Florence Melly
Community Primary School

Asthma Policy

Policy Title:	Asthma Policy	**Date written:**	April 2026
Written by:	Aaron Leach (Headteacher)	**New or revised policy:**	Revised (Version 2)

Implementation	**Date of ratification:**	**Date presented to staff:**	**Date of renewal:**
	October 2026	September 2026	September 2027

Policy Version Control

Date of Update	Overview of changes made	Version
September 2026	Annual review completed. Policy updated to reflect current DfE, Asthma + Lung UK and Asthma Friendly Schools guidance. Strengthened procedures for emergency inhalers, asthma registers, attendance monitoring, transition arrangements, PE participation and parental concerns/complaints.	V2

Asthma Policy

September 2026

1. Introduction & Statutory Framework

This policy sets out how Florence Melly Community Primary School ensures the safety, wellbeing and full inclusion of pupils with asthma. Asthma is one of the most common long-term conditions affecting children in the UK, and schools play a central role in early intervention, emergency response, and long-term management.

This policy is written in accordance with:

- Supporting Pupils at School with Medical Conditions – DfE Statutory Guidance (2015), which requires schools to make arrangements to support pupils with medical conditions, including asthma.
- Children and Families Act 2014, Section 100 – governing bodies' duty to support pupils with medical conditions.
- Equality Act 2010 – requirement to make reasonable adjustments for pupils with disabilities or health conditions.
- Asthma Friendly Schools guidance, which sets expectations such as asthma registers, individual action plans, emergency inhaler procedures, and partnership with health services.

This policy should be read alongside the school's Medical Policy, which contains all operational systems, medication protocols, training logs, forms, and emergency workflows.

This policy aligns with the Asthma Friendly Schools 5 Standards, including:

1. Asthma Policy
2. Asthma Register
3. Emergency Inhaler Kit
4. Current Asthma Action Plans
5. 85%+ Staff Asthma Training

2. Aims

Our aims are to ensure that pupils with asthma:

- Are safe, supported and understood
- Have rapid access to inhalers at all times
- Play a full and active role in school life, PE and trips
- Are not excluded or disadvantaged due to asthma
- Receive high-quality monitoring and emergency care
- Are supported to develop confidence and independence in managing their condition
- Benefit from coordinated support between home, school and health services

3. Definitions

Asthma is a long-term inflammatory condition of the airways that causes coughing, wheezing, chest tightness and breathlessness. Triggers include cold air, exercise, dust, pollen, aerosols, viral illness and allergens.

Reliever inhaler (usually blue): Provides quick relief from symptoms.

Preventer inhaler (usually brown/orange): Reduces airway sensitivity; generally taken at home.

Spacer: A device that helps children take inhaled medicine more effectively. Many pupils (especially younger pupils) require a spacer as part of safe inhaler use.

4. Roles and Responsibilities

4.1 Governing Body

The Governing Body will ensure that:

- The school complies with statutory guidance for medical conditions, including asthma.
- Resources are available for training, emergency inhalers and spacers.
- This policy is reviewed annually.
- Reasonable adjustments are made to avoid discrimination.

4.2 Headteacher

The Headteacher will:

- Ensure the policy is implemented consistently across school.
- Ensure all staff receive annual asthma training.
- Monitor compliance with inhaler access, storage and emergency readiness.
- Ensure new staff and supply teachers are informed of pupils' needs.

4.3 Designated Safeguarding Lead (Medical Lead)

The DSL/Medical Lead will:

- Maintain the Asthma Register (as advised by Asthma Friendly Schools)
- Ensure each pupil has an Individual Healthcare Plan (IHP)
- Coordinate training
- Ensure inhalers and emergency spares are checked and in-date
- Oversee incident logs and learning reviews
- Liaise with parents and health professionals

Asthma Champion

The DSL/Medical Lead also acts as the school's Asthma Champion. They are responsible for promoting asthma awareness, monitoring compliance with asthma procedures, coordinating AFS requirements, and acting as a visible advocate for pupils with asthma across the school community.

4.4 School Staff

Staff must:

- Be familiar with pupils with asthma in their class
- Follow IHPs and emergency procedures

- Ensure inhalers accompany pupils to PE and trips
- Encourage pupils to recognise symptoms and self-manage where appropriate

4.5 Parents/Carers

The school will work proactively with parents/carers to promote asthma education, including inhaler technique support, trigger management advice, and encouragement to maintain regular medical reviews.

Parents must:

- Provide in-date inhalers and spacers
- Complete all consent and medical forms
- Update the school when medication changes
- Attend review meetings as needed

5. Identification and Record Keeping

Every pupil with asthma will also have a Personalised Asthma Action Plan (PAAP) completed by a healthcare professional and shared with school. The PAAP will be stored alongside the IHP and updated at least annually or following any medical review.

- All pupils with asthma or prescribed inhalers are recorded on the Asthma Register.
- The register is reviewed termly and cross-checked with parent updates.
- The school will ensure that classroom staff, lunchtime staff, support staff and relevant trip leaders have appropriate access to information contained within the Asthma Register. The register will also be reviewed following new admissions, new diagnoses and any significant asthma-related incident.
- An Individual Healthcare Plan (IHP) is created for each pupil with asthma following DfE statutory expectations.

The IHP includes:

- Photo
- Triggers
- Medication type, dose and timing
- Use of spacers
- Emergency signs and actions
- PE or activity considerations
- Consent for use of the emergency inhaler
- Reintegration plan after hospitalisation or prolonged absence
- Transition arrangements between classes, key stages or schools where appropriate.

The Medical Lead will ensure that relevant asthma information is shared with receiving staff during class transitions and, where appropriate, with receiving educational settings when pupils transfer schools.

6. Medication Management

6.1 Personal Inhalers

- Inhalers must always be accessible and never locked away.
- Pupils may self-carry if appropriate; otherwise inhalers are kept in labelled classroom boxes.
- The location of each pupil's inhaler will be communicated to all relevant staff. Staff must be able to access a pupil's inhaler without delay at all times, including during lunchtimes, playtimes, PE lessons, educational visits and emergency evacuations.

- Spacers must be available where clinically indicated.

6.2 Emergency Inhalers

The school may hold spare emergency inhalers in line with medical-conditions guidance.

Use of the emergency inhaler is permitted when:

- Parent consent is provided
- The child's inhaler is unavailable, empty or expired
- The child is experiencing asthma symptoms

The emergency inhaler will only be used for pupils for whom the school has received written parental consent and who have either:

- a diagnosis of asthma; or
- have been prescribed a reliever inhaler by a healthcare professional.

A record of all emergency inhaler use will be maintained by the Medical Lead and parents/carers will be informed as soon as reasonably practicable following its use.

6.3 Regular Checks

- Expiry checks are carried out half-termly by the Medical Lead.
- Inhaler technique is reviewed during training and individual pupil reviews.

7. Staff Training and Competency

- All staff receive **annual asthma and emergency-inhaler training**, including spacer use and trigger awareness.
- Training aligns with DfE medical-conditions guidance.
- Additional training is provided for staff supporting high-risk pupils.

The school aims for a minimum of 85% of staff to complete accredited asthma training annually, in line with Asthma Friendly Schools recommendations. Training completion will be monitored by the Asthma Lead and reported to SLT/governors.

8. Day-to-Day Management of Asthma in School

8.1 Classroom

- Pupils should be supported to take inhalers promptly.
- Staff monitor signs of breathing difficulty or persistent cough.

8.1.1 Early Signs of Poor Asthma Control

Staff should be aware of signs indicating worsening asthma, including:

- Increased use of reliever inhaler
- Frequent coughing at night
- Reduced participation in PE
- Breathlessness during routine activities

Pupils showing these signs should be referred to the Medical Lead for review.

8.2 PE and Physical Activity

- Pupils should actively participate in PE.
- Inhalers must be taken to all PE lessons.
- Warm-up routines may be adjusted if triggers are cold air or exertion.
- Pupils with asthma should not be excluded from physical activity solely because of their condition. Appropriate adjustments and supervision will be provided where required.

8.3 School Trips

Trip leaders will complete a brief asthma-specific risk check before departure, including checking inhaler accessibility, confirming spacer availability, identifying triggers (e.g., high pollen areas), and ensuring the emergency inhaler kit is taken if consent is provided.

- Inhalers and spacers accompany pupils on every trip.
- Staff leading trips must know IHPs and emergency procedures.
- Emergency inhaler taken if consent allows.

8.4 Environmental Control

To reduce triggers:

- Avoid aerosols, sprays, diffusers
- Ensure good ventilation
- Minimise dust buildup
- Consider weather-related impacts (cold air, pollen spikes)

In addition, the school will routinely review classrooms for asthma triggers, including dust accumulation, mould, poor ventilation, and aerosol exposure. Cleaning staff will receive guidance on asthma-safe practices, including non-spray alternatives where possible.

9. Emergency Procedures

If a child is experiencing an asthma attack:

1. Stay calm and reassure the child.
2. Help the pupil take one puff of their reliever inhaler with a spacer.
3. Give up to 10 puffs (1 puff every 30–60 seconds).
4. If no improvement → Call 999 immediately.
5. Continue giving puffs until help arrives.
6. Contact parents/carers.
7. Record the incident and update the IHP.

Emergency response requirements are consistent with statutory duties requiring staff to know how to respond.

10. Monitoring, Review & Incident Learning

We commit to a culture of continuous improvement. The Medical Lead will monitor patterns such as repeated asthma-related absence, withdrawal from PE, or frequent inhaler use. These may indicate poor asthma control and will trigger a pupil review, parent discussion, and potential referral to health professionals.

Asthma-related attendance patterns will be monitored and reviewed. Where a pupil's attendance is negatively affected by asthma symptoms, the school will work with parents/carers and health professionals to identify appropriate support and encourage a clinical review where appropriate.

The school will:

- Review asthma incidents and near-misses each term
- Update IHPs after every significant event
- Audit inhaler storage and expiry
- Report patterns to SLT/governors
- Review training needs following incidents

This aligns with recommendations from Asthma Friendly Schools regarding monitoring asthma-related absence and activity restrictions.

The school will complete an annual Asthma Friendly Schools Self-Audit, reviewing all five AFS standards, training coverage, IHP/PAAP completeness, inhaler checking systems, and environmental controls.

11. Equality and Inclusion

Asthma may constitute a disability under the Equality Act 2010.

The school will always:

- make reasonable adjustments
- ensure pupils are not discriminated against
- ensure asthma never becomes a barrier to learning or participation

12. Concerns and Complaints

Florence Melly Community Primary School is committed to working in partnership with parents/ carers, healthcare professionals and pupils to ensure that asthma is managed safely and effectively.

Any concerns regarding the support provided for a pupil with asthma should initially be discussed with:

- the class teacher;
- the Medical Lead; or
- the Headteacher.

The school will seek to resolve concerns promptly, fairly and collaboratively.

Where a concern cannot be resolved informally, parents/carers may submit a complaint in accordance with the school's Complaints Policy and Procedure.

The school will review any complaint relating to asthma provision to identify lessons learned, improve practice and ensure that appropriate support arrangements remain in place for the pupil concerned.

13. Links to Other Policies

This policy should be read in conjunction with:

- Medical Policy
- Allergy Safety Policy
- Supporting Pupils with Medical Conditions Policy
- First Aid Policy

- SEND Policy
- Safeguarding & Child Protection Policy

14. Review Cycle

This policy will be reviewed annually by SLT and the Governing Body, or earlier if:

- legislation changes
- national 2026 medical-conditions/allergy guidance is published
- a major incident or serious review requires the policy to be updated