



Asthma Policy

Policy Status	Final Policy
Responsibility for this policy lies with (Headteacher, Full Governing Body, Curriculum Committee or Finance & Resources Committee)	Curriculum Committee
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Contents	
Page 1	The Principles of our school Asthma Policy
Page 1	Medication
Page 1	Record Keeping
Page 2	Physical Education
Page 2	School Trips and Outside Activities
Page 2	Making the School Asthma Friendly
Page 2	When a Child is falling behind in lessons
Page 2	Asthma Attacks
Page 3	Appendix 1 - Parental request for administration of salbutamol inhaler Appendix 2 - Individual Health Care Plan for children with medical needs

The Principles of our school Asthma Policy

This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. Supply teachers and new staff are also made aware of the policy.

The Principles of our school Asthma Policy are:

- The School recognises that asthma is an important condition affecting many school children and welcomes all children with asthma
- Ensures that children with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures that other children understand asthma
- 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 the policy is implemented and maintained successfully

This policy has been written with guidance from the Department for Education and Employment, National Asthma Campaign, the local education authority, the school health service, parents, the governing body and pupils.

Medication

Immediate access to a reliever inhaler is vital. The reliever inhalers of children are kept in their individual classroom in a designated first aid box. All inhalers are labelled with the child's name and class and kept in a zip lock wallet bags (with their names and class). **All school staff will let children take their own medication when needed.**

Records are kept each time an inhaler is used.

Record Keeping

When a child joins the school, parents are asked to inform the school if their child is asthmatic. All parents of children with asthma are required to complete a **parental request for administration of salbutamol inhaler and health care plan form** and return it to the school. From this information the school keeps its asthma register which is displayed on the medical need lists in individual class registers and the Medical room. If any changes are made to a child's medication it is the responsibility of the parents or carer to inform the school.

Edward Pauling Primary School does hold 2 emergency inhalers and a spacer as per 'Guidance on the use of Emergency Salbutamol inhalers in schools' March 2015. This medication can only be administered to children on the Asthma Register (or children who have been prescribed an inhaler for cold/wheezing).

Asthma inhalers for each child are regularly checked for expiry dates by the Welfare officer (Chirantha Johnson). Each child's inhaler is kept in their own classroom in a named wallet containing their individual medication and record book.

All staff members are responsible for acquainting themselves with the triggers of a possible attack (allergies, colds, cough, cold weather) for each individual in their care. All this information is found in their class and a medical list can also be found in the register.

Physical Education

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson (if needed). If a child needs to use their inhaler during the lesson, they will be encouraged to do so. Records are kept every time a child uses their inhaler.

School Trips and Outside Activities

When a child is away from the school classroom on a school trip, club, outside sport or PE, their inhaler should accompany them and be made available to them at all times.

Making the School Asthma Friendly

The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in Science, Design and Technology, Geography, History and PE of the National Curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website www.asthma.org.uk.

All staff will access training at least every 2 years, last completed Summer Term 2025. Training is provided by West London Hounslow School Nurse Team. We aim to ensure a minimum of 85% of staff complete this and the lead will keep a record of which staff have been trained.

When a Child is falling behind in lessons

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the school nursing team and special educational needs coordinator about the situation. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

Asthma Attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is clearly displayed in all classrooms.

- 1. Ensure that the reliever inhaler is taken immediately.**
- 2. Stay calm and reassure the child.**
- 3. Help the child to breathe by ensuring tight clothing is loosened.**

After the attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. The child's parents must be informed about the attack.

Emergency procedure

If the pupil does not feel better or you are worried **at any time** before reaching 10 puffs from the inhaler, **call 999 for an ambulance.**

If the ambulance has not arrived after 10 minutes, give an additional 10 puffs as detailed above.

In the event of an ambulance being called, the pupil's parents or carers should always be contacted.

In the event of a pupil being taken to hospital by ambulance, they should always be accompanied by a member of staff until a parent or carer is present.

Asthma attack posters are displayed in different areas around the school including the classrooms.



Record of inhalers administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Completed Administration forms to be filled in the Administration of Medication Forms folder



Individual Healthcare Plan

Child's Name:
Class:
Conditions:



Name of school/setting
Date of birth
Child's address
Medical diagnosis or condition
Date
Review date

Family Contact Information

Name
Phone no. (work)
(home)
(mobile)
Name
Relationship to child
Phone no. (work)
(home)
(mobile)

Clinic/Hospital Contact

Name
Phone no.

G.P.

Name
Phone no.

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Actions to be taken should medical attention be required

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Other Information

Staff training needed/undertaken - who, what, when

Parent

Date:

Welfare Manager

Date:

Class Teacher

Date:

Safeguarding Lead

Date:

Headteacher

Date:

Copy of form uploaded onto CPOMS and Medical tracker, paper form filled in the Administration of Medication Forms folder

By:

Date:

Child having an asthma attack? It's TIME to act now

T

Think

Does the child have any of the following signs?

- Coughing
- Wheezing
- Hard to breathe
- A tight chest
- Cannot walk
- Cannot talk
- Drowsy or tired

They could be having an asthma attack and need urgent treatment.

I

Intervene

- Stay with the child. Send someone else to get their inhaler and spacer.
- Keep calm and reassure the child. Sit them up and slightly forward.
- When you administer the inhaler, note down the time.

Which inhaler should I use? Salbutamol (blue inhaler) is the most common reliever inhaler. It acts quickly to treat asthma symptoms and attacks. Some children may use alternatives (e.g. Symbicort) – instructions can be found in the child's personalised asthma plan.

M

Medicine

- Shake the inhaler, then place inside the spacer's adapter.
- Spray 1 puff. The child then takes 5 breaths using the spacer's mouthpiece.
- Repeat the above steps for up to 10 puffs if needed.

If salbutamol inhaler doesn't relieve symptoms, or if the effect doesn't last more than 4 hours, **this is a medical emergency** – **follow the 'Emergency' steps below.** Inform parents and emergency services that this is an asthma attack and how many puffs you have given.

E

Emergency

- Call the child's parent or guardian. If the child has improved, the family should collect them and take them **directly to the GP or A&E** for an urgent check-up.
- If the child isn't improving, or if you're worried or unsure in any way, **call 999 for an ambulance and say: "child asthma attack".**
- If the ambulance takes longer than 10 minutes and the child hasn't improved, **repeat the 'Medicine' steps above.** Give up to 10 more puffs if needed.