



# Harrietsham Church of England Primary School

## Asthma Policy

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# Harrietsham Church of England Primary School Asthma Policy

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## ***'Nurtured We Flourish'***

### **School Context:**

#### **Harrietsham CEP Vision Statement**

*We are a warm, welcoming, and inclusive school rooted in our rural community. Like the mustard seed we grew from tiny beginnings and our branches are now spread wide –providing support and taking our values beyond the school gates. All those in our community feel safe and nurtured - able to flourish and grow academically, spiritually, emotionally and physically to achieve their full God-given potential.*

### **“Nurtured we flourish”**

We are a nurturing school. As such we believe in, and follow, **The Six Principles of Nurture** in all of our practice.

1. Children’s learning is understood developmentally.
2. The classroom offers a safe base.
3. The importance of nurture for the development of wellbeing.
4. Language is a vital means of communication.
5. All behaviour is communication.
6. The importance of transition in children’s lives.

### **Our Values**

The roots of our vision are in the parable of the Mustard Seed.

*‘The kingdom of heaven is like a mustard seed, which a man took and planted in his field. Though it is the smallest of all seeds, yet when it grows, it is the largest of garden plants and becomes a tree, so that the birds come and perch in its branches’.*  
**Matthew 13 31-32**

In order to grow and reach our potential, everything that we do in school is driven by our vision and underpinned by our core Christian values of:

### ***Love, Fellowship and Forgiveness***

## Introduction

Asthma is one of the most common long-term conditions which particularly affects children, and which causes the airways in the lungs to narrow due to inflammation, making it difficult to breathe. Currently 1 in 11 children in the UK have asthma. Together, schools and families can provide vital support for children and young people with asthma. By providing a pathway of care for each child and good awareness within the wider community, most children and young people with asthma can lead full and active lives. The Asthma Friendly Schools initiative has been introduced by many local authorities across the country, to help meet the national standards specified in the National Bundle of Care for Children and Young People with Asthma.

It requires that schools meet the following 6 standards:

1. The school must have a policy on asthma.
2. The school must have a register of all students with asthma.
3. All students with asthma must have an asthma care plan from their healthcare professional that is shared with the school. The asthma plan should include details of daily care, type of medication, dose, route of administration, and what to do when symptoms worsen.
4. The school must have access to emergency asthma kit with an emergency inhaler.
5. Asthma training should be taken up by the whole school.
6. The school must have an Asthma Champion. An Asthma Champion leads all asthma related actions within the school.

This policy is based on the following resources:

Asthma UK '*asthma at school policy guide*' and informed by the:

- a. 2014 DH ['guidance on the use of emergency salbutamol inhalers in schools'](#)
- b. 2014 SfE ['guidance of Supporting pupils at school with medical conditions'](#)
- c. 2021 [National Bundle of Care for Children and Young People with Asthma](#)

This policy has been designed to help headteachers, school governors and teachers to implement arrangements for supporting pupils with asthma and has listed the roles and responsibilities below.

## Roles and Responsibilities

### The Headteacher at Harrietsham Primary School has a responsibility to:

#### GOVERNANCE

- Ensure a school asthma policy is developed in consultation with school staff and whilst drawing on advice from the local authority and national guidance and its implementation.
- Delegate a staff member to be the school's Asthma Champion (preferably two named staff).
- Liaise with the Asthma Champion/s in addressing any issues identified.
- Ensure that there are sufficient number of staff within the school who are confident to help to administer an emergency inhaler (staff may volunteer but cannot be required to undertake this role).

#### POLICY

- Ensure that all requirements of this policy are implemented and monitored regularly.
- Ensure that the school's asthma policy is available to all staff and parents.

#### REGISTER

- Ensure the school keeps a register of children in the school that have been diagnosed with asthma and whether they have a reliever inhaler and an individual asthma plan.
- Ensure systems are in place to identify children who are missing school due to asthma.

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- Liaise with parents, school nursing and Asthma Champion if a child is falling behind with their school work because of their condition, or if they have any concerns regarding a child's asthma.

### **ASTHMA PLAN**

- Ensure there are systems to inform parents that children with asthma need a written asthma plan from their healthcare professional, that is shared with the school and kept up to date.

### **EMERGENCY ASTHMA KIT**

- Ensure that the school keeps emergency asthma kit(s) for use during an asthma attack if an asthmatic child's own inhaler is not available, and parental consent has been given in line with the 2014 DH ['guidance on the use of emergency salbutamol inhalers in schools'](#).
- Ensure systems are present to procure, store, care, and dispose of inhalers and spacers.
- Ensure arrangements are in place for all members of staff to summon the assistance of a member of staff who is competent to help administer an emergency inhaler.

### **TRAINING**

- Ensure staff are trained and meet asthma-related training requirements.

## **The Asthma Champion (Inclusion Leader) has the responsibility to:**

- Act as a designated lead for asthma within the school.
- Work with headteacher and school nursing team to address any policy issues relating to asthma.

### **POLICY**

- Act as a contact for staff and parents if they have any concerns or questions regarding the school asthma policy.

### **REGISTER**

- Be the named individual responsible for maintaining the school asthma register.
- Ensure the asthma register is accessible to all staff, especially when staff need to use it to check consent for emergency inhalers.

### **ASTHMA PLAN**

- Ensure that all students with asthma have an asthma care plan, which is reviewed and updated at least annually.
- Ensure that the child's asthma plan is stored in an appropriate location so it is accessible by teachers and staff to understand the triggers and medications.
- Send appropriate reminders to parents regarding the updating the asthma plan and consent for emergency inhalers.

### **EMERGENCY ASTHMA KIT**

- Ensure the school has an adequate supply of emergency asthma kits.
- Ensure that a list of children from whom parental consent has been gained is easily accessible when the emergency asthma kit needs to be used.
- Maintain the emergency asthma kit and ensure there is process to check it on monthly basis.
- Be the named individual responsible for overseeing the protocol for use of emergency inhaler and monitoring its implementation.
- Act as a designated member of staff who checks the emergency asthma kit regularly and ensuring that it is maintained well.

### **TRAINING**

- Provide appropriate advice to school staff.

## **All School Staff at Harrietsham Primary School have the responsibility to:**

### **POLICY**

- Read, understand, and help implement the school asthma policy.
- Take appropriate action when dealing with any child with asthma.
- Be aware that a pupil may be tired because of asthma symptoms occurring outside of school hours or may be bullied due to asthma.
- Teachers to liaise with parents, school nursing team, Asthma Champion or Special Educational Needs Coordinators (Inclusion Leader) if a child is falling behind with work because of asthma.
- Know how to use an inhaler and spacer when appropriate, but if not confident in administering it, be able to quickly and efficiently escalate to another member of staff who can administer the emergency inhaler.

### **REGISTER**

- Be aware of how to check if a child is on the asthma register and have parental consent to use the school's emergency asthma kit.

### **ASTHMA PLAN**

- Familiarise themselves with pupil's asthma plan, triggers and medications and be able to refer to it in an emergency.

### **EMERGENCY ASTHMA**

- Inform the asthma champion and parents if a child has had an asthma attack and needed to use reliever medicines (own reliever inhalers or emergency reliever inhaler).
- Ensure emergency inhaler use is recorded.
- Ensure a record of use of the emergency inhaler is kept and parents or carers are informed in writing if their child has used the emergency inhaler or their own inhaler due to an asthma exacerbation.

### **TRAINING**

- Undertake the appropriate asthma training including how to use and care for an inhaler with or without a spacer where necessary.

**In cases of emergency, teachers have a general legal duty care to act as any reasonably prudent parent would. There is no legal or contractual duty on teaching staff to administer asthma medication. However, in line with the [National Capabilities Framework for Professionals who care for Children and Young People with Asthma](#), all education and teaching staff should know how to use an inhaler and how to care for it.**

## **PE Teachers have a responsibility to:**

- Be trained to recognise potential triggers for asthma when exercising.
- Remind pupils with asthma whose symptoms are triggered by exercise, to use their reliever inhaler a few minutes before warming up.
- Ensure appropriate measures are taken before, during and after these sessions to reduce the risk of an asthma attack.
- Liaise with class teachers, first aiders or Asthma Champions to inform parents if concerned that a child has undiagnosed or uncontrolled asthma.

## **Parents / Guardians have a responsibility to:**

- Inform the school if their child has been diagnosed with asthma or suspected asthma.
- Share with the school their child's asthma plan that is updated by healthcare professional at least annually.
- Keep the school up to date with information about their child's medications, asthma plan and any changes to their child's asthma symptoms.

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- Ensure the child always goes to school with their medications and that these are clearly labelled with their name in the original packaging.
- Provide the school with a spare reliever inhaler (and spacer where relevant) in its original packaging clearly labelled with their child's name and date of birth and replace this before it becomes expired.
- If in agreement, ensure that written consent is provided to the school for staff members to administer the child's and/or the school's emergency inhalers.
- Ensure their child catches up on schoolwork missed if their child is unwell.

### **Pupils have the responsibility to:**

- Inform an appropriate adult (parent/teacher/PE teacher) when they are not feeling well or when they see another child who is not feeling well.
- Treat asthma medicines with respect.
- Treat children with and without asthma equally and with consideration.
- Children with asthma should know how to take their own asthma medicines.

## **Asthma medications**

### **Reliever Inhaler**

Every child and young person with asthma should have a reliever inhaler. Reliever medications are taken immediately when symptoms start. They allow the airways to open wider and make it easier to breathe again.

- ❖ It is essential that all pupils with asthma be allowed **to access their reliever inhaler freely at all times**, especially during physical education and educational visits. If the child or young person is not able to carry their inhaler themselves, it should be stored in an easily accessible place known to staff and pupils (in the classroom, this will be in the teacher's cupboard on a high shelf).
- ❖ It is very important that a pupil with asthma has a reliever inhaler that they can use reliably and effectively (that is, one that a health professional has demonstrated and checked their technique). In a school setting where there may be many pupils with asthma, it is important that it is known which reliever belongs to which pupil.
- ❖ Consent should be sought from all parents of children with asthma to check whether the emergency relief inhaler can be given if the child does not have access to their own inhaler. This must be indicated on the asthma register.
- ❖ Although relievers are a very safe and effective medicine, some children and young people get an increased heart rate and may feel shaky if they take a lot. However, children and young people cannot overdose on reliever medicines and these side effects pass quickly.
- ❖ Inhalers must be clearly marked with the child's name and date of birth.
- ❖ Spacers must be used if appropriate.

### **Preventer inhaler**

Not all children and young people with asthma need a preventer. Most children and young people who need preventer medicines will receive an inhaler preventer from their doctor that contains corticosteroids. Preventers reduce the risk of asthma attacks and need to be taken regularly even if the child or young person is feeling well. Normally, pupils should not need to take preventer inhalers in school hours. If they are needed, they may need to be reminded to take them. This should be written on the pupil's school asthma plan. It is important to review which children need preventer medications during overnight school visits.

## Spacers

A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other. They make inhalers easier to use and more effective. Spacers may often be needed and used at school, especially by pupils under 12. The emergency asthma kit should contain an appropriate selection of spacers for the age group of students in the school, and it should be labelled appropriately. For infection control, **emergency-kit spacers must not be re-used**. After use, the spacer will be given to the child to take home. Replacement spacers will be restocked immediately.

## Emergency Asthma Kit

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Each emergency asthma kit should contain the following items:

- A salbutamol metered dose inhaler.
- At least 2 plastic spacers compatible with the inhaler and suitable for the age group of students in the school.
- Instructions on using the inhaler and spacer.
- A checklist for the inhalers, their batch numbers, and expiry date, which will be checked by the asthma champion monthly.
- Manufacturer's information for the inhalers.
- The school will stock more than one asthma emergency kit stored in the school office and the inclusion office.
- When the asthma medication is out of date, the inhalers will be taken to Saxon Warrior Pharmacy, Lenham for their disposal.

## Administering Emergency Inhalers

There is a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of this is kept with the emergency inhaler. Written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan. This will be included on the asthma register to ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use.

If a child is administered an emergency inhaler, then this will be recorded using our 'Record of medicine administered to children' in Appendix 4 of the school's Administering Medicines policy

## Record Keeping

All parents must be asked if their child has a medical condition at the beginning of each school year or when a child joins the school.

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A school asthma register must be kept and made available to all school staff. This must contain the name of the child and include whether they have an asthma plan and parental consent to use the emergency asthma inhaler. A copy must be kept with the emergency asthma kit. The asthma register must be checked and kept up to date regularly, such as every term.

The emergency asthma kit must be checked every month. There must be a record of administration including the time, date, staff member administering the medication, child receiving the medication, and the dose and type of medication administered. The emergency asthma kit must also have a record of inhalers with batch number and expiry date.

The child's asthma plan must include the details of the child, their usual asthma medications and what to do if they get a worsening of their symptoms/have an asthma attack. This will be issued by the child's healthcare professional and would be reviewed at the child's annual asthma review, or it might be reviewed earlier if the child sustains an asthma attack. Parents must be reminded to keep the asthma plan up to date every year.

Ensure the school has arrangements that enable parents to be informed in writing if their child suffers a significant asthma attack at school. The letter needs to specify what treatment was given, when and by whom. The school should also notify parents in the event of any unplanned medication administration (not including planned events such as inhaler use prior to sporting activities) even if the child refuses the treatment.

## **Physical Education, Games and Activities**

Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled and should have equal access to physical education/activities.

If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and, as soon as they feel better, allow them to return to activity (Most pupils with asthma should wait at least five minutes).

- ❖ All teachers must know which children in their class have asthma.
- ❖ Staff should ensure that those children who need to do so take their appropriate inhaler before exercise. Ensure pupils with asthma always warm up and down thoroughly.
- ❖ Pupil's inhaler should be labelled and kept at the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so.
- ❖ The child or young person should then take their reliever inhaler and wait until they feel better (at least five minutes) before starting again.
- ❖ Physical activity staff should speak to the parents if they are concerned that their child has undiagnosed or uncontrolled asthma. These pupils may need to have their asthma reviewed by their doctor or practice nurse.
- ❖ If the pupil is taking time off school or is frequently tired in class, this could be because s/he is having asthma symptoms during the night, disturbing their sleep. The teacher should firstly talk to the parents, and then the Asthma Champion or Inclusion Leader.

## **The School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definite no-smoking policy. As far as possible, the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. The school also ensures that the building premises are free from mould and damp. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

## Offsite Visits

The staff at school will ensure that all children's inhalers and records for administration will be taken on offsite visits. Medication offsite will be administered along the same principles as it is onsite.

If a child is old enough to carry their own inhalers, and this is the agreement within school, this will also be the case for offsite visits. In all other circumstances the adult leading the child's group will be responsible for carrying the inhalers. Administration will be overseen by the child's class teacher.

## When a Child or Young Person is Falling Behind in Lessons

If a child or young person is missing a lot of time from school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the Asthma Champion or Inclusion Leader about the pupil's needs. The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

## Staff Training

According to the [National Capabilities Framework for Professionals who care for Children and Young People with Asthma](#), non-clinical professionals who may come in contact with children with asthma but have no direct responsibility for their long-term care such as education and teaching staff should complete Tier 1 training. They should have a basic awareness of asthma and its impact and **know how to use an inhaler and spacer and how to care for it**. Some of the specific capabilities include:

- Have a basic understanding of what asthma is and its potential impact.
- Able to demonstrate basic knowledge of the aims of asthma treatment, and the use of spacers and other devices.
- Able to recognise the signs of an acute attack
- Knows who to call for help if a child is having an asthma attack in the community and the first steps of emergency management.

Free training to meet the Tier 1 capabilities is available on the education for health website: <https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>

The school nursing team may be able to provide advice and refer you to other sources of training. Posters and information leaflets can be found on websites such as Asthma UK and Beat Asthma.

## Further Information and Resources:

- Guidance on the use of emergency salbutamol inhalers in schools (March 2015): [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)
- Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (December 2015): [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf)
- Health Conditions in Schools Alliance: <https://medicalconditionsatschool.org.uk/>
- Asthma UK: <https://www.asthma.org.uk/professionals/>
- Beat Asthma: <https://www.beatasthma.co.uk/>