

THE IVORY FEDERATION

Propps Hall Junior, Infant and Nursery School Springhead Infant and Nursery School Rushcroft Primary School

ASTHMA POLICY

RATIONALE

Our school recognises that asthma is a widespread, serious but controllable condition. About one in seven children have asthma and numbers are increasing. Most children with asthma can have a full and active life. This policy will help pupils with the management of their asthma while they are at school. This policy supplements the 'Administration of medication in school' and 'Health and Safety' policies.

This policy has been developed in line with the Department for Education guidance "*Supporting Pupils at School with Medical Conditions*" (2015) and "*Guidance on the Use of Emergency Salbutamol Inhalers in Schools*" (September 2014, updated 2023). It also reflects advice from NHS England and Asthma + Lung UK (reviewed 2024).

PURPOSE

- To ensure that pupils with asthma can and do participate fully in all aspects of school life, including art, PE, science, educational visits and out of hours activities
- To recognise that pupils with asthma need immediate access to reliever inhalers at all times
- Endeavor to make the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- To ensure that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are and know the school's procedure to follow in the event of an asthma attack

BROAD GUIDELINES

At the start of every school year and when a child joins the school parents/carers are asked to declare any medical conditions (including asthma) that require care within the school, for the school's records. Parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given a medical form to complete and return to school. From this information, the school keeps its asthma records. All teachers know which children in their class have asthma.

Parents are expected to provide the school with an inhaler (and spacer if required) at all times. If for whatever reason a child does not have their inhaler in school, the parents must be contacted immediately and asked to bring an inhaler to school.

If a parent/carer has stated that their child requires an inhaler in school but does not supply an **in-date inhaler**, the school will request the inhaler again and advise that 'it is neglect because the parents are failing to provide their child with necessary medication'.

The inhaler will be checked for the child's details and expiry date by the Pastoral Care Worker before being accepted as a child's medication.

The Pastoral Care Worker (or designated staff member) will maintain a log of all pupils with asthma, including dates of inhaler checks and expiry dates. Expiry checks will take place and a record will be retained in the school office. All incidents involving inhaler use will be logged for monitoring and review.

Individual pupils' inhalers are kept in a named box in their classrooms. Children are allowed access to their inhalers at any time in the school day, should they feel the need to use it. In the Foundation Stage inhalers are kept on a shelf above the sink, for the rest of the school, inhalers are kept next to the sinks.

Inhalers will accompany the child when taking part in any off-site activities, or residential trips. Inhalers will also be taken outside for fire drills, PE lessons (including the hall) and any other playground activities (excludes playtime).

Parents will be informed if an inhaler is used during the day, above and beyond the child's normal dosage. An inhaler band will be placed on the child's wrist for other adults and parents to see and an accident/illness report slip will be sent home. The usage of the inhaler will also be recorded in school on the class medical form.

An asthma 'flow chart' with detailed guidance will be displayed in the cookery room.

The school has 3 emergency inhalers and spacers, these are to be used in the event that a child needs one and they do not have theirs in school. The inhalers can be located in the Executive Headteachers office, cookery room and family room. Parental consent will be obtained before a child is allowed to use the school's emergency inhaler. Only pupils who have a diagnosis of asthma or who have been prescribed a reliever inhaler may use the emergency device. Should a child need to use one of these, a member of the SLT or Pastoral Care Worker must be informed and parents contacted. The usage of the inhaler will also be recorded in school on the spare inhaler medical form. The inhaler will be checked for an expiry date by the Office Staff and this will be labelled on the spare inhaler box.

Parental consent will be obtained before a child is allowed to use the school's emergency inhaler. Only pupils who have a diagnosis of asthma or who have been prescribed a reliever inhaler may use the emergency device.

All staff will receive annual asthma awareness and inhaler training from NHS-approved providers. Demonstrations and scenario-based practice will be included. A register of trained staff will be maintained in the main office and updated. Refresher sessions will be arranged if there are significant changes to guidance or following an incident.

Details of pupils with asthma will be shared with all relevant staff through the school's medical needs register and during diary meetings. The school will also promote asthma awareness through assemblies and classroom discussions to encourage peer understanding and support for children with asthma.

Staff Awareness and action in asthma emergencies

- All staff need to be able to manage attacks. Staff will do what a 'reasonable parent' would do in the circumstances prevailing at the time.
- For mild attacks children should take their usual reliever inhaler, as per instructions, they will be monitored closely and the parents will be informed.
- For severe attacks the child's inhaler will be used initially and close monitoring to establish whether the child:
 - *shows signs of recovery*
 - *is distressed or exhausted,*
 - *is unable to talk in sentences,*
 - *has blue lips*

- *or you have any doubts*

If any of the above is evident then the action required is as follows:

- *one adult should stay with pupil and use reliever inhaler via spacer while another adult dials 999 for an ambulance and states that the child is having a severe asthma attack requiring immediate attention;*
- *continue to give relief inhaler while help arrives as per instructions on the inhale;.*
- *inform parents of the situation and action taken;*
- *following any severe asthma incident, the response will be reviewed by the Senior Leadership Team and the school nurse (if applicable) to identify any learning outcomes and ensure care plans are up to date. Parents will be invited to review the child's asthma management plan if required.*

CONCLUSION

The implementation of this policy will ensure that the staff: are provided with clear guidelines on the storage and use of inhalers; know what to do in the event of an asthma emergency; ensure the medical needs of children are met effectively.

Reviewed Nov 2025