St. John the Baptist R.C.

Primary School

ASTHMA POLICY

OUR MISSION STATEMENT

"Love One Another"

St. John the Baptist RC Primary School is a place of learning where each individual is encouraged to fulfil their own unique potential. We consistently remember that everyone is special and should be treated with respect. Our Catholic faith touches every aspect of our school life, and we strive to be a community that places Jesus at the heart of all we do.

Policy responsibility	Senior Leadership Team
Named Asthma Lead	Mrs Lisa Baird
Headteacher	Mrs Kathleen McKeating
Date implemented	September 2026
Review date	September 2027

. POLICY STATEMENT

St John the Baptist RCP School recognises that asthma is a common long-term medical condition which can affect children of all ages. We are committed to supporting pupils with asthma so that they can participate fully and safely in all aspects of school life.

The school will make reasonable adjustments and appropriate arrangements to ensure that pupils with asthma are able to access education, physical activity, school trips, residential visits and other school activities wherever possible.

The school will work in partnership with parents/carers, pupils and relevant healthcare professionals to ensure that appropriate arrangements are in place to manage each child's asthma.

The school will ensure that staff have an appropriate understanding of asthma, know how to recognise the signs of an asthma attack and know what action to take in an emergency.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy, First Aid Policy, Medicines Policy, SEND Policy, Educational Visits Policy, Health and Safety Policy, Equality and Inclusion arrangements, and Safeguarding and Child Protection Policy.

2. AIMS

- Ensure that pupils with asthma receive appropriate support in school.
- Ensure that asthma does not unnecessarily prevent a child from participating fully in school life.
- Provide clear procedures for the management of asthma.
- Ensure that pupils have immediate access to their prescribed reliever inhaler when required.
- Ensure that staff know how to recognise and respond to an asthma attack.
- Ensure that emergency medication is available where appropriate.
- Ensure that parents/carers and relevant healthcare professionals are involved in planning appropriate support.
- Promote pupils' confidence and, where developmentally appropriate, their ability to manage their own asthma.
- Ensure that staff receive appropriate information and training.
- Provide a consistent approach to the storage, administration and recording of asthma medication.
- Reduce avoidable risks and identify possible asthma triggers within the school environment.

3. WHAT IS ASTHMA?

Asthma is a common condition affecting the airways. The airways can become inflamed and narrowed, making it more difficult for air to move in and out of the lungs.

Asthma symptoms can vary from child to child. Common symptoms include:

4. IDENTIFICATION OF PUPILS WITH ASTHMA

Parents/carers are responsible for informing the school if their child has asthma or has been prescribed a reliever inhaler.

The school will maintain an up-to-date Asthma Register containing information about pupils known to have asthma or who have been prescribed a reliever inhaler.

Information will be shared with staff on a need-to-know basis while ensuring that all staff who may need to respond to an asthma emergency have sufficient information to do so safely.

The Asthma Register will be reviewed regularly and particularly at the beginning of each academic year, when a pupil joins the school, when a pupil's medical circumstances change, following an asthma attack, and when medication or an asthma action plan is updated.

5. PERSONALISED ASTHMA ACTION PLANS AND INDIVIDUAL HEALTHCARE PLANS

The school will encourage parents/carers to provide an up-to-date written personalised asthma action plan for their child that has been written by their asthma nurse or GP.

A personalised asthma action plan should provide information such as the child's asthma triggers, usual symptoms, prescribed medication, how and when medication should be administered, what to do if symptoms worsen, when emergency medical assistance should be sought, and emergency contact information.

Where a pupil has complex or significant medical needs, an Individual Healthcare Plan (IHP) may be required.

The IHP should be developed in partnership with the pupil, parent/carer and relevant healthcare professionals where appropriate.

The plan will be reviewed annually; when the child's medical needs change; following a significant asthma attack; following hospital admission or other significant medical event; and when medication changes.

A copy of the relevant plan will be readily accessible to appropriate staff.

6. ACCESS TO RELIEVER INHALERS

Pupils must have immediate access to their prescribed reliever inhaler whenever it is required.

A pupil's inhaler must not be kept in a location which would cause unnecessary delay in accessing it.

For younger children, including pupils in Nursery and Reception, staff will ensure that the inhaler is readily accessible and that appropriate adults know where it is stored.

Pupils should never be prevented from using their inhaler because they have not first obtained permission from a member of staff.

Staff should encourage pupils to tell an adult if they are experiencing asthma symptoms.

7. STORAGE OF PUPILS' INHALERS

Each pupil's inhaler should be clearly labelled with the child's name; stored in accordance with the manufacturer's instructions; readily accessible; kept in an appropriate location known to relevant staff; accompanied by a spacer where this has been prescribed or recommended; and checked regularly to ensure that it is in date and contains sufficient medication.

Parents/carers are responsible for ensuring that the school is provided with an in-date inhaler and, where appropriate, spacer.

The school will communicate with parents/carers when medication is approaching its expiry date or appears to require replacement.

Medication should not be stored in a locked location where this could delay emergency access.

8. EMERGENCY SALBUTAMOL INHALER

St John the Baptist RCP School holds an emergency inhaler, it will be stored in a safe, central and readily accessible location; all relevant staff will know its location; it will be clearly labelled; it will be stored separately from individual pupils' medication; appropriate written parental consent will be obtained for pupils who may use it; the school will maintain a record of pupils who are permitted to use it; appropriate staff will receive information/training on its use; the inhaler will be checked regularly; expiry dates and remaining doses will be monitored; appropriate spacers will be available; use of the emergency inhaler will be recorded; and parents/carers will be informed if their child uses the emergency inhaler.

The emergency inhaler must only be used in accordance with the school's procedure, relevant Government guidance and the child's individual healthcare arrangements.

9. RECOGNISING AN ASTHMA ATTACK

An asthma attack may involve persistent coughing; wheezing; difficulty breathing; rapid breathing; shortness of breath; difficulty speaking normally; distress or anxiety; difficulty walking or participating in normal activities; the child appearing pale, exhausted or unusually quiet; or the child's reliever inhaler not providing the expected improvement.

A child may not always describe their symptoms clearly.

Staff should take any concerns about a child's breathing seriously.

10. PROCEDURE FOR AN ASTHMA ATTACK

Stay calm and reassure the child.

Help the child to sit upright. They should not be made to lie down.

Obtain the child's reliever inhaler. Bring the inhaler and spacer to the child.

Follow the child's asthma action plan where one is available.

If the child's own inhaler is unavailable and the pupil meets the requirements for use of the school's emergency inhaler, the emergency inhaler may be used in accordance with the school's emergency inhaler procedure.

Call 999 immediately if the child's symptoms are severe; the reliever inhaler is not helping; the child does not have access to their inhaler; the child is becoming exhausted, confused or distressed; the child is struggling to speak; the child becomes unconscious; or staff are concerned about the child's condition at any point.

While waiting for an ambulance, remain with the child, keep them calm, continue to follow their asthma action plan and appropriate emergency guidance, send another member of staff to meet the ambulance and direct paramedics to the child, ensure medication and relevant medical information are available, and contact the child's parent/carer as soon as practicable.

The school will not send a child experiencing a suspected serious asthma attack home without appropriate medical assessment.

11. EMERGENCY INHALER DOSAGE

Where the school's emergency salbutamol inhaler is used, staff must follow the current Government emergency inhaler guidance and the school's approved emergency procedure.

The school will ensure that staff training and the emergency asthma procedure reflect the current clinical and Government guidance, rather than relying solely on this policy.

12. AFTER AN ASTHMA ATTACK

Following an asthma attack, the school will ensure that the child is appropriately monitored; inform the parent/carer; record the incident; record any medication administered; replace or replenish emergency medication where necessary; review the child's asthma action plan where appropriate; consider whether the child requires additional support; and liaise with parents/carers and healthcare professionals where appropriate.

Parents/carers should be advised to seek appropriate medical follow-up following a significant asthma attack.

13. PE, SPORT AND PHYSICAL ACTIVITY

Asthma should not normally prevent a child from participating in PE, sport or physical activity.

Staff should encourage pupils with asthma to participate fully while following their individual asthma action plan.

Where exercise is a known trigger, the child's asthma action plan may provide specific instructions about using a reliever inhaler before exercise.

Staff supervising PE and sporting activities must know which pupils have asthma, where their inhalers are located, how to recognise asthma symptoms, and what action to take if symptoms occur.

The pupil's reliever inhaler must be readily accessible during PE and sporting activities.

Asthma should not be used as a reason to unnecessarily exclude a child from physical activity.

14. SCHOOL TRIPS AND EDUCATIONAL VISITS

Pupils with asthma should be able to participate fully in educational visits, residential visits, sporting events and other school activities wherever reasonably possible.

Before a visit, staff should ensure that the pupil's inhaler is in date and available; a spacer is available where required; relevant staff are aware of the child's asthma; the child's asthma action plan is available where appropriate; emergency medication arrangements are understood; appropriate risk assessments have been completed; and emergency contact information is available.

Where necessary, additional medication or emergency inhalers should be taken on visits.

A pupil should not routinely be excluded from an educational visit because they have asthma.

15. ASTHMA TRIGGERS AND THE SCHOOL ENVIRONMENT

The school will take reasonable steps to reduce avoidable asthma triggers.

Potential triggers may include cigarette smoke and vaping; dust; pollen; strong fragrances or aerosols; cleaning products; cold air; poor ventilation; air pollution; and respiratory infections.

The school will consider asthma when planning activities, managing the school environment and carrying out relevant risk assessments.

Staff should be aware that individual pupils may have different triggers.

16. ATTENDANCE AND LEARNING

The school recognises that asthma can affect a child's attendance, concentration, energy levels and ability to participate in learning.

Where asthma affects attendance or learning, the school will work with parents/carers and relevant professionals to identify appropriate support.

Pupils should not be disadvantaged because of their asthma or because they require reasonable adjustments to participate in school life.

Where medical appointments or periods of illness affect attendance, the school will respond sensitively and in accordance with its attendance procedures.

17. STAFF AWARENESS AND TRAINING

All staff should have a basic awareness of asthma and understand the school's procedures.

Staff who are likely to support a pupil with asthma should be familiar with the signs and symptoms of asthma; the signs of an asthma attack; the location of pupils' inhalers; the location of the emergency inhaler, if the school holds one; the school's emergency procedure; relevant Individual Healthcare Plans; and the importance of allowing pupils prompt access to their medication.

Staff with specific responsibility for administering or supporting medication will receive appropriate training.

Training will be refreshed as necessary and particularly when there are significant changes to guidance, a pupil with significant asthma joins the school, a staff member assumes responsibility for asthma management, or an incident identifies a training need.

18. ROLES AND RESPONSIBILITIES

- Governors: ensure appropriate arrangements are in place; ensure this policy is reviewed; ensure the policy is accessible; ensure appropriate resources and arrangements are available; and monitor effectiveness.
- Headteacher: ensure implementation; identify and train staff; ensure suitable medication arrangements; ensure emergency procedures are understood; ensure parents/carers are appropriately informed; and ensure incidents are recorded and reviewed.
- Asthma Lead: maintain the asthma register; coordinate asthma action plans and healthcare plans; ensure staff have appropriate information; monitor inhaler arrangements; oversee emergency inhaler checks; coordinate training; liaise with parents/carers and healthcare professionals; monitor incidents; and support annual policy review.
- All staff: be aware of relevant pupils; know how to respond to an asthma emergency; ensure pupils can access inhalers promptly; follow healthcare plans; report concerns to the Asthma Lead or Senior Leadership Team; and record medication administered in accordance with school procedures.

19. PARENTS/CARERS

- Parents/carers should inform the school when their child has asthma; provide an up-to-date asthma action plan where available; provide appropriate prescribed medication; ensure inhalers are clearly labelled and in date; provide replacement medication before existing medication expires; inform the school of changes to medication or treatment; inform the school of significant changes to their child's asthma; and provide appropriate consent for use of an emergency inhaler where required.

20. PUPILS

Pupils will be encouraged, according to their age and level of understanding, to understand their asthma; recognise their symptoms; know where their inhaler is kept; tell an adult when experiencing symptoms; use their inhaler appropriately where able; understand their asthma action plan; and develop confidence in managing their condition. Young children will be supported by appropriately trained adults.

21. RECORD KEEPING

The school will maintain appropriate records relating to pupils with asthma, this includes the asthma register; personalised asthma action plan; Individual Healthcare Plan; parental consent; medication records; emergency inhaler records; staff training records. Records will be stored securely and accessed only by appropriate staff.

22. CONFIDENTIALITY

Information about a pupil's medical condition will be treated sensitively and confidentially.

Relevant information will be shared with staff who need to know in order to keep the child safe.

The school will ensure that pupils are not unnecessarily singled out or embarrassed because of their asthma or medication.

23. EQUALITY, INCLUSION AND REASONABLE ADJUSTMENTS

St John the Baptist RCP School is committed to ensuring that pupils with asthma are fully included in school life.

The school will consider reasonable adjustments where necessary and will avoid unnecessary barriers to participation.

Pupils with asthma should have equal opportunities to learn; participate in PE; attend trips; take part in clubs and activities; attend residential visits; participate in school performances and events; and access the full curriculum.

The school recognises that asthma affects individuals differently and that support should be based on the needs of each pupil.

24. UNACCEPTABLE PRACTICE

Preventing a pupil from accessing their inhaler when required.

Keeping an inhaler somewhere that causes unnecessary delay.

Assuming that all pupils with asthma require identical support.

Ignoring a pupil's asthma action plan.

Preventing a pupil from participating in school activities solely because they have asthma.

Requiring parents/carers to attend school routinely to administer medication where appropriate arrangements can reasonably be made by the school.

Sending a child having a serious asthma attack to the office or medical room alone.

Assuming that breathing difficulties are simply anxiety, tiredness or poor behaviour.

Failing to inform relevant staff about a significant medical need.#

25. MONITORING AND REVIEW

The Asthma Lead and Senior Leadership Team will monitor implementation of this policy.

Monitoring will include reviewing the asthma register; checking inhalers are accessible and in date; checking emergency inhaler arrangements; reviewing staff training; reviewing asthma-related incidents; considering feedback from parents/carers and pupils; and identifying recurring problems or barriers to participation.

The policy will be reviewed annually, or sooner if there are significant changes to legislation, Government guidance or clinical recommendations.

26. RELATED DOCUMENTS AND GUIDANCE

Supporting Pupils at School with Medical Conditions – Department for Education.

Emergency Asthma Inhalers for Use in Schools – Department of Health and Social Care.

First Aid in Schools, Early Years and Further Education – Department for Education.

Asthma + Lung UK – Asthma Fit Schools.

The school's Supporting Pupils with Medical Conditions Policy, Medicines Policy, First Aid Policy, Educational Visits Policy, SEND and Inclusion Policy, and Health and Safety Policy.

POLICY REVIEW

Policy approved by Governing Body: _____

Date: _____

Review date: September 2027

Signed: _____

APPENDIX 1 – ASTHMA EMERGENCY: QUICK REFERENCE FOR STAFF

1. STAY CALM

Reassure the child.

2. SIT THEM UPRIGHT

Do not allow them to lie down.

3. GET THEIR RELIEVER INHALER

Bring the inhaler and spacer to the child.

4. FOLLOW THEIR ASTHMA ACTION PLAN

Use the child's prescribed reliever as directed.

5. IF THEIR OWN INHALER IS NOT AVAILABLE

Use the school emergency inhaler where the child is authorised to use it and the school's procedure permits this.

6. CALL 999

Call an ambulance if the inhaler is not helping; symptoms are severe; the child is struggling to breathe or speak; the child becomes exhausted, confused or unconscious; or you are worried at any time.

7. STAY WITH THE CHILD

Send another adult to contact parents/carers and meet the ambulance.

NEVER SEND A CHILD HAVING A SERIOUS ASTHMA ATTACK TO GET THEIR INHALER OR TO THE OFFICE ALONE.