly - every September - to take account of changes to a child's condition.
- Appropriate support and training for staff in the use of the emergency inhaler will be given regularly.
- A record of the use of the emergency inhaler is recorded on Medical Tracker which is required by Supporting pupils at school with medical conditions policy. Parents or carers will also be informed that their child has used the emergency inhaler via Medical Tracker's notification system or via a phone call.
- Having at least two volunteers responsible for ensuring the protocol is followed.
- The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.



10. THE EMERGENCY KIT

Our emergency asthma inhaler kit includes:

- Salbutamol metered dose inhalers;
- at least two spacers compatible with the inhaler;
- instructions on using the inhaler and spacer chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date (kept inside the medication cupboard in the head teacher's office), with regular checks on the contents of the box
- a list of children permitted to use the emergency inhaler as per parental consent form.
- a record of administration (i.e. when the inhaler has been used) kept in the first aid log.

All staff have access at all times.

The emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler.

11. STORAGE AND CARE OF THE INHALER

Sean Hall, Razia Akhtar and Ellen Greaves will have responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that parents/carers are reminded when inhalers approach their expiry date to insure uninterrupted access to medication;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.



To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, the plastic inhaler housing and cap should be washed in warm running water and left to air dry in a clean, safe place. The canister should be returned to the housing when it is dry, the cap replaced and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

12. RESPONDING TO ASTHMA SYMPTOMS AND AN ASTHMA ATTACK

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including an allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason, the emergency inhaler should only be used by children who have been diagnosed with asthma and prescribed a reliever inhaler or who have been prescribed a reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet



- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

13. RESPONDING TO SIGNS OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler - if not available or there is a problem i.e: broken, empty, out of date, not in school, use the emergency inhaler which is located in the school office
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two puffs of the salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE



- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Some children have different inhalers (Symbicort) that are used in a different manner. If this is the case, then those children will have an individual care plan with explicit instructions on how to use their specific inhaler. These care plans are available on Medical Tracker and members of staff who will work directly with the child will be briefed on how to use the inhalers at the start of the year.

14. RECORDING USE OF THE INHALER AND INFORMING PARENTS/CARERS

Use of the emergency inhaler should be recorded. This should include where and when the incident happened (e.g. PE lesson, playground, classroom), how much medication was given, and by whom (on Medical Tracker). Supporting pupils requires written records to be kept of medicines administered to children.

The child's parents must be informed via Medical Tracker so that they can forward this to the child's GP if necessary.

15. STAFF

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

In the following advice, the term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler and been trained to do this.

Our staff have appropriate training and support, relevant to their level of responsibility.

ALL staff:



- are informed of the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- who administer inhalers have appropriate training
- are aware of the asthma policy;
- are aware of how to check if a child is on the register;
- are aware of how to access the inhaler;
- know how to administer Salbutamol inhalers through a spacer;

All members of staff receive regular asthma awareness training, meeting Tier 1 asthma awareness expectations.

Designated members of staff are trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- making appropriate records of asthma attacks.

At Scottholme,

- at least two individuals (Sean Hall, Razia Akhtar and Ellen Greaves) are responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register;
- at least two individuals (Sean Hall, Razia Akhtar and Ellen Greaves) are responsible for the supply, storage care and disposal of the inhaler and spacer.



DOCUMENTATION IN SCHOOL (EXAMPLE OF ASTHMA PLAN)

Parents will complete this online with a copy of this uploaded to Medical Tracker



Asthma Health Care Plan

I give my permission for school staff to give my child reliever therapy (blue inhaler) for the treatment of an asthma attack/ prior to PE if required. I understand that I will be informed when treatment has been given other than for routine treatment.

| | |
|-----------------|--|
| Name of child | |
| Date of birth | |
| Name of inhaler | |
| Expiry date | |
| Number of puffs | |

I understand that Scottholme Primary School have an emergency blue inhaler. I also give my consent for this to be used in the event that my child's inhaler is not available (for example, because it is broken or empty).

Signed (Parent/ Guardian) _____

Date- _____

This plan will be reviewed on [date - 1 year after last review or signing]