



**Newall Green  
Primary School**

*Aiming High To Reach Our Goals*

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## Asthma Policy

| Document Control          |  |
|---------------------------|--|
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| Related Policies/Guidance | Administration of Medicines Policy<br>Supporting Children with Medical Conditions Policy<br>Children with Health Needs who cannot attend school Policy |
| Review                    | April 2026   |

**Approved by:** Governors

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**Next review due by:** April 2026

## **Safeguarding Statement**

At Newall Green Primary School, we respect and value all children and are committed to providing a caring, friendly and safe environment for all our pupils so they can learn in a relaxed and secure atmosphere. We believe every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by or invited to deliver services at Newall Green Primary School. We recognise our responsibility to safeguard all who access school and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying.

### **About asthma**

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood. Asthma is caused by swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, so they temporarily narrow.

Common asthma symptoms include:

- Coughing
- Wheezing
- Shortness of breath
- Tightness in the chest.

Asthma is the most common chronic childhood condition in the UK and affects one in eleven children. That means on average there are between one and three children with asthma in every classroom in the UK. Although asthma deaths are thankfully rare and the asthma death rate in children and young people is low, missed school days due to poorly controlled asthma are common. Absence from school impacts on a child's education, overall performance and attainment. Research suggests that up to 18% of school absences are asthma related.

In school, we recognise that asthma is a widespread, serious, yet controllable condition. Those with asthma may need to be supported to help manage symptoms and prevent missing time engaging in the school day.

### **Aims**

The purpose of this asthma policy is to ensure the immediate safety, and long-term well-being of all pupils with asthma. Newall Green Primary School will ensure medical advice on the best procedures to support asthmatic pupils in school is sought, enabling them to take part as fully and safely as possible in all our activities. The school aims to provide a supportive environment enabling all pupils to fully participate in all school activities while managing their condition effectively to promote optimal academic performance.

This policy applies to all pupils, staff, and parents/carers of the school and outlines the procedures for managing and supporting students with asthma during school hours and during activities that may take place beyond the normal school day.

As a school, we will do the following:

1. Ensure specific medical needs that parents/guardians have advised are securely recorded and stored electronically and made available to alert class teachers
2. Ensure pupils with inhalers know where to access them immediately, including inhalers being taken out of school for off-site activities

3. Ensure parents/carers are informed of the arrangements by letter and provide the school with any changes to information for records to be updated. The school will review any held information at the beginning of each academic year.
4. Appoint dedicated Asthma Champions and lead in school.
5. Provide all pupils with a personalised Asthma Profile alongside their Personalised Asthma Action Plan (PAAP).
6. Ensure that we have an up-to-date School Asthma Policy, accessible to all staff, parents, caregivers and students.
7. Keep an up-to-date Asthma Register of all students with an asthma diagnosis.
8. Keep an easily accessible emergency Salbutamol inhaler/spacer device in the Emergency Medical Kits in accessible places around school.
9. Put in place processes and procedures to recognise when asthma is impacting on a pupil's attainment.
10. Provide annual Asthma training to at least 85% of school staff.
11. Create a school risk assessment which identifies/mitigates asthma triggers.

### **Obtaining and Recording Accurate Information**

All new parents will be asked whether their child has any medical conditions/complaints as part of the school's admission procedures. This will be recorded on the pupil's file. If appropriate, special/additional needs records will be kept and updated on Provision Map, as stated above. The record will show the following:

- Personal details
- Regular treatment needed
- Relief treatment, if required
- Any care plan or specialist intervention, if in place
- Hospital reference (if applicable)

### **Asthma Champions and Asthma Leads**

The school Asthma Champion and Lead are responsible for ensuring supportive measures are implemented.

Their role requires them to (see appendix 1):

- Take responsibility for the management of the asthma register, ensuring it is up to date and accurate.
- Update the school's asthma policy, ensuring it reflects current medical guidelines and best practices.
- Manage the supply of emergency salbutamol inhalers in school, adhering to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools
- Ensure that children always have immediate access to their inhalers, including during off-site school activities
- Communicate with parents/carers regarding any deterioration in a child's asthma condition whilst in school including requiring of any medication administered to relieve symptoms or given in an emergency

These responsibilities may be delegated to other members of suitably trained staff when appropriate, ensuring continuous support for students with asthma.

## Role of parents and carers

Parents and carers of pupils will be expected to:

- Inform school if their child has been given a diagnosis or suspected diagnosis of asthma and a reliever inhaler has been prescribed.
- Ensure prescribed asthma reliever inhaler and spacer device is sent into school – labelled with their child's name, date of birth drug name and expiry date.
- Provide the school with an up-to-date Asthma Action Plan for their child, completed by the health professional who supports their child's asthma management – this may be the GP, Practice Nurse, Asthma Nurse or Consultant.
- Provide consent for use of the school emergency reliever inhaler where appropriate and required.
- Inform the school of any changes in their child's asthma or medication.
- Ensure their child knows how to correctly use their asthma inhaler where age or developmentally appropriate.

## Role of all school staff

All staff will be expected to:

- Be aware of which pupils in their class have asthma.
- Have completed Tier 1 National Capabilities Asthma Training and refresh training every year, [to go above the expected target set in item 10.-](#)
- Understand and follow a pupil's Asthma Profile and Personal Asthma Action Plan.
- Ensure that pupils always have access to their asthma medication, including on school trips, during sporting activity, and on outdoor activities.
- Take immediate action if a pupil is experiencing asthma symptoms by following the school's emergency procedures.

## Access to Medicines and Inhalers

Pupils will always be given access to asthma medicines/inhalers that are necessary and prescribed by a doctor. Inhalers will be stored in the classroom under the supervision of the class teacher/ safely in medical boxes and these medical boxes are checked every half term by the Asthma Champions/Lead. All inhalers and capsules will be labelled with the pupil's name and class. (see appendix 2)

Emergency inhalers/spacers are kept in the Emergency Medical Kits available for all school trips and located in the main office and on the playground. The Emergency Medical Kits will be checked each half term by the Asthma Champions/Lead. (see appendix 3)

Children must never be left alone or be sent to get the inhaler if requiring it. If we have any concerns over a child's ability to use their inhaler, we will advise parents/carers to arrange a review with their GP/nurse.

Parents/carers will be informed whenever a child has used their inhaler and a log of all inhaler use is kept so that any deterioration in a child's asthma can be monitored.

Children should not bring their preventer inhaler to school as it should be taken morning and night as prescribed by their doctor/nurse. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their asthma medication as prescribed.

**N.B.** Staff generally do not administer medicines to pupils; however, pupils will be allowed to self-administer asthma medication if their parents provide written authority to do so. (See Administration of Medication Policy.) School staff are not required to administer asthma medicines to pupils however children may have poor inhaler technique or be unable to take the inhaler by themselves. Staff who have had asthma training and are confident to support children as they use their inhaler should do so whenever possible.

### **Asthma register**

An asthma register is kept by school, which is updated yearly. All new admissions complete a form to identify any medical conditions. When parents/carers have confirmed that their child has asthma or has been prescribed a preventer and/or reliever inhaler, we ensure that the pupil has been added to the asthma register and the school has:

- Made a request for a child's reliever inhaler to be in school with an appropriate spacer (where necessary)
- Parental/carer consent to allow use of the school's emergency inhaler in the event of their child's inhaler not being available.
- Completed a school Asthma Profile (see appendix 4) which is shared with and signed by parents/carers.
- Requested a copy of the child's Personal Asthma Action Plan (PAAP) to be shared with school.

### **Asthma Action Plans**

Alongside the Asthma Profile completed by school (see appendix 4), all children and young people with asthma should have a current Asthma Action Plan completed by their healthcare provider.

This plan should outline daily management strategies, triggers, signs of worsening asthma, and steps to take during an asthma attack. Asthma UK evidence shows that if someone with asthma uses a personal asthma action plan, they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma + Lung UK) These plans must be updated annually or whenever there is a significant change in a pupil's asthma management.

### **Managing asthma in the classroom**

A pupil's Asthma Profile and Personal Asthma Action Plan (PAAP) informs us of the day-to-day symptoms of their asthma and how to respond to them on an individual basis. Where a child responds well to their own medication, they can usually remain in school however

parents/carers should be kept informed to monitor symptoms. Three or more symptoms that require reliever medication within a week can be a sign of deterioration of a child's asthma and therefore every effort will be made to communicate with parents regarding any symptoms that require medication. Teachers should be aware of asthma triggers and work to minimise exposure (e.g. ensuring good air quality, avoiding use of strong chemicals or perfumes). Teachers will ensure pupils with asthma have a pre-designated 'safe space' in the event they feel unwell or are experiencing asthma symptoms.

### **School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking/vaping policy. Pupils' asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupils will not encounter their triggers, wherever possible. As part of our responsibility to ensure all children are kept safe within the school grounds and on offsite school activities, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to. Plans will be put in place to ensure these triggers are avoided/mitigated, where possible.

### **When asthma is affecting a pupil's education**

The school are aware the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, we recognise that if asthma is impacting on their life and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to check inhaler technique, review medication or update their PAAP, to improve their symptoms.

### **Emergency Inhaled Salbutamol Use**

As a school we can purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We will request consent from parents/carers for use of the emergency inhaler when the school is notified that a child has asthma. Once consent is gained, we will use the salbutamol emergency inhaler during the onset of breathing difficulties in the absence of the child's own inhaler or if the child cannot use their own inhaler to relieve symptoms (such as with a breath actuated inhaler). This will always be used with a spacer. We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects.

Side-effects of inhaled salbutamol, tend to be mild and temporary and are not likely to cause serious harm. The child may:

- Feel a bit shaky or may tremble

- Or they may say they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

The school Asthma Champion and team will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has enough doses available
- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use
- Replacement inhalers are obtained following use
- Inhalers that have been used and need to be disposed of should be taken to the community pharmacy for correct disposal.

We will record where use of the emergency inhaler has been required, and parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

### **Sports & Exercise**

Taking part in sports, games and activities is an essential part of school life for all pupils. The health benefits of exercise are well documented, this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE. All staff will know which children in their class have asthma and PE teachers at the school will be aware of which pupils have asthma from the school's asthma register. Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils who are mature enough to carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so.

### **Food**

Food is not a common trigger for people with asthma. Around 6-8% of children with asthma have a problem with certain foods triggering their asthma symptoms.

Food can trigger asthma symptoms because:

- You are allergic to certain foods and the allergic reaction triggers your asthma symptoms (a food allergy).
- You are sensitive to certain foods which trigger your asthma symptoms (a food intolerance).

### **Animals**

Some animals can cause a sudden and severe asthmatic reaction; therefore, pupils who could react in this way should not approach, handle or care for the animals, including any incubator that is used to hatch chicks.

Parents/ carers are advised that dogs are prohibited from all areas of the school site.

### **Returning from Absence Due to Illness**

When a pupil returns to school following an absence due to asthma, parents/carers are advised to ensure their child is well enough to cope with the full school day as our school does not encourage pupils to miss lessons or stay indoors during break and lunchtimes. In certain circumstances, usually on the advice of a suitably qualified health professional, a phased return may be mutually agreed upon between the school and parents.

### **Long-term / Acute Medical Problems**

When a pupil is known to be suffering from an asthmatic condition that might require emergency treatment at any time, this is recorded on their record. All staff are informed of the condition, the treatment, and any other relevant information. It is the role of SENDCO to ensure that all staff are kept up-to-date with such information. Administration staff will ensure supply teachers also receive this information. All emergency use of inhalers will be recorded on the school's Medication Administration Record Sheet.

### **Cleaning Regimes**

Respiratory problems can be exacerbated by excessive dust, including 'walked-in' dirt, and should be removed by the school's daily vacuuming regime. Warm air central heating system filters will be checked and cleaned regularly. Such filters will always be cleaned before the heating is switched on in the autumn term. "Deep clean" regimes of all rooms in the school will be implemented throughout the academic year when the site is closed to pupils. The school's site manager is aware of / and will ensure such regimes are adhered to.

### **Arrangements for monitoring**

This policy will be reviewed every year as determined by the Governing Body.

### **Other policy links**

Administration of Medicines Policy  
Supporting Children with Medical Conditions Policy  
Children with Health Needs who cannot attend school Policy

Appendix 1

### **Newall Green Asthma protocol**

[Asthma Champions: Mandy Slack and Mary Knight](#)    [Asthma Lead: Kath Fisher](#)



## Responsibilities

### **All staff**

- Read and familiarise yourself with the asthma policy and guidelines within.
- Complete annual asthma training on SSS.
- Ensure that you have access to the asthma register and are aware of all children on the asthma register including their triggers.
- Ensure that each child's Asthma Profile and/or Personalised asthma Action Plan (PAAP) is taken with them on offsite activities or residential trips.
- Inform Asthma Champions/Asthma Lead when a child has had to use their inhaler and complete an accident form to be sent home to parents/carers.

### **Asthma champions/Asthma lead will ensure that:**

- Procedures are followed.
- At the start of each year, update the asthma register on all staff (SEN - asthma) and share this with all staff.
- Create/update the asthma group on school spider.
- Update registers and school spider group when new children are added.
- Inform parents/carers via School Spider when they have had to use their inhaler.
- If a pattern of regular use is emerging at school for example, if a child was using their rescue inhaler three times a week - the school nurse (or asthma clinical nurse specialist (CNS) if family already has links) should be informed. The school nurse should then liaise with the child's GP/practice nurse or specialist.
- If not already received, send letter to parents/carers to request PAAP when they receive a diagnosis of asthma.
- Expiry dates are checked at least every half term and impending expiry dates are communicated to parent/guardian. Empty/out of date inhalers are disposed of appropriately.
- Ensure Inhalers and spacers are washed and checked regularly according to instructions; care should be taken not to muddle the components as this could pose a risk to the allergic child. If the inhaler and spacer have not been used and have been stored correctly in their own sealed packaging there is no need for them to be washed.
- At the start of every half term:
  - Check inhalers and spacers are clearly named.

- Check and update expiry dates and update central register.
- Inform parents/carers of any inhalers that will expire within the academic year.
- Follow the emergency kit checklist to ensure that the emergency kit is up to date.

## Appendix 2

### Health care box review

Class \_\_\_\_\_





|  |                 |                         |
|--|-----------------|-------------------------|
| <b>Completed on:</b>   |                 |                         |
| <b>Completed by:</b>   |                 |                         |
|  | <b>Yes / No</b> | <b>Action required?</b> |
| All medication within the box is clearly labelled with student name, DOB and required dosage.          |                 |                         |
| All medication within the box is within the use by date and will last until the end of next half term? |                 |                         |

## Appendix 3

## Emergency Kit Checklist



| <b>An emergency asthma inhaler kit should include:</b>  | <b>Yes / No</b> | <b>Date and signed</b> |
|---|-----------------|------------------------|
| One or Two salbutamol metered dose inhalers   |                 |                        |
| A spacer that is compatible with the inhaler. Once used the plastic spacer should be sent home with the child who has used it (unless local infection control allows for cleaning). |                 |                        |
| Instructions on using the inhaler and spacer  |                 |                        |
| Instructions on storing the unused inhaler and unused spacer. Instructions for disposing of the used inhaler.   |                 |                        |
| Manufacturer's information leaflet kept with inhaler and spacer   |                 |                        |
| A checklist of inhalers, identified by their batch number and expiry date, with termly checks recorded  |                 |                        |
| A note of the arrangements for replacing the inhaler and spacers  |                 |                        |
| A list of children permitted to use the emergency inhaler.  |                 |                        |
| A record of administration  |                 |                        |
| Asthma Champions' details   |                 |                        |

|   |   |   |
|---|---|---|
|  <p><b>Asthma Profile</b></p>  | <p><b>Asthma Profile for</b> [Redacted] i</p> <p>Date of birth: [Redacted] Gender: Female Class: 1TB Year group: 1</p> <p>Teacher: Mrs Victoria Murphy Start date: 25/4/2025 Review date: 24/7/2025 Plan number: 1</p>  | <p><b>Asthma Profile for</b> [Redacted]</p>  |
| <p><b>About me:</b></p> <p>I have asthma which is treated using a salbutamol / Ventolin inhaler. I need to use my inhaler in the following way:</p> <p>2 puffs as and when needed.<br/>Repeat as necessary.</p> | <p><b>School routine</b></p> <p>This plan has been created in line with Manchester Asthma Friendly Schools Team and will be monitored by our school's Asthma Lead and Asthma Champion.</p> <p>I will use the inhaler as directed. This will be 2 puffs as and when needed unless additional directions have been given by GP and medical evidence has been seen.</p> <p>The use of the inhaler will be recorded by the team on the class medicines log and be kept in the file within the class medication box.</p> <p>This box will be available during all activities within school including PE and breaktimes/lunchtimes.</p> <p>The inhaler will be taken on all school trips.</p> | <p><b>Additional Directions as per GP</b></p>   |

**Medical Emergencies**

I may find difficulty in breathing if required to walk a long distance.

If the asthma worsens or is not relieved by the taking of the inhaler I must be kept calm, an adult will contact the office for assistance and then stay with me. I will stay sat or stood in a comfortable position whilst an ambulance is called.

The office staff will direct the ambulance staff to me, one member of the office staff will man the gate and another will phone my parent/carer and have my personal details to hand for the ambulance crew.

**My Asthma Triggers:****Parent Comments****Signed by:**

I have read and agreed that this is a safe procedure for the child named in this plan. I also give consent for my child to use the school's emergency Asthma pack if his/her inhaler is not available:

Parent/Carer Date: \_\_\_\_\_

Teacher Date: \_\_\_\_\_ Class \_\_\_\_\_  
Date: \_\_\_\_\_