Eardisley CE Primary School

Asthma Policy

In all that we do our values shine through

Policy agreed: July 2026

Review date: July 2027

Introduction:

Eardisley CE primary School:

- recognises that asthma is a serious condition affecting many school age children;
- ensures that pupils with asthma participate fully in all aspects of school life including PE/Forest School/Trips;
- recognises that immediate access to reliever inhalers is vital;
- keeps records of pupils with asthma and the medication they take, when the pupil takes that medication & whether the school's emergency Salbutamol reliever was required to be used;
- ensures the school environment is favourable to pupils with asthma;
- ensures that other pupils understand asthma as appropriate to their age;
- ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack;
- will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure that policy is implemented and maintained successfully.

School Asthma Policy:

This policy has been written based on advice from the NHS UK, Asthma + Lung UK, Parents and other bodies. It recognises that asthma is an important condition affecting many pupils, which requires partnership between pupils, parents/carers and the school to ensure effective control of symptoms.

Mrs Jenna Wayne-Smith will be the lead staff member for Asthma.

Training:

The school has a number of fully-qualified paediatric first-aiders who have all been trained in asthma, the use of inhalers and emergency procedures. All staff receive annual training specifically for asthma.

At the Upper end of Key Stage 2, in science, children learn about the heart and lungs, and about conditions like asthma which affect lung function.

Using Inhalers and Responsibilities:

Immediate access to inhalers is vital, and children are always allowed access to their inhaler whenever they feel it to be necessary. However, the whole school approach will be pre-emptive; therefore, for most children, this will usually be regular dosage, according to their care plan. In certain circumstances, for example, while recovering from a cold, children may need to use their inhaler more often.

Parents will be informed if a child regularly needs to use their blue/white inhaler at school more often than on the care plan, as this may indicate that their asthma is not fully under control, and that medication may need to be adjusted.

In most circumstances, the use of steroid (brown/purple) inhalers is not necessary during school hours.

All MDI (Metered Dose Inhaler) reliever inhalers kept in school should be used with the appropriate spacer. The exception to this is the Easi-Breathe-type inhaler which does not require the use of a spacer.

Younger children, from Reception to Year 2, will be reminded and supported in taking their inhaler at the times specified in their care plan, as well as other times when they require it. It should be noted that school staff are not required to administer medication to children except in an emergency. In practice, all school staff will let children take their own medication when they need to, and most younger children will be supported when doing so.

By Year 3, and with the agreement of parents, children will be supported in gradually becoming more independent in identifying times when they need to use their inhaler, and in using it by themselves. Most children at this age are capable of this increasing independence, so that by Year 4, they are almost completely independent, apart from the occasional reminder from a member of staff (there may be occasional exceptions to these expectations, e.g. a child with Special Educational Needs may still require support).

With the emphasis on pre-emptive action, all children will be supported to/reminded to use their inhaler directly before a PE/Games/Swimming lesson, if this part of the care plan. As they take part in more competitive sports as they move through Key Stage 2, this becomes more important in asthma control, and avoidance of emergency-type situations which can be very distressing for the child (and staff) involved. Should a child be at school but cannot take part in a PE/Games lesson due to a prolonged attack, a letter should be sent by the parent to school informing them.

During a school PE/Games lessons, the emphasis should be on warming up the heart, lungs and muscles gradually, as well as warming them down. This is of benefit to all children, not just to asthma-sufferers. Should a child need to stop exercising, despite having used their inhaler, they will be able to rest for a few minutes before participating again.

Storage of Inhalers:
Labelled inhalers and spacers will be kept in the classroom in an unlocked cupboard or box. Importantly, a child must be able to access the inhaler by themselves in an emergency (not on a high shelf or in a locked drawer). The hazard of easy access to reliever inhalers by non-asthmatic children is small, compared to the risk if an asthmatic child cannot get his/her medicine. Cases where a child has used someone else's inhaler will be taken very seriously and dealt with according to the school's usual disciplinary sanctions.

Labelled inhalers and spacers will be carried to all sporting events/trips/fixtures in a First Aid bag unless they are carried by the child themselves (Upper Key Stage 2 only). Inhalers should be taken with the child for offsite PE lessons and Forest School and held by the adult.

Spare school inhalers are kept in the First Aid cupboard in the medical area and the First Aid cupboard in the office for generic use if required.

The responsibility of providing functioning, appropriate inhalers remains with the parent.

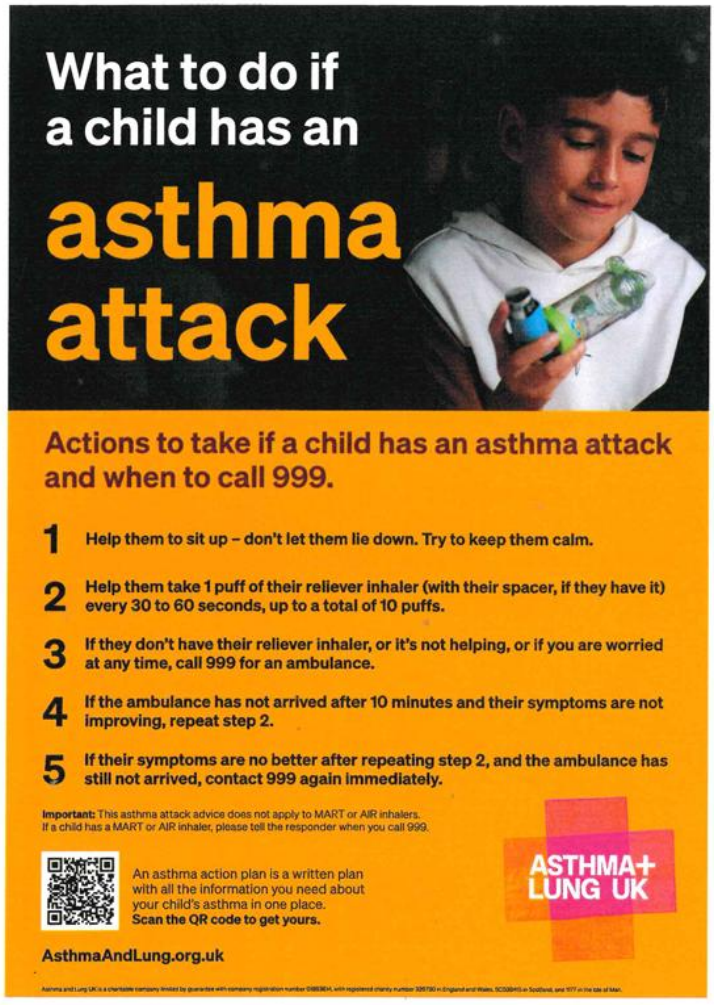
Parental Responsibilities:
• to inform the school using the medical form before enrolment of their child's asthma, or when a diagnosis is made
• to inform the school if their child's medication changes
• to inform the class teacher if a child's asthma is requiring them to use their inhaler more often for a period of time (e.g. due to illness/fatigue/allergy etc)
• to provide a labelled inhaler plus spare to be kept in school, and spacer
• to check regularly whether inhalers need replacing, and whether they are in date (as often as is necessary)
• to wash their child's spacer regularly, or as often as is necessary

School Responsibilities:
• to keep a record of children with asthma and the medication they take (electronic information stored on School Information Management System - Arbor)
• to ensure that these records are annually updated (and again, if condition or medication changes)

• to ensure that all staff have access to the record of medical conditions
• to store inhalers safely, ensuring that children and staff have access to them at all times
• to supervise and support younger children in taking their inhaler
• to supervise and promote independence in Key Stage 2 children
• to communicate with parents and carers in partnership, supporting the child with asthma
• to enable children with asthma to be fully included in all aspects of the school curriculum
• to encourage children with asthma to reach their full potential in all aspects of school life
• to ensure the requisite number of staff are trained in First Aid, including the care and management of asthma
• to ensure that all staff (and supply-staff) are aware of how to support children with asthma, and which children in their class are asthma-sufferers

Emergency Procedures:

Despite our best efforts, an asthma emergency may still occur. Staff will be trained in what to look out for in a child undergoing an asthma attack. The school uses the following emergency procedures, alongside individual health care plans, which are available in each classroom and carried in first aid bags if offsite:



Monitoring:

The effectiveness of this policy will be monitored in line with the school's monitoring and reviewing of all school policy procedures.

Linked Policies:

- First Aid Policy
- Pupil with Medical Needs
- Allergy Management Safety Policy and Guidance