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# WINDLESHAM VILLAGE INFANT SCHOOL

## ASTHMA POLICY 2024

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<b>Associated Policies</b>	First Aid Policy Administering Medicine Policy Supporting Pupils with Medical Conditions Policy

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## Statement of intent

Windlesham Village Infant School recognises that asthma is a serious but controllable condition and welcomes all pupils with asthma. This policy sets out how the school ensures that pupils with asthma can participate fully in all aspects of school life including physical exercise, school trips and other out-of-school activities. It also covers how the school enables pupils with asthma to manage their condition effectively in school, including ensuring immediate access to reliever inhalers where necessary.

This policy predominantly relates to the use of **reliever** inhalers. The use of **preventer** inhalers is very rarely required at school. In the instance of a preventer inhaler being necessary, arrangements will be put in place accordingly and documented on the child's school asthma card.

## Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Equality Act 2010
- DfE (2015) 'Supporting pupils at school with medical conditions'
- Asthma UK (2020) 'Asthma at school and nursery'
- DfE (2022) 'First aid in schools, early years and further education'

This policy operates in conjunction with the following school policies:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Adminstrating Medication Policy

## 1. Roles and responsibilities

The Local Academy Board has a responsibility to:

- Ensure the health and safety of staff and pupils is protected on the school premises and when taking part in school activities.
- Ensure that this policy, as written, does not discriminate against any of the protected characteristics, in line with the Equality Act 2010.
- Handle complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensure this policy is effectively monitored and updated.
- Report any successes and failures of this policy to the headteacher, members of school staff, local health authorities, parents and pupils.
- Provide indemnity for teachers and other members of school staff who volunteer to administer medicine to pupils with asthma in need of help.

The headteacher has a responsibility to:

- Create and implement this policy with the help of school staff, school nurses, local guidance and the governing board.
- Ensure this policy is effectively implemented and communicated to all members of the school community.
- Arrange for all members of staff to receive training on supporting pupils with asthma. Ensure all supply teachers and new members of staff are made aware of this policy and provided with appropriate training.
- Monitor the effectiveness of this policy.
- Ensure that first aiders are appropriately trained regarding asthma, e.g. supporting pupils to take their own medication and caring for pupils who are having asthma attacks.
- Delegate the responsibility to check the expiry date of spare reliever inhalers and maintain the school's asthma register to a designated member of staff.
- Report incidents and other relevant information to the governing board and LA as necessary.

All school staff have a responsibility to:

- Read and understand this policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in the event of an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents if their child has had an asthma attack.
- Inform parents if their child is using their reliever inhaler more than usual.
- Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom.
- Ensure pupils who are unwell due to asthma are allowed the time and resources to catch up on missed school work.
- Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms.
- Be aware that pupils with asthma may experience bullying due to their condition, and understand how to manage these instances of bullying.
- Make contact with parents and the SENCO if a pupil is falling behind with their school work because of their asthma.

All staff teaching PE have a responsibility to:

- Understand asthma and its impact on pupils – pupils with asthma should not be forced to take part in activities if they feel unwell.
- Ensure pupils are not excluded from activities that they wish to take part in, provided their asthma is well-controlled.
- Ensure pupils have their reliever inhaler with them during physical activity and that they are allowed to use it when needed.
- Allow pupils to stop during activities if they experience symptoms of asthma.
- Allow pupils to return to activities when they feel well enough to do so and their symptoms have subsided (the school recommends a waiting period before allowing the pupil to return).
- Remind pupils with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before exercise.
- Remind pupils with asthma whose symptoms are triggered by cold and damp conditions to consider wearing a scarf wrapped loosely around their nose and mouth to warm the air that they breathe.

Pupils with asthma have a responsibility to:

- Tell their teacher or parent if they are feeling unwell due to their asthma.
- Treat the asthma medicine with respect by not misusing the medicines and/or inhalers.
- Know how to take their asthma medicine (with the support of an adult).

Parents have a responsibility to:

- Inform the school if their child has asthma.
- Ensure the school has a complete and up-to-date asthma medication form for their child.

- Inform the school of the medication their child requires during school hours.
- Inform the school of any medication their child requires during school trips, sports events and other out-of-school activities.
- Inform the school of any changes to their child's medicinal requirements.
- Inform the school of any changes to their child's asthmatic condition, e.g. if their child is currently experiencing sleep problems due to their condition.
- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their child's name.
- Ensure that their child's reliever inhaler and any spare inhaler are within their expiry dates.
- Ensure their child catches up on any school work they have missed due to problems with asthma.
- Ensure their child has regular asthma reviews with their doctors or asthma nurse (recommended every 6-12 months).

## 2. Asthma medicines

Pupils with asthma will know the location of their inhaler(s). These are usually kept in the child's classroom in a named bag. If the child also holds a second inhaler in school, this will be held in the school office in a named bag. Inhalers will be easily accessible to staff at break and lunchtimes and will be taken outside for any PE lessons or outside activities in order that it is accessible by the pupil.

Parents will be required to label their child's inhaler (and any spare) with the child's full name.

Members of staff are not *required* to administer medicines to pupils, except in emergencies. Staff members who have volunteered to administer asthma medicines will be insured by the school's appropriate level of insurance which includes liability cover relating to the administration of medication.

Staff will administer the asthma medicines in line with the school's Administering Medication Policy. For pupils who are old enough and/or have sufficient capabilities and independence to do so, staff members' roles in administering asthma medication will be limited to supporting pupils to take the medication on their own.

## 3. Emergency inhaler

Subject to availability, the school keeps a spare salbutamol inhaler for use in emergencies when a pupil's own inhaler is not available. This is kept in the school's emergency asthma kit.

Emergency asthma kits contain the following:

- A salbutamol metered dose inhaler
- Two plastic, compatible spacers
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Instructions for replacing inhalers and spacers
- The manufacturer's information
- A checklist, identifying inhalers by their batch number and expiry date

- A list of pupils with parental consent and a copy of the Asthma Medication Form or Individual Healthcare Plans permitting them to use the emergency inhaler
- A record of administration showing when the inhaler has been used

The school buys its supply of salbutamol inhalers from a local pharmacy. The emergency inhaler should only be used by pupils, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication. **Parental consent for the use of an emergency inhaler should form part of the Asthma Medication Form and, where applicable, Individual Healthcare Plan.**

In the event that a pupil who has not been medically diagnosed as having asthma appears to be suffering from an asthma attack, a staff member will contact the emergency services and seek advice as to whether the emergency inhaler should be administered. The inhaler will not be administered in these situations without contacting the emergency services first.

When not in use, emergency inhalers are stored in the school office in the temperate conditions specified in the manufacturer's instructions, out of reach and sight of pupils, but not locked away.

Expired or used-up emergency inhalers are returned to a local pharmacy to be recycled. Spacers must not be reused in school, but may be given to the pupil for future home-use. Emergency inhalers may be reused, provided that they have been properly cleaned after use.

In line with the school's Supporting Pupils with Medical Conditions Policy and First Aid Policy, appropriate support and training will be provided for relevant staff, e.g. classroom or first aid staff, on the use of the emergency inhaler and administering the emergency inhaler.

Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration and the school's records. The records will indicate where the attack took place, how much medication was given, and by whom. The pupil's parents will be informed of the incident via a telephone call and an accident form completed.

The school office is responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining an asthma register.

The school office is responsible for:

- Checking that any emergency inhalers and spacers are present and in working order, with a sufficient number of doses, on a half-termly basis.
- Ensuring replacement inhalers are obtained when expiry dates are approaching (subject to availability from the local pharmacy).
- Ensuring replacement spacers are available following use.
- Ensuring that the plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary.

#### 4. Symptoms of an asthma attack

Members of staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)

- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

Younger pupils may express feeling tightness in the chest as a 'tummy ache'.

## 5. Response to an asthma attack

In the event of an asthma attack, staff will follow the procedure outlined below:

- Keep calm and encourage pupils to do the same.
- Encourage the pupil to sit up and slightly forwards – do not hug them or lie them down. It can help to open their lungs more if they raise their arms in front of them.
- If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.
- If necessary, summon the assistance of a member of suitably trained first aid staff to care for the pupil and help administer an emergency inhaler.
- Ensure the pupil takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the pupil.

Staff will not administer any medication where they have not been trained to do so.

If there is no immediate improvement, staff will continue to ensure the pupil takes 2 puffs of their reliever inhaler approximately every two minutes, until their systems improve, but only up to a **maximum of 10 puffs**. If there is no improvement before the pupil has reached 10 puffs:

- Call 999 for an ambulance.
- If an ambulance does not arrive within 10 minutes, the pupil can administer another 10 puffs of the reliever inhaler as outlined above.

Staff will call 999 immediately if:

- The pupil is too breathless or exhausted to talk.
- The pupil is going blue.
- The pupil's lips have a blue or white tinge.
- The pupil has collapsed.
- You are in any doubt.

## 6. Emergency procedures

Staff will never leave a pupil having an asthma attack unattended. If the pupil does not have their inhaler to hand, staff will send another member of staff or pupil to retrieve their spare inhaler (where available) or the school's emergency inhaler from the school office. In an emergency situation, members of school staff are required to act like a 'prudent parent', i.e.

making careful and sensible parental decisions intended to maintain the child's health, safety and best interests.

As reliever medicine is very safe, staff will be made aware that the risk of pupils overdosing on reliever medicine is minor. Staff will send another pupil to get another member of staff if an ambulance needs to be called. The pupil's parent will be contacted immediately after calling an ambulance.

A member of staff should always accompany a pupil who is taken to hospital by ambulance and stay with them until their parent arrives. Generally, staff will not take pupils to hospital in their own car unless in exceptional circumstances, e.g. where a pupil is in need of professional medical attention and an ambulance cannot be procured.

In these exceptional circumstances, the following procedure will be followed in line with the First Aid Policy:

- A staff member will call the pupil's parents as soon as is reasonably practical to inform them of what has happened, and the course of action being followed – parental consent is not required to acquire medical attention in the best interests of the child.
- The staff member will be accompanied by one other staff member, preferably a staff member with first aid training.
- Both staff members will remain at the hospital with the pupil until their parent arrives.

## 7. Record keeping

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form.

The school keeps a record of all pupils with asthma, complete with medication requirements, in its asthma register. Parents will be required to inform the school of any changes to their child's condition or medication during the school year.

All emergency situations will be recorded, and staff practice evaluated, in line with the First Aid Policy.

## 8. Exercise and physical activity

Games, activities and sports are an essential part of school life for pupils. All teachers will know which pupils in their class have asthma and will be aware of any safety requirements.

Outside suppliers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity via the school's asthma register or direct from the parents.

Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. **Pupils whose asthma is triggered by exercise will be allowed to use their reliever inhaler prior to exercise.**

If it is cold or damp outside when participating in an activity outdoors, pupils with asthma may wish to wrap a scarf loosely over their nose and mouth to warm up the air. This stops the

airways getting a shock of cold air, which can trigger asthma symptoms. Breathing in through the nose instead of the mouth also warms up the air as it is breathed in.

During sports, activities and games, each pupil's labelled inhaler will be kept in their named bag at the site of the activity. Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

The school believes sport to be of great importance and utilises out-of-hours sports clubs to benefit pupils and increase the number of pupils involved in sport and exercise. Pupils with asthma are encouraged to become involved in out-of-hours sport as much as possible and will never be excluded from participation. Members of school staff and contracted suppliers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in this policy.

## 9. Monitoring and review

The effectiveness of this policy will be monitored continually by the headteacher. Any necessary amendments may be made immediately. The Local Academy Board will review this policy annually.

Any changes made to this policy will be communicated to staff, pupils, parents and other relevant stakeholders.

The next scheduled review date for this policy is July 2026.

## Appendix A – Asthma Medication Form

### Contact Details

<b>Name of Pupil</b>	<b>Class</b>
<b>Parent Name</b>	<b>Parent Contact Number</b>

### Asthma Medication Details

For shortness of breath, sudden tightness in the chest, wheeze or cough, please help or allow my child to take the medicine detailed below. After treatment and as soon as they feel better they can return to normal activity.

<b>Name of medication</b>			
<b>Expiry date</b>		<b>Spacer provided?</b>	Yes / No
<b>Inhaler to be administered routinely before exercise?</b>	Yes / No	<b>Number of puffs</b>	

<b>In the event of an emergency, I give permission for my child to use the school's central reliever inhaler and spacer</b>	Yes / No
<b>Does your child need to take any other asthma medicines while in the school's care?</b>	Yes / No
If yes above, please provide details (a separate form for administering this medicine may be required):	

### About your child

<b>What signs can indicate that your child is having an asthma attack?</b>					
<b>Does your child tell you when they need medicine?</b>					Yes / No
<b>Does your child need help taking their asthma medicine?</b>					Yes / No
<b>What are your child's triggers (things that make their asthma worse)?</b>					
Pollen	<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Cold/Flu	<input type="checkbox"/>
Stress	<input type="checkbox"/>	Weather	<input type="checkbox"/>	Air pollution	<input type="checkbox"/>
Other (please specify):					

## Declaration and signature

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. I will inform the school immediately, in writing, of any changes to the above.

Signed: \_\_\_\_\_  
(Parent / Carer)

Date: \_\_\_\_\_

## Actions to take if a child is having an asthma attack (Source: Asthma & Lung UK)

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

