

# Old Clee Primary Academy

*'Inspired to Believe, Learning to Succeed'*

## Asthma policy



**Approved by:** Headteacher

**Date:** 23<sup>rd</sup> March 2026

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**Next review due by:** Spring Term 2027

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### 1. Induction

At Old Clee Primary Academy, children with asthma will receive proper support so that they can play a full and active role in academy life, remain healthy, and achieve their academic potential. They should have access to and enjoy the same opportunities at school as any other child. [Section 100 of the Children and Families Act 2014](#) places a duty on the governing bodies of maintained schools, proprietors of academies, and management committees of PRUs to make arrangements for supporting pupils with medical conditions.

Asthma is a condition that affects the small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten, causing the airways to become narrower. The lining of the airways can also become inflamed and swell. Sometimes, sticky mucus or phlegm builds up, further narrowing the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.

This policy should be read in conjunction with the [Supporting pupils with medical conditions policy](#).

As an academy, we recognise that asthma is a widespread, serious, but controllable condition. We welcome all pupils with asthma and aim to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- A named staff member who is the Asthma Champion and takes the lead for asthma
- A named staff member who is the Asthma Champion and takes the lead for asthma
- An asthma policy
- An asthma register
- An emergency medication kit
- A copy of the Individual Health Care Plan for each child with asthma

- › Procedures for recording and sharing information
- › CYP asthma training for staff

## 2. Asthma Register

We maintain an asthma register for children within the Academy, which we update annually. We do this by asking parents or carers if their child has been diagnosed with asthma or is suspected of having asthma. When parents or carers confirm that their child is asthmatic or has been prescribed a reliever inhaler, we ensure that the pupil is added to the asthma register and that the Academy has:

- › Gained consent to use the Academy's emergency inhaler if the child does not have their own inhaler with them (Appendix 6).
- › Ensured a reliever inhaler is held in school throughout the academic year, along with an appropriate spacer, which is checked regularly.
- › Kept the reliever inhaler and spacer in a medical bag located in the child's specific classroom. This bag is transported with the child wherever they go within the school, such as in the playground, dining hall, and on trips.
- › Developed an Individual Health Care Plan (IHCP) for each child with asthma (Appendix 1) and maintained a class list accessible to all teachers (Appendix 2).
- › Recorded any dosage of medication administered in their individual "asthma record book" (Appendix 5) inside the medical bag, and completed a slip detailing the dosage administered to be given to the child's parents (Appendix 3).

## 3. Asthma Champion (Lead)

The Academy has an Asthma Champion (or Asthma Lead). It is the responsibility of the Asthma Champion to manage the asthma register, update the asthma policy, and oversee the emergency salbutamol inhalers (please refer to the [Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015](#)). The Champion must ensure that measures are in place so that children have immediate access to their inhalers. The Asthma Champion will communicate with parents and carers regarding any deterioration in a child's condition while at school or during school activities. This responsibility may be delegated to other members of staff as appropriate.

## 4. Medication including inhalers

All children with asthma should always have immediate access to their reliever inhaler (usually blue). The reliever inhaler is a fast-acting medication that opens up the airways, making it easier for the child to breathe (Source: [Asthma+Lung UK](#)). Some children will also have a preventer inhaler, which is typically taken morning and night, as prescribed by their doctor or nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school, as it should be taken regularly at home as prescribed by their doctor or nurse. However, if a pupil is going on a residential trip, we understand that they will need to take the inhaler with them to continue their prescribed regimen.

Academy staff are not required to administer asthma medications to pupils; however, many children have poor inhaler technique or are unable to use the inhaler independently. Failure to receive their medication could result in hospitalisation or even death. Staff who have received asthma training and are confident in supporting children with their inhalers should do so whenever possible. If there are any concerns regarding a child's ability to use their inhaler, we will refer them to the school nurse or asthma specialist nurse and advise parents or carers to arrange a review with their GP or nurse. Please refer to the [Supporting pupils with medical conditions policy](#) for further details about administering medications.

## 5. Individual Health Care Plan (IHCP)

Asthma UK evidence indicates that individuals with asthma who utilise an Individual Health Care Plan (IHCP) are four times less likely to be admitted to hospital due to their condition. As an Academy, we recognise that hospital visits can be stressful for families. Therefore, we believe it is essential for all children with asthma to have an IHCP in place to ensure effective management of their condition within the Academy, thereby preventing unnecessary hospital admissions.

## 6. Staff training

Staff will access training for children and young people (CYP) with asthma at least every three years, or sooner if there is a significant change in guidance. This training will be scheduled by the Asthma Champion. The Academy is committed to training as many staff members as possible to ensure that children with asthma receive support in all areas of the school.

## 7. Academy environment

The Academy does everything possible to ensure that the environment is favourable for pupils with asthma. It has strict no-smoking and no-vaping policies throughout the site, including outdoor areas within the Academy grounds. Pupils' asthma triggers will be recorded as part of their Individual Health Care Plans, and the Academy will ensure that pupils do not encounter these triggers whenever possible.

As part of our responsibility to keep all children safe within the Academy grounds and during offsite activities, staff will perform risk assessments as required. These assessments will identify asthma triggers to which children could be exposed. Plans will be implemented to avoid these triggers wherever feasible.

## 8. Exercise and activity

Participating in sports, games, and activities is an essential aspect of school life for all pupils. All staff members will be aware of which children in their class have asthma, and everyone involved in physical activities with the class will have access to the Academy's asthma register. Pupils with asthma are encouraged to participate fully in all activities. Teachers and coaches will remind pupils whose asthma is triggered by exercise to use their reliever inhaler before the lesson and to warm up and cool down thoroughly before and after the lesson. Pupils will have their inhalers labelled and stored in a designated box at the lesson site. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so, and the log and slip will be completed.

In recent years, there has been a significant emphasis on increasing the number of children and young people involved in exercise and sport, both 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. Therefore, it is important for the Academy to involve pupils with asthma as much as possible in activities both inside and outside of school. The same rules apply to out-of-hours sports as during school hours' PE.

## 9. When asthma is affecting a pupil's education

The Academy is aware that the aim of asthma medication is to allow individuals with asthma to lead a normal life. Therefore, if we recognise that asthma is impacting a pupil's life—making them unable to participate in activities, causing fatigue during the day, or leading to them falling behind in lessons—we will discuss this with their parents or carers and the school nurse, with consent. We will suggest that they make an appointment with their asthma nurse or doctor. It may simply be that the pupil needs an asthma review to assess their inhaler technique, medication, or an updated Individual Health Care Plan to improve their symptoms. However, the Academy acknowledges that pupils with asthma may be classified as having a disability due to their condition, as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

## 10. Emergency inhaled salbutamol use

As an Academy, we are aware of the guidance titled '[The Use of Emergency Salbutamol Inhalers in Schools](#)' from the Department of Health (March 2015), which provides instructions on the use of emergency salbutamol inhalers in educational settings. We are permitted to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We will obtain consent from parents or carers for the use of the emergency inhaler when the Academy is informed that a child has asthma. Once consent is obtained, we will

administer the Salbutamol Emergency Inhaler during the onset of breathing difficulties if the child does not have their own inhaler or is unable to use it at that time (for example, if they have a breath-actuated inhaler). This will always be used with a spacer.

We understand that salbutamol is a relatively safe medication, particularly when inhaled; however, all medications can have some adverse effects. The known side effects of inhaled salbutamol are generally mild and temporary, and they are unlikely to cause serious harm. The child may experience slight shakiness or trembling, or they may report that their heart is beating faster. We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or have been prescribed a reliever inhaler, and for whom written parental consent has been provided.

The Academy Asthma Champion and team will ensure that:

- › On a monthly basis, the inhaler and spacers are present, in date, in working order, and that the inhaler has a sufficient number of doses available.
- › Replacement inhalers are obtained as expiry dates approach.
- › Replacement spacers are available following use.
- › Replacement inhalers are obtained after use.
- › Used inhalers that need to be disposed of are taken to the community pharmacy for correct disposal.

The names of these children will be clearly documented in our emergency kit(s). Parents or carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be communicated to the GP.

## 12. Day to day management

As an Academy, we require that children with asthma have an Individual Health Care Plan (IHCP), which will be completed in conjunction with the parent or carer and the asthma nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them on an individual basis.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- › Dry cough
- › Wheeze (a 'whistle' heard when breathing out)
- › Shortness of breath when exposed to a trigger
- › A tight feeling in the chest

When a child responds well to their own medication, they can usually remain in school; however, parents and carers should be kept informed to monitor symptoms. Three or more symptoms that require reliever medication within a week can indicate a deterioration in a child's asthma. Therefore, every effort will be made to communicate with parents regarding any symptoms that require medication.

## 13. Asthma attacks and emergency management

The [Department of Health's guidance on the use of emergency salbutamol inhalers in schools \(March 2015\)](#) states that the signs of an asthma attack are:

- › Persistent cough (when at rest)
- › A wheezing sound coming from the chest (when at rest)
- › Difficulty breathing (the child may be breathing rapidly and with effort, using all accessory muscles in the upper body)
- › Nasal flaring
- › Inability to talk or complete sentences; some children may become very quiet
- › May express that their chest 'feels tight' (younger children may describe this as a tummy ache)

If a child exhibits these symptoms, we will follow the guidance for responding to an asthma attack outlined below. However, we also recognise the need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- › Appears exhausted
- › Is turning blue
- › Has a blue/white tinge around the lips
- › Has collapsed

In the event of an asthma attack, the following steps should be taken:

- › Keep calm and reassure the child.
- › Encourage the child to sit up and lean slightly forward.
- › Use the child's own inhaler; if it is not available, use the emergency inhaler.
- › Remain with the child while the inhaler and spacer are brought to them.
- › Shake the inhaler and remove the cap.
- › Place the mouthpiece between the lips with a good seal or place the mask securely over the nose and mouth.
- › Help the child to take two puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths).
- › If there is no improvement, repeat these steps up to a maximum of 10 puffs.
- › Stay calm and reassure the child. Remain with the child until they feel better. The child can return to school activities when they feel well.
- › If you have treated a child for an asthma attack in school, it is important to inform the parents/carers and advise them to make an appointment with their GP.
- › If the child has used 6 puffs or more in 4 hours, the parents should be notified, and the child should be seen by their doctor/nurse.
- › If the child does not feel better or if you are concerned at ANY TIME before reaching 10 puffs, call 999 for an ambulance and notify the parents/carers.
- › If an ambulance does not arrive within 10 minutes, administer another 10 puffs in the same manner.
- › A member of staff will always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

## 14. References

- › [Asthma +Lung UK](#)
- › [Department for Health \(2015\) Guidance on the use of emergency inhalers in schools](#)
- › [BTS/SIGN guidelines for CYP Asthma](#)

## 20. Monitoring arrangements

This policy will be reviewed annually and approved by the Headteacher.

## 21. Links with other policies

This policy is linked to our:

- › [Supporting pupils with medical conditions policy](#)

## Appendix 1: Example of Individual Health Care Plan

Child's name:	<b>Dave June</b>
Date of Birth:	<b>05/03/2012</b>
Current Year/Class:	<b>6</b>
Child's Address:	<b>38 Best Way Grimsby DN32 8TH</b>
Medical Diagnosis or condition:	<b>Asthma</b>
Date diagnosed:	<b>April 2010</b>
Review date:	<b>September 2023</b>

### Family Contact Information

Name:	<b>Beryl June</b>
Relationship to child:	<b>Mother</b>
• Home Phone no.	<b>01578 586575</b>
• Work Phone no.	
• Mobile Phone no.	<b>07825425668</b>
Name:	<b>Bob June</b>
Relationship to child:	<b>Father</b>
• Home Phone no	<b>01578 586575</b>
• Work Phone no.	<b>01578 874896</b>
• Mobile Phone no.	<b>07554845652</b>

### Health/Medics Contact Information

Clinician/Hospital doctor	<b>Dr Grey</b>
Contact Number	<b>01578 688954</b>
GP	<b>Dr Red</b>
Contact number	<b>01578 687458</b>

Named staff member to lead with daily support of child ( <b>Class Teacher/support</b> )	Name:	Signature:
N.Marshall and D.Dickinson providing daily support	Signature:	Signature:
Head Teacher & Medical Lead acknowledgement from severe HCP's	Signature:	Signature:

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

My triggers could be

- running around during playtimes and
- Changes in temperature.

You will need to be watching out for

- coughing,
- wheezing,
- shortness of breath
- and pain in my chest
- To indicate that I will need to take my inhaler.
- I will require 2 puffs when my asthma symptoms have been triggered.

At times it may be advised to have my inhaler before going outside in cases of extreme cold weather.

### **Daily care requirements**

To look out for signs I may require my inhaler

- Administer two puffs to relieve symptoms.
- To repeat the dose if not affective and
- Treat as an emergency if no improvement or/and when maximum amount of puffs is exceeded.

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

Staff to ensure daily care requirements are followed for full inclusion.

### **Arrangements for school visits/trips etc.**

Your child is not to attend any school trips without his/her inhaler or medication.

Parent is to ensure there is an in date inhaler in school at all times.

### **Other information**

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

Should my symptoms not be showing improvement an ambulance must be called and then my mum/dad. Continue administering the inhaler until emergency services arrive. It is advisable to have the defibrillator to hand. Please continue to administer the inhaler until emergency services arrive.

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

All trained staff.

### **Staff training needed/undertaken – who, what, when**

All staff trained. To be reviewed every 3 years or if any guidance changes

**What is expected from parent:**

- Child's inhaler (and spacer if required) to be kept in school.
- To replenish inhaler when required (conversation to be had between parent and child.)
- To be available via telephone for queries and in an emergency.
- Update Academy with any changes to care requirements.

**Form copied to:**

Class Teacher, Medical room.

**I have read and understood the care plan:**

Print name	Signature	Relationship to child	Date

**My child no longer needs a care plan in place:**

Print name	Signature	Relationship to child	Date

Appendix 2: Example of my class asthma plan

# MY CLASS ASTHMA PLAN

<b>NAME:</b> <b>CLASS:</b>
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<b>TO CONTROL MY ASTHMA IN SCHOOL I WILL BRING A RELIEVER INHALER TO LEAVE IN MY CLASSROOM INHALER BOX.</b>
<b>MY RELIEVER INHALER IS CALLED Salbutamol AND ITS COLOUR IS Blue</b>
<b>I TAKE 2 PUFF/S OF MY INHALER WHEN I WHEEZE, COUGH, MY CHEST HURTS OR IT IS HARD TO BREATHE.</b>
<b>I HAVE GOT A SPACER TO USE WITH MY INHALER.</b>

<b>TRIGGERS:</b> - Running around at playtimes, Exercise and changes in the temperature.
<b>SYMPTOMS:</b> - Coughing, wheezing, shortness of breath and pain in my chest these are an indication I need to use my inhaler
<b>TREATMENTS:</b> - Two puffs on inhaler using my spacer.
<b>If I am still having symptoms:</b> - I can use my inhaler up to 5 times (10 puffs). Normal activities can be resumed if I am breathing satisfactory Should my breathing still be of concern or the attack is severe this will be deemed an emergency and requires contact with emergency services then parents/carers as shown below.

<b>IF I HAVE AN ASTHMA ATTACK YOU CAN HELP ME BY: -</b> <b>GETTING MY INHALER, I WILL NEED TO TAKE</b> <b>_____ PUFFS UP TO _____ TIMES</b> Get me to sit up straight and lean very slightly forward, I need to breath slowly and deeply to relax me. If this is successful I can carry on with my day but not P.E. <b>CALL 999 IF THERE IS NO IMPROVEMENT AFTER 15 MINS</b> My parents/Guardian should be contacted.
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<b>SCHOOL TRIPS</b> <b>I UNDERSTAND THAT TO PARTICIPATE IN SCHOOL TRIPS MY CHILD MUST HAVE AN INHALER IN SCHOOL.</b>
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<b>SIGNED BY PARENT/GUARDIAN:</b> _____ _____
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### Appendix 3: Slip for children who have used their inhaler in school

Child's name:

Class:

Date:

Dear Parent/Guardian,

This slip is to formally notify you that your child has had problems with their breathing today and required their reliever Salbutamol (rescue) inhaler. .... number of puffs were given at .....

The trigger appeared to be .....

When children use their Salbutamol inhaler on two or more occasions in the space of a week, it is a sign that their Asthma is getting worse. When this happens, it is strongly recommended that you make an appointment with their GP or Asthma Nurse to see if any other treatment is needed.

You can find out more about Asthma and other common health conditions in children on the Humber and North Yorkshire Healthier Together Website.

Yours sincerely,

#### Ratification

**Date ratified by Headteacher:** 24<sup>th</sup> March 2026

**Date of last review:** 19<sup>th</sup> March 2026

**Next review date:** Spring Term 2027

**Signed by Headteacher:** Miss D Richardson

**Date:** 24<sup>th</sup> March 2026