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Asthma Policy

Headteacher: Amy Melhuish

Medicines Lead (s): Grace Malam

Introduction

Scope and local procedures

This policy applies to all Anthem Schools Trust schools. Each school will implement this policy through local procedures (including named roles, kit locations and record-keeping arrangements) which must be consistent with Trust expectations and statutory guidance.

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all students with asthma and aims to support these students in participating fully in school life. We endeavour to do this by ensuring we have:

- An asthma register
- Up-to-date asthma policy
- A person responsible for supporting students with medical conditions
- All students with immediate access to their reliever inhaler at all times
- All students have an up-to-date asthma plan
- Two emergency salbutamol inhalers
- Regular asthma training for staff
- Promote asthma awareness among students, parents/carers and staff

Asthma register

The school maintains an up-to-date register of students with asthma on Bromcom, which is the primary and authoritative record. The register is reviewed at least annually and updated promptly when new information is received from parents/carers, health professionals, or following an asthma-related incident in school. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler, the student is added to the asthma register on Bromcom, and the school ensures that the student has:

- an up-to-date copy of their personal asthma plan
- their reliever (salbutamol/terbutaline) inhaler in school
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

Any displays (for example, lists/photos to support emergency identification) will be limited to what is necessary for safeguarding and medical safety, located in staff-only areas, and managed in line with data protection requirements.

Staff awareness display (supplementary)

To support immediate awareness for staff who may not routinely access Bromcom (for example, visitors, contractors, and supply staff), a **supplementary asthma awareness display board** may be used in staff-only areas such as the staffroom.

This display is **not the primary record** and must only summarise essential information required for safety (for example, student name and class/form). Detailed medical information, action plans and consent records remain held on Bromcom.

The display board will:

- be located in a **staff-only area**, not accessible to students or the public
- be clearly marked as **confidential**
- be kept **up to date** and aligned with the Bromcom asthma register
- be reviewed regularly by the Medicines Lead

The purpose of the display is to support safe practice and rapid identification in an emergency, particularly for temporary staff, and not to replace established recording or reporting systems.

Information shared on the staff awareness display will be **limited to what is necessary** for medical safety and managed in line with data protection requirements. The school will ensure that the use of such displays balances student privacy with safeguarding and health needs, and that access is appropriately controlled.

Responsibilities

Medicines Lead

The Medicines Lead is responsible for:

- managing the asthma register
- updating the asthma procedures for the school
- managing the emergency salbutamol inhalers. Please refer to the [Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015](#)
- ensuring measures are in place so that students have immediate access to their inhalers
- ensuring that staff are trained appropriately, are recording doses when they have administered the medicines or supporting students who are self-administering
- ensuring that a Personalised Emergency Evacuation Plan (PEEP) is in place for any student as a result of their medical needs.
- ensuring asthma-related incidents are appropriately recorded on Bromcom, and that any safeguarding concerns linked to asthma management are escalated to the DSL/DDSL and recorded on CPOMS.
- ensuring that any staff awareness display relating to asthma is accurate, kept in line with the Bromcom asthma register, and reviewed regularly.

Headteacher

The Headteacher is responsible for ensuring this policy is implemented consistently, including ensuring sufficient trained staff, appropriate resourcing of emergency inhaler kits, and that record-keeping and parent communication expectations are met.

DSL/DDSL

The DSL/DDSL is responsible for overseeing safeguarding concerns linked to asthma management (including suspected neglect/unmet health needs), ensuring CPOMS recording meets Trust standards and that SSI processes are followed where thresholds are met.

First Aid Lead

The First Aid Lead is responsible for ensuring asthma emergency response procedures align with the First Aid Policy, supporting staff in emergencies, and ensuring consistent Bromcom recording and parent notifications after incidents.

Medication and inhalers

All students with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the student to breathe.

Some students will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Students should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the student 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 inhaler as prescribed.

For trips and residential visits, the visit leader must ensure asthma plans are reviewed, inhalers/spacers are in date, staff know where inhalers are carried/stored, and emergency arrangements (including access to reliever inhalers and escalation procedures) are included in the visit risk assessment in line with the Educational Visits process.

Students are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by Key Stage 2 but it does depend on the maturity of the student. We will discuss this with each student's parent/carer and teacher. We recognise that all students may still need supervision in taking their inhaler.

For younger students, reliever inhalers are stored in an agreed, easily accessible classroom location, as set out in Appendix 6 (School implementation details).

A copy of the individual asthma plan will be kept in a named wallet with a student's named inhaler.

School staff are not required to administer asthma medicines to all students however many students have poor inhaler technique or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training and are happy to support students as they use their inhaler, can be essential for the wellbeing of the student. If we have any concerns over a student's ability to use their inhaler, we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the Administration of Medicines and Supporting Students with medical conditions Policy for further details about administering medicines.

Staff training

In line with the Department of Health and Social Care's guidance, all school staff will be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms
- aware of the Asthma Policy
- aware of how to check if a student is on the asthma register
- aware of how to access the inhaler
- aware of who the designated members of staff are and the policy on how to access their help

Staff will receive asthma awareness training **at induction** and **refresher training at least annually**. Training must include: recognition of asthma attack symptoms, correct use of inhaler and spacer, emergency kit access, escalation routes, and record-keeping/parent communication requirements. This training can be provided by the school nursing team.

School environment

The school does all that it can to ensure the school environment is favourable to students with asthma. The school has a definitive no-smoking policy. Student's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that students will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke (Source: Asthma UK)

As part of our responsibility to ensure all students are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the students could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for students. All staff will know which students in their class have asthma and all PE teachers at the school will be aware of which students have asthma from the school's asthma register.

Students with asthma are encouraged to participate fully in all activities where possible. PE teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that students who are mature enough will 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 student needs to use their inhaler during a lesson they will be encouraged to do so.

When asthma is affecting a student's education

The school is aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting on a student's 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 an appointment is made with their asthma nurse/doctor.

It may simply be that the student needs an asthma review, to review inhaler technique, medication review or an updated Asthma Plan to improve their symptoms. However, the school recognises that students with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Where asthma contributes to absence or reduced attendance, the school will work with families to make reasonable adjustments and ensure support is reflected in an Individual Healthcare Plan. Schools should not routinely request medical evidence for illness-related absence, unless there is a genuine and reasonable doubt, in line with Trust Attendance Ambitions.

Emergency Salbutamol inhaler in school

As a school we are aware of the guidance *The use of emergency salbutamol inhalers in schools from the Department of Health* (March 2015) which gives guidance on the use of emergency salbutamol inhalers in schools. The key points from this policy are summarised below:

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. (School applications are made on a headed letter from the school's Headteacher to the pharmacist.)

We have been advised to have two emergency asthma inhaler kit(s), which are kept in the [Main Office](#) and [Head Teacher's Office](#) so they are easy to access.

Each kit contains:

- **One** Salbutamol metered dose inhaler - these are reusable as long as they are properly cleaned after use
- At least **two** plastic spacers compatible with the inhaler- these shouldn't be reused due to the risk of cross-infection
- Instructions on using the inhaler and spacer
- Instruction on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhaler and spacers
- A list of students permitted to use the emergency inhaler, as detailed in their individual healthcare plans
- A record of administration (which will need to be attached to the student's asthma plan after the event as a permanent record).

We understand that Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled Salbutamol are well known, tend to be mild and temporary are not likely to cause serious harm. The student may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that the emergency Salbutamol inhaler is **only used by students who have asthma or who have been prescribed a reliever inhaler, AND** for whom written parental/carer consent has been given. Both criteria need to be in place.

If consent is not in place and a student is experiencing a severe asthma attack, staff must prioritise emergency response: call **999**, state **asthma attack**, follow the call handler's instructions and inform parents/carers as soon as practicable. Any decision-making and actions must be recorded on Bromcom, and safeguarding concerns escalated where relevant.

The name(s) of these students will be recorded on **Bromcom** and reflected, where used, on the emergency inhaler permitted-use list held with the emergency kit. Any displays (for example, lists/photos to support emergency identification) will be limited to what is necessary for safeguarding and medical safety, located in staff-only areas, and managed in line with data protection requirements.

The parents/carers will always be informed on the same day (via MCAS/email/phone as appropriate) if their child has used the emergency inhaler, so that this information can also be passed onto the GP. Where clinically indicated, parents/carers must be contacted immediately by phone.

At least 2 members of staff will be responsible for maintaining the emergency asthma kit. These members of staff will ensure that:

- On a monthly basis, the inhaler and spacers are present, in working order, and the inhaler has sufficient number of doses available;
- Replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary;

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any student's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a student's inhaler. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Common 'day to day' symptoms of asthma

As a school we require that students with asthma have a personal asthma action plan which can be provided by their doctor/nurse. These plans inform us of the day-to-day symptoms of each student's asthma and how to respond to them in an individual basis. We will also send home our own information and consent form for every student with asthma each school year (Appendix 1). This

needs to be returned immediately. A copy will be kept with the inhaler and also with our asthma register or on our student profile management system.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the student's inhaler and rest (e.g. stopping exercise). As per the Department of Health document, they would not usually require the student to be sent home from school or to need urgent medical attention.

Asthma attacks

The school recognises that if all the above are in place, we should be able to support students with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

Emergency response – asthma attacks

If a student experiences an asthma attack that does not respond promptly to reliever inhaler treatment, staff must call 999 without delay. When contacting emergency services, staff must explicitly state that the student is having an asthma attack, follow the call handler's instructions, and continue emergency asthma treatment until help arrives.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition, guidance will be displayed in the staff room/First Aid room/other relevant room (Appendix 2).

The Department of Health guidance on the use of emergency Salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the student could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some students will go very quiet
- May try to tell you that their chest 'feels tight' (younger students may express this as tummy ache)

If the student is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the student:

- Appears exhausted
- Is going blue
- Has a blue/white tinge around lips
- Has collapsed

It goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the student.
- Encourage the student to sit up and slightly forward.

- Use the student's own inhaler – if not available, use the emergency inhaler.
- Remain with the student while the inhaler and spacer are brought to them.
- Shake the inhaler and remove the cap.
- Place the mouthpiece between the lips or place the mask securely over the nose and mouth.
- Immediately help the student to take two separate puffs of his/her inhaler or the emergency Salbutamol inhaler via the spacer, one at a time (one puff to five breaths). Shake the inhaler between puffs.
- If there is no immediate improvement, continue to give 2 puffs at a time every 2 minutes, up to a maximum of 10 puffs or until symptoms improve.
- Stay calm and reassure the student. Stay with the student until they feel better. The student can return to school activities when they feel better.
- If you have had to treat a student for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP.
- If the student has had to use six puffs or more in four hours the parents/carers should be made aware and they should be seen by their doctor/nurse.
- If the student does not feel better, or if you are worried at any time before you have reached 10 puffs, call **999 for an ambulance** and **state clearly that the student is having an asthma attack**.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- A member of staff will always accompany a student taken to hospital by an ambulance and stay with them until a parent or carer arrives.

Recording & safeguarding

Recording, safeguarding and follow-up

All asthma attacks, emergency inhaler use, and significant asthma-related incidents must be recorded on **Bromcom at the earliest opportunity and no later than the end of the same working day**. Parents/carers must be informed on the same day.

Bromcom is used to record the **medical event and medication use**. CPOMS is used to record **safeguarding concerns and the actions/decisions/rationale** where asthma management indicates risk.

Where a student's asthma presentation, frequency of attacks, access to medication, or parental response raises a safeguarding concern (including suspected neglect, poor management of a medical condition, or unmet health needs), staff must also record the concern on **CPOMS** and inform the DSL/DDSL in line with the Child Protection and Safeguarding Policy.

Where an incident meets the Trust definition of a **Significant Safeguarding Incident (SSI)** (for example, where emergency services or police involvement is required due to safeguarding risk), the safeguarding team must record this using the SSI category on CPOMS in line with the Safeguarding Handbook.

Related policies and guidance

This policy should be read in conjunction with:

- First Aid Policy
- Administration of Medicines and Supporting Students with Medical Conditions
- Child Protection and Safeguarding Policy
- Health & Safety Policy
- Attendance Policy

- Anthem Attendance Ambitions

References

[Asthma + Lung UK](#)

[BTS/SIGN British Guideline on the Management of Asthma \(2019\)](#)

[Department of Health \(2015\) Guidance on the use of emergency salbutamol inhaler in schools](#)

[Asthma friendly school](#)

[London Asthma Toolkit for children and young people](#)

[Education for health](#)

Appendix 1: My Asthma Care Plan

Name of student	
Class/form	
Date of birth/age	
Type of medicine (& expiry date)	
Date of plan review	(Annually)

Emergency contact numbers: FIRST contact	
Full name	
Relationship to student	
Phone number (work)	
Home	
Mobile	
Address, if different to student	

Emergency contact numbers: SECOND contact	
Full name	
Relationship to student	
Phone number (work)	
Home	
Mobile	
Address, if different to student	

GP/health practitioner	
Name	
Surgery/Practice	
Contact number	

Inhaler use		
Does your child tell you when he/she needs their inhaler?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child need help administering their inhaler?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child need to take their inhaler before exercise or play?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What signs does your child display when they need their inhaler? <i>Select or add</i>		
Shortness of breath		<input type="checkbox"/>
Sudden tightness in chest		<input type="checkbox"/>
Wheeze or cough		<input type="checkbox"/>
Other (please state):		<input type="checkbox"/>
What are your child's triggers (things that can make their asthma worse)? <i>Select or add</i>		
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 state):		<input type="checkbox"/>

Is your child on any other asthma medication while in school's care? <i>Give details below</i>			
Medication	Dose	Frequency	Side effects

If the above signs occur, please help/allow (delete as appropriate) my child to take the medicine stated above. After treatment and as soon as they feel better, they can return to normal activity.

I confirm that my child has an inhaler and spacer in school, and I will ensure that it is in date.

I consent to my child using the school's emergency reliever inhaler and spacer should it be necessary.

I understand that in an emergency, the school will first contact emergency services and then me.

Signed:.....(parent/carer)

Date:.....

Appendix 1: Symptoms of an asthma attack

- Not all symptoms listed have to be present for this to be an asthma attack.
- Symptoms can get worse very quickly.
- If in doubt, give emergency treatment.

Side effects from Salbutamol tend to be mild and temporary. These side effects include feeling shaky or stating that the heart is beating faster.

Symptom	What to look for
Cough	A dry persistent cough may be a sign of an asthma attack.
Chest tightness or pain	This may be described by a student in many ways including a 'tight chest', 'chest pain', tummy ache.
Shortness of breath	A student may say that it feels like it's difficult to breathe, or that their breath has 'gone away'.
Wheeze	A wheeze sounds like a whistling noise, usually heard when a student is breathing out. A student having an asthma attack may or may not be wheezing.
Increased effort of breathing	This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger students, the stomach may be obviously moving in and out. Nasal flaring.
Difficulty in speaking	The student may not be able to speak in full sentences.
Struggling to breathe	The student may be gasping for air or exhausted from the effort of breathing.

Call an ambulance immediately, whilst giving emergency treatment if the student:

- Appears exhausted
- Has blue/white tinge around the lips
- Is going blue
- Has collapsed

When contacting emergency services, staff must **state that the student is having an asthma attack.**

Appendix 2: Administering reliever-inhaled therapy through a spacer

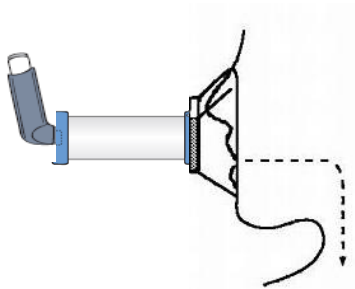
A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for two weeks, then press the inhaler twice into the air to clear it.**

A Spacer might be

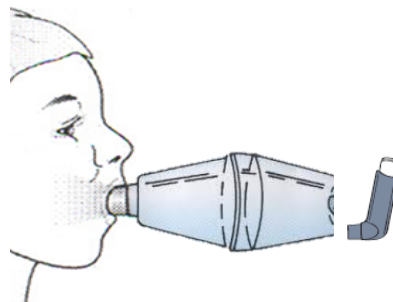
- Orange
- Yellow
- Blue
- Clear

A spacer might have

a. A mask



b. A mouthpiece



1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the back of the spacer
5. Place mouthpiece in mouth with a good seal, (or if using the mask place securely over the mouth and nose)
6. Encourage the child to breathe in and out slowly and gently
7. Depress the canister encouraging the child to continue to breathe in and out for 5 breaths
8. Remove the spacer
9. Wait 30 seconds and repeat steps 2-6
10. Assess for improvement in symptoms

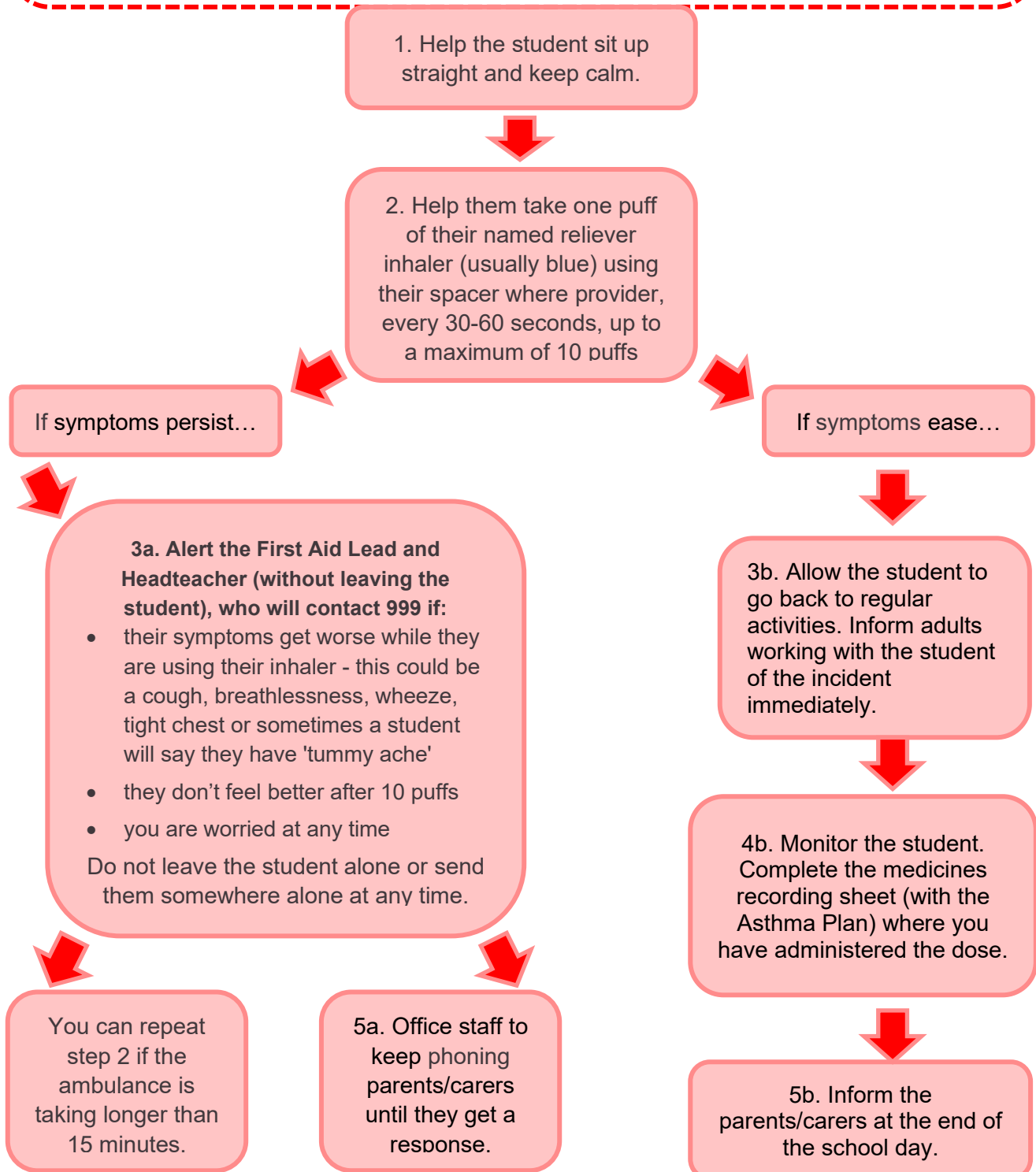
Dependent on response steps 2-7 can be repeated according to response up to 10 puffs.

If there is no improvement, **call 999 and state that the student is having an asthma attack.**

If the child does not feel better, or you are worried at any time before you have reached 10 puffs, **call 999 for an ambulance and state that the student is having an asthma attack.**

Appendix 3: What to do if a student is having an asthma attack

Inhalers are kept in the student's classroom, in a named wallet with the student's Asthma Plan. If the inhaler doesn't work or is empty, then check the plan to see if the student has consent to use the school's emergency inhaler. **(This is kept in the First Aid room in a box labelled EMERGENCY INHALERS.)**
 "Where consent has been withheld and a student is experiencing a severe asthma attack, staff must prioritise emergency response: call 999, state that the student is having an asthma attack, follow the call handler's instructions, and alert the First Aid Lead and Headteacher.



Appendix 4: Asthma register for display [academic year]

This appendix is provided as a **model/template only**. The school's live asthma register is maintained on **Bromcom**.

Photo (where possible)	Name:	Asthma plan in place (include date for renewal) Yes <input type="checkbox"/> No <input type="checkbox"/>
	Class:	Parental consent for the use of the emergency inhaler received Yes <input type="checkbox"/> No <input type="checkbox"/>

Photo (where possible)	Name:	Asthma plan in place (include date for renewal) Yes <input type="checkbox"/> No <input type="checkbox"/>
	Class:	Parental consent for the use of the emergency inhaler received Yes <input type="checkbox"/> No <input type="checkbox"/>

Photo (where possible)	Name:	Asthma plan in place (include date for renewal) Yes <input type="checkbox"/> No <input type="checkbox"/>
	Class:	Parental consent for the use of the emergency inhaler received Yes <input type="checkbox"/> No <input type="checkbox"/>

Appendix 5: School implementation details (must be completed locally)

- Headteacher name:
- Medicines Lead(s):
- First Aid Lead:
- DSL & DDSL(s):
- Location of student inhaler(s) for EYFS/KS1 (if not carried):
- Location of emergency salbutamol kits (x2):
- Location of asthma register display (if displayed):
- Parent notification method (MCAS/email/phone):
- Name of staff responsible for monthly kit checks (minimum two):