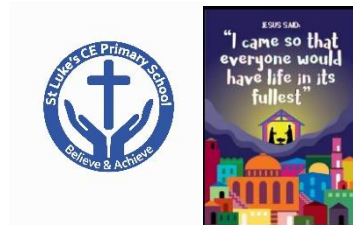




St. Luke's CE Primary School

Where children flourish, are happy and succeed. Living their life to the full.
Believe and Achieve



Working together to be happy; to flourish; to succeed through our Christian Values of friendship, love, patience, forgiveness, trust and respect.

"I have come that they may have life and have it to the full." John 10:10

1. Statement of intent

The school recognises that asthma is a common long-term medical condition affecting children and that, with appropriate support, pupils with asthma should be able to participate fully and safely in school life.

The school is committed to ensuring that all pupils with asthma:

- Are welcomed, included and treated fairly.
- Have immediate access to their prescribed reliever medication.
- Receive appropriate support from trained and informed staff.
- Participate in all aspects of school life, including physical education, educational visits and extracurricular activities.
- Have their individual medical needs understood and respected.
- Are supported to develop independence in managing their asthma, where appropriate to their age and ability.
- Are protected from avoidable asthma triggers wherever reasonably practicable.
- Receive prompt and appropriate assistance if they experience asthma symptoms or an asthma attack.

The school will work in partnership with parents/carers, pupils, healthcare professionals, school staff and governors to ensure effective asthma management.

2. Legislation and statutory guidance

This policy has been developed with reference to:

- Children and Families Act 2014, Section 100.
- Department for Education, Supporting pupils at school with medical conditions (December 2015 statutory guidance).
- Equality Act 2010.
- Special Educational Needs and Disability Code of Practice: 0 to 25 years.
- Human Medicines Regulations 2012, as amended.
- Department of Health guidance, Guidance on the use of emergency salbutamol inhalers in schools (2014).
- Current NHS advice on recognising and managing asthma attacks.
- UK GDPR and Data Protection Act 2018.

Under Section 100 of the Children and Families Act 2014, governing bodies of maintained schools and proprietors of academies must make arrangements to support pupils with medical conditions.

The school recognises its duty to make reasonable adjustments for disabled pupils where the Equality Act 2010 applies.

This policy operates alongside the school's Supporting Pupils with Medical Conditions Policy, First Aid Policy, SEND Policy, Educational Visits Policy and relevant safeguarding procedures.

3. Roles and responsibilities

Governing body

The governing body will ensure that appropriate arrangements are in place to support pupils with asthma, that sufficient staff receive appropriate training and that this policy is reviewed regularly.

Headteacher

The Headteacher has overall responsibility for implementing this policy and ensuring that appropriate systems, resources and procedures are in place.

Deputy Head/SENDCO

The Deputy Head/SENDCO will:

- Maintain an accurate asthma register.
- Coordinate individual healthcare plans where required.
- Ensure appropriate asthma information is available to relevant staff and first aiders
- Check that inhalers and spacers are accessible and that arrangements are in place for checking their condition and expiry dates.
- Coordinate annual staff training and maintain training records.
- Ensure procedures are in place for emergency response, educational visits and staff absence.
- Review incidents involving asthma and identify necessary improvements.

All school staff

Staff will be expected to know which pupils in their care have asthma, recognise signs of an asthma attack, know how to summon help and locate prescribed medication promptly.

Staff who are expected to administer or assist with medication must receive appropriate information and training.

Parents and carers

Parents/carers are expected to provide the school with accurate, up-to-date information about their child's asthma, including prescribed medication, triggers, treatment instructions and emergency contacts.

They should provide prescribed inhalers and spacers where required, inform the school of changes and attend reviews of healthcare plans when appropriate.

Pupils

Pupils will be encouraged, according to their age, understanding and ability, to recognise symptoms, inform an adult when they feel unwell and develop safe independence in managing their asthma.

4. Identification and record keeping

When a pupil joins the school, and at the beginning of each academic year, parents/carers will be asked to provide information about any asthma diagnosis or treatment.

The school will maintain a confidential asthma register containing relevant information, including:

- Pupil's name and class.
- Prescribed reliever medication and relevant instructions.
- Location of inhaler and spacer.
- Any known asthma triggers.
- Emergency contacts.
- Whether an individual healthcare plan or personal asthma action plan is in place.
- Any relevant consent for use of a school-held emergency salbutamol inhaler.

Where one is available the pupil's current personal asthma action plan should be passed to the school from parents/carers. This should ideally have been prepared with the child's GP or asthma nurse.

An individual healthcare plan (IHP) will be developed where the child's needs warrant one, following discussion with parents/carers and relevant healthcare professionals. Not every pupil with asthma automatically requires a separate IHP, but every pupil must have appropriate arrangements to meet their needs.

Records will be reviewed at least annually and updated promptly when changes are reported.

Medical information will be stored securely and accessed only by staff who need it to support the pupil. Essential emergency information will remain readily accessible to relevant staff, including during off-site activities.

5. Medication and inhaler arrangements

Immediate access to reliever medication is essential. Inhalers are stored in a medical box in each of the classrooms and are easily accessible so that pupils can be supported quickly.

Parents/carers will be asked to provide the prescribed reliever inhaler and appropriate spacer, where required, for use in school.

Medication must be clearly identified with the child's name and accompanied by relevant instructions.

The school will ensure that:

- Reliever inhalers are accessible without delay.
- Pupils who are competent to carry and use their own inhalers are supported to do so.
- Younger pupils or those unable to manage their medication independently receive appropriate adult assistance.
- Inhalers are not locked away or stored where access could be delayed.
- Inhalers and spacers are available during PE, breaktimes, lunchtimes, educational visits and extracurricular activities.
- Medication is stored according to the manufacturer's instructions and school risk assessments.
- Arrangements are in place to check medication expiry dates on a termly basis and monitor supplies.
- Parents/carers are informed when replacement medication is required.

The school will not assume that all pupils use a blue salbutamol inhaler. Some children may have alternative reliever treatment, including anti-inflammatory reliever (AIR) or maintenance and reliever therapy (MART). Staff must follow the child's prescribed treatment and personal asthma action plan.

Routine preventer medication administered during the school day will be managed in accordance with the school's Supporting Pupils with Medical Conditions Policy and the pupil's individual arrangements.

Medication administered or assisted with by staff will be recorded in accordance with school procedures.

6. Emergency salbutamol inhalers

Schools in England are permitted, but not required, to purchase and hold emergency salbutamol inhalers without a prescription for eligible pupils. St. Luke's has four emergency inhalers in school, stored in two asthma kits. These kits are located: 2 in the front office, 2 near the medicine cabinet on the wall in between the Year 6 classrooms.

The inhalers are kept in accordance with Department of Health guidance on keeping emergency inhalers.

This will include:

- A register identifying pupils eligible to use the emergency inhaler.
- Written parental consent for emergency use.
- Arrangements for safe storage and immediate access.

- Appropriate spacers and procedures for infection prevention.
- Regular checks of medication and equipment.
- Training for relevant staff.
- Recording use and informing parents/carers.

The emergency salbutamol inhaler is intended for eligible pupils with asthma who have been prescribed a reliever inhaler but whose own inhaler is unavailable, unusable or empty. Eligibility and consent must be checked against the applicable guidance.

The emergency inhaler must not be treated as a substitute for the child's own prescribed medication.

The Deputy Head will check the two emergency inhaler kits each term to ensure that the inhalers are still in date and the equipment (spacers) are still in good condition and available. If anything is missing, replacement stock will be ordered.

7. Staff training

All staff who may come into contact with pupils with asthma will receive appropriate information about asthma awareness and emergency procedures.

Training will cover:

- Recognising asthma symptoms and attacks.
- Identifying pupils with asthma and locating their medication.
- Understanding different prescribed reliever treatments.
- Appropriate use of inhalers and spacers.
- Responding to an asthma attack and calling emergency services.
- Recording and reporting incidents.
- Understanding individual healthcare plans.

Staff responsible for providing specific medical assistance will receive appropriate additional training.

The school will maintain records of training, including dates, providers and any competency assessments required.

Asthma awareness and emergency procedures will be included in induction arrangements for new staff, temporary staff and supply teachers.

Training is provided by via the NHS School Nursing Team located in Heywood. Training is refreshed at least annually. This is in accordance with the school's training needs assessment, local healthcare advice and relevant guidance. The school's latest update training was completed in October 2026. An attendance record is retained by school.

8. Physical education and sporting activities

The school recognises that physical activity is important for pupils with asthma and will encourage full participation wherever it is safe to do so.

PE staff will be aware of pupils with asthma and their relevant individual arrangements.

Before physical activity:

- Appropriate reliever medication must be immediately accessible.
- Pupils will be encouraged to complete a suitable gradual warm-up.
- Staff will consider environmental triggers, including cold air, pollen and air quality.
- Any prescribed medication before exercise will be used only in accordance with the child's asthma action plan or healthcare instructions.

Pupils must not be required to undertake vigorous exercise or short sprints as a standard asthma warm-up.

If a pupil experiences asthma symptoms during physical activity, exercise must stop and the pupil must receive appropriate support.

Pupils will not be excluded from PE solely because they have asthma. Individual risk assessments and reasonable adjustments will be made where required.

9. School environment and asthma triggers

The school will take reasonable steps to reduce exposure to known asthma triggers.

These may include:

- Dust and poor ventilation.
- Damp and mould.
- Animal fur.
- Strong fragrances and cleaning products.
- Smoke, aerosols and chemical fumes.
- Pollen and outdoor air pollution.
- Cold air and sudden changes in temperature.

Where animals are present in school, individual allergies and asthma triggers will be considered and appropriate risk assessments undertaken.

Cleaning, art and science activities will be planned with regard to known pupil sensitivities.

The school will work with parents/carers and healthcare professionals where specific environmental adjustments are required for any individual pupils.

10. Educational visits and activities outside school

Pupils with asthma will be supported to participate fully in school trips, swimming, residential visits and extracurricular activities.

Visit leaders will ensure that:

- Relevant asthma information and emergency contacts are available.
- Prescribed reliever medication and spacers accompany pupils.
- Staff know how to respond to asthma symptoms and have received their annual update training

- Appropriate arrangements are made for pupils requiring additional support.
- Individual risk assessments are completed where necessary.
- Emergency procedures are understood by accompanying adults.

A pupil must not be excluded from an activity simply because they have asthma. Appropriate reasonable adjustments and risk-management arrangements must be considered.

11. Supporting pupils whose education is affected by asthma

The school recognises that asthma can affect attendance, concentration, sleep, participation and academic progress.

Where a pupil experiences frequent absences, tiredness or difficulty accessing learning because of asthma, the class teacher will discuss concerns with parents/carers.

Where appropriate, the school will involve the SENDCo, school nurse and relevant healthcare professionals.

Support may include reasonable adjustments, additional learning support, attendance planning and consideration of whether the pupil has special educational needs or a disability.

The school will not automatically assume that a pupil has SEND solely because they have asthma.

12. Asthma attacks and emergency response

All staff must respond promptly to a suspected asthma attack. An asthma attack can become life-threatening. Where the child is seriously unwell or staff are concerned, call 999 immediately.

Possible symptoms include coughing, wheezing, breathlessness, chest tightness, difficulty speaking or unusual distress.

Severe signs may include exhaustion, confusion, drowsiness, blue or grey discolouration, or a child who is struggling to breathe. Staff must not wait for wheezing to be present before acting.

Immediate action

1. Stay with the child, remain calm and reassure them. The pupil should not be alone at any point.
2. Stop any physical activity and help the child sit upright. Do not make them lie down.
3. Summon another adult for assistance and arrange for the child's prescribed reliever inhaler and spacer to be brought immediately.
4. Follow the child's personal asthma action plan and prescribed emergency treatment.
5. Record the time and amount of medication given.
6. Ask another staff member to contact parents whilst the above is happening for the child
7. The school will arrange for parents/carers to collect the child where clinically appropriate.

Call 999 immediately if:

- The child becomes worse at any point.
- The child is severely breathless, struggling to speak, exhausted, drowsy or showing other signs of serious illness.

- The child's prescribed reliever inhaler is unavailable and the parents have not agreed to the use of the emergency inhaler that school keeps
- Symptoms do not improve after the maximum emergency reliever dose specified in the child's plan or current NHS guidance.
- Staff are seriously concerned about the child's breathing or condition.
- A member of staff will meet the ambulance and provide the pupil's medication and action-plan information where available.
- A member of staff will remain with a pupil until a parent arrives or accompany the pupil to hospital when necessary.

If symptoms have not improved after 10 minutes and the ambulance has not arrived, repeat reliever treatment in accordance with the child's asthma action plan and NHS/emergency operator instructions.

13. Following an asthma attack

Following an attack:

- Parents/carers will be advised to arrange an urgent medical review with the pupil's asthma nurse or clinical lead following an asthma attack, consistent with NHS advice.
- The symptoms, treatment and actions taken will be recorded.
- The child's asthma arrangements will be reviewed where necessary.

14. Communication with parents and healthcare professionals

The school will maintain effective communication with parents/carers about asthma management.

Parents/carers will be asked to notify the school promptly of changes to diagnosis, medication, treatment plans or known triggers.

15. Confidentiality and data protection

Information about pupils' asthma and medication will be handled in accordance with UK GDPR, the Data Protection Act 2018 and the school's data protection policies.

Records will be stored securely and emergency medical information will be shared with staff who need it to safeguard or support the pupil.

16. Monitoring and review

The Headteacher and Deputy Head/SENDSCO will monitor implementation of this policy.

The policy will be reviewed annually and in accordance with changes in legislation or updated statutory guidance.

Next scheduled review: September 2027.

