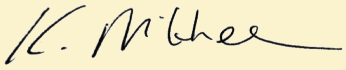
POLICY DOCUMENT

Asthma Policy and Asthma Register

Princess May Primary School's approach to supporting pupils with asthma — 2026–2027

Governing Body Representative (GBR)	Kristofer McGhee (Chair of Governors)
Signed by (GBR)	
Date approved	4 September 2026
Next review due by	September 2027
Related policies	Supporting Pupils with Medical Conditions Policy; First Aid Policy; Allergy Policy; Educational Visits Policy; Attendance and Punctuality Policy; SEND Policy and SEND Information Report; Anti-Bullying Policy; Safeguarding and Child Protection Policy
Aligned to	The Children and Families Act 2014 (section 100); the DfE's statutory guidance Supporting pupils at school with medical conditions; the DfE's Guidance on the use of emergency salbutamol inhalers in schools; the Human Medicines (Amendment) (No. 2) Regulations 2014; the Equality Act 2010 (including the Public Sector Equality Duty); NICE guideline NG245 on asthma; and guidance from Asthma + Lung UK

Key contacts

Asthma Lead: Hannah Blunden (Assistant Headteacher, SENCo, DSL and First Aid Appointed Person)

Second named person for the emergency inhaler: Zohra Hussain

Headteacher: Kevin Reynolds

School nurse contact: Letitia Gray

Chair of Governors: Kristofer McGhee

School office: 0207 254 1589 · admin@princessmay.hackney.sch.uk

1. Aims and principles

Asthma is the most common long-term medical condition in children. At Princess May Primary School we want every pupil with asthma to take a full part in school life — in lessons, PE, play, trips and clubs — and to feel safe, understood and well looked after while they do.

This policy sets out how we:

- keep an accurate **asthma register** so that we know which pupils have asthma and what each of them needs
- make sure every pupil's **reliever inhaler** is available immediately, at all times
- hold and use an **emergency salbutamol inhaler** safely, in line with DfE guidance
- recognise and respond to an **asthma attack**, and make sure all staff know what to do
- reduce asthma triggers in the school environment and make sure no pupil is disadvantaged by their asthma

This policy should be read alongside our Supporting Pupils with Medical Conditions Policy. Pupils with asthma have a medical condition under that policy, and those with more complex needs will have an Individual Healthcare Plan (IHP).

2. Roles and responsibilities

The governing body

- Makes sure this policy is in place, followed and reviewed each year
- Makes sure the school's insurance covers staff who administer medicines, including the emergency inhaler (see section 6)

The Headteacher

- Makes sure the policy is implemented and that enough staff are trained
- Makes sure supply staff, lunchtime staff, clubs staff and volunteers are told about pupils with asthma and what to do in an attack

The Asthma Lead

- Maintains the asthma register and checks it is up to date every term (section 3)
- Oversees the emergency inhaler protocol, or delegates the practical tasks to the second named person (section 6)
- Arranges asthma training and refreshers for staff (section 10)
- Checks that inhalers are in date and in the right place each term

All staff

- Know which pupils in their class and in the year group have asthma, and where their inhalers are kept
- Let a pupil take their reliever inhaler **immediately**, whenever they ask, without needing permission
- Know the signs of an asthma attack and how to respond (section 7)
- Make sure the pupil's inhaler goes with them on any trip, PE lesson, swimming lesson or off-site activity
- Tell the Asthma Lead if they notice a pupil coughing, wheezing or being short of breath, or using their inhaler more than usual

Parents and carers

- Tell the school if their child has asthma, and complete the school's medical information form when their child joins
- Provide a labelled, in-date reliever inhaler and, if the school asks, a spacer. Replace them before they expire
- Update the school as soon as anything changes: a new diagnosis, a new medicine, a hospital visit or a changed asthma action plan

- Tell the school if their child has had an attack, a hospital visit or night-time symptoms, so we can support them in school
- Complete the consent form for the emergency inhaler (Appendix 2)

Pupils

- Tell an adult straight away if they feel wheezy, tight in the chest or short of breath
- Are encouraged to look after their own inhaler and understand their asthma, in line with their age and ability

The school nurse

- Supports the school with training, individual plans and advice on pupils with more complex needs

3. The asthma register

The school keeps an **asthma register**, so that a member of staff can check quickly which pupils have asthma, what they need and whether the school holds consent for the emergency inhaler. A template is at Appendix 1.

What the register contains

- The pupil's name, class, date of birth and a photograph (photographs are included only where a parent or carer has given consent)
- Whether the pupil has a **diagnosis** of asthma, or has been prescribed a reliever inhaler without a confirmed diagnosis
- The type of reliever inhaler and spacer, where they are kept and the expiry date
- Any preventer inhaler or other asthma medicine, and whether it is taken at home or at school
- Known triggers and any other relevant conditions, for example a severe allergy (see section 7)
- The date of the pupil's most recent asthma action plan, and whether they have an IHP
- Whether written consent is held to use the **emergency inhaler**, and the date it was given
- Parent or carer contact details and any need for an interpreter or translated information
- The date the entry was last checked with the family

How the register is kept up to date

- A pupil is added when parents tell us about asthma on the admission form, at any point during the year, or when staff notice symptoms and the family confirms the diagnosis
- All parents and carers are asked to **confirm or update** their child's medical information at the start of every September, and sent a reminder in January
- The Asthma Lead checks the register **every term** against the inhalers held in school and the pupil's IHP where there is one
- Entries are updated after any attack, hospital visit, change of medicine or change of class
- The register is kept on **Arbor** with the pupil's other medical information. A printed copy is kept in the medical room and by the emergency inhaler, and replaced whenever the register changes

Who can see the register

Asthma is health information, so it is treated as special category data under UK GDPR. The register is shared on a need-to-know basis with class teachers, teaching assistants, lunchtime and breakfast and after-school club staff, first aiders, the office, and supply staff and visitors working with the pupils concerned. It is not displayed in public areas. Information on classroom and medical-room posters is limited to what staff need in an emergency. It is held only as long as it is needed, in line with the school's data retention schedule.

4. Information from parents, asthma action plans and health plans

- When a child joins the school, the admission form asks about asthma and other medical conditions, and any need for support in sharing information

- We ask parents and carers to share their child's **written asthma action plan**, which is usually drawn up with their GP or asthma nurse. Where a child does not have one, we encourage the family to ask their GP practice for one and offer to help with the conversation
- A pupil gets an **Individual Healthcare Plan (IHP)** where their asthma is severe, unstable or has led to hospital visits, or where the family or school feels one would help. The IHP is written with the parents, the pupil and, where appropriate, the school nurse, as set out in the Supporting Pupils with Medical Conditions Policy
- Plans are reviewed at least once a year, and whenever a pupil's needs change
- Pupils' asthma is not treated as the family's fault, and pupils are never blamed for their symptoms or for having an attack

5. Reliever inhalers: storage and access

- A pupil's reliever inhaler (usually blue) and **spacer** must be available **at all times**, including at lunchtime, in the playground, in PE and swimming, on trips and in clubs
- Inhalers are labelled with the pupil's name and class and are **kept in the medical cupboard** in the medical room, in a clearly marked box for each pupil. The cupboard is **not locked during the school day** and every member of staff knows where it is, so an inhaler can be reached immediately.
- Pupils must never be refused their inhaler or told to wait. A pupil who is wheezy is never sent to fetch it alone: another adult fetches it, or goes with them. The inhaler and spacer are taken out of the medical cupboard and go with the pupil for PE, swimming, trips and clubs, and are returned afterwards
- Where a pupil has been using their reliever more than usual, staff tell the Asthma Lead, who speaks to the parents
- **Expiry dates** are checked every term by the Asthma Lead (or the second named person). Parents are told in good time if an inhaler or spacer needs replacing. Inhalers that are empty or out of date are returned to parents or to a pharmacy for safe disposal
- Preventer inhalers are normally taken at home, morning and evening. If a preventer has to be given at school, the parents complete the medicine administration form and the Supporting Pupils with Medical Conditions Policy applies
- Supply and visiting staff are told where inhalers are kept at the start of the day

6. The emergency salbutamol inhaler

Schools may keep a salbutamol inhaler for emergency use without a prescription. It is not compulsory, but we hold one so that a pupil whose own inhaler is lost, empty or broken can still be treated quickly. We follow the DfE's Guidance on the use of emergency salbutamol inhalers in schools.

Who can use it

- Only pupils on the asthma register who have a **diagnosis of asthma or have been prescribed a reliever inhaler**, **and** whose parents or carers have given **written consent** (Appendix 2) can be given the emergency inhaler
- Consent is recorded on the register and in any IHP, and checked every year
- If a pupil is on the register but we do not have consent, staff use the pupil's own inhaler if it can be found. In a life-threatening emergency, staff always call 999 and follow the advice of the operator, who may tell them to use any inhaler that is available
- A pupil on a salbutamol alternative (for example terbutaline) can still use the salbutamol inhaler

What the emergency kit contains

- A salbutamol metered-dose inhaler and **at least two compatible spacers**
- Instructions on using the inhaler and spacer, and on cleaning, storage and disposal
- The manufacturer's information, a checklist of the batch number and expiry date (checked **monthly**), and a note of who will replace it
- A list of the pupils who have consent to use it, and a record of every use (Appendix 1)

Storage and care

- The kit is kept in the **medical cupboard in the medical room**, in a clearly labelled box that all staff can get to quickly, out of the reach and sight of pupils and **not locked away during the school day**. It is kept below 30°C, away from direct sunlight and heat, and separate from pupils' own inhalers. The kit is clearly labelled
- The inhaler is primed (two puffs) when first used and then regularly. Spacers are **not reused** between pupils. A spacer used by a child can be given to the child to take home for their own use. The inhaler housing may be reused if washed and dried; if there is any chance of contamination, for example blood, the inhaler is replaced
- Spent or out-of-date inhalers are returned to a pharmacy for disposal and the school follows its waste duty

Who is responsible

- The **Asthma Lead** oversees the protocol and the register. The Asthma Lead and **at least one other named member of staff** are responsible for supply, storage, care and disposal, including the monthly checks and replacing used spacers and expired inhalers promptly
- Staff who act as **designated responders** volunteer for this role, are trained, and know how to recognise an attack, respond to a request for help, give the inhaler through a spacer and keep records. No member of staff can be required to administer medicines
- Every adult in school knows where the kit is and how to call a designated responder

Records and telling parents

- Every use is recorded (Appendix 1): date, time, pupil, where it happened, the number of puffs and the member of staff
- The parent or carer is told **on the same day**, by phone, and sent the letter at Appendix 4 so that they can tell their child's GP. The parent is also asked to arrange a review
- The governing body makes sure the school's insurance covers staff who administer the inhaler. The local authority may also provide indemnity, which the school agrees directly with them

7. Recognising and responding to an asthma attack

Signs of an attack

- Coughing or wheezing that does not stop, particularly at rest
- Breathing fast or with effort, and flaring nostrils
- Feeling tight in the chest — younger children may say they have a tummy ache
- Being unable to speak or finish sentences, or being unusually quiet or tired
- Pulling in at the ribs or neck when breathing

Staff should be able to tell these signs from an **allergic reaction**, hyperventilation or choking.

> **What to do in an asthma attack**
>
> **1. Sit them up straight** — never let them lie down. Loosen any tight clothing, stay calm and **stay with them**. Send another adult for the inhaler and a designated responder.
>
> **2. Give one puff** of the blue reliever inhaler **through the spacer every 30–60 seconds**, up to 10 puffs. Use the pupil's own inhaler, or the emergency inhaler if you have consent (or are following the 999 operator's advice).
>
> **3. Call 999** if there is no inhaler to hand, if 10 puffs do not help, if the pupil is too breathless to speak, looks exhausted, has blue or white lips or has collapsed — or if you are worried at any point. **Phone the parent or carer** straight afterwards.
>
> **4. If the ambulance has not arrived** and there is no improvement after 10 minutes, repeat step 2 while you wait.
>
> **5. Even if they feel better,** every pupil who has had an attack must be seen by a GP or asthma nurse the same day.

- A member of staff stays with the pupil until they have recovered, or until a parent or carer arrives. A member of staff goes with the pupil in the ambulance if a parent or carer is not yet there
- **If a pupil has both asthma and a severe allergy**, an allergic reaction can look like an asthma attack, with wheezing and no rash. If there is any sign of an allergic reaction, such as a rash, swelling, or vomiting after contact with an allergen, use **adrenaline first** (the pupil's own auto-injector), call 999, and then give the reliever inhaler. See the Allergy Policy
- The attack is recorded on the register and in the incident log, the Asthma Lead is told and, where it was a serious attack, the pupil's plan is reviewed with the parents. A one-page version of these steps is on classroom and medical room posters and at Appendix 3

8. PE, sport, trips and clubs

- Pupils with asthma take a **full part** in PE, sport, swimming, play and clubs. Exercise is good for asthma, and staff should never exclude a pupil because of their condition
- Pupils whose asthma is triggered by exercise are encouraged to take their reliever before a lesson if their asthma action plan says so, and to **warm up** and cool down. PE staff keep the inhaler with the class and let the pupil stop and use it at any time without being questioned
- On days when the local air quality is poor or there is a high pollen count, the Asthma Lead and PE lead consider moving strenuous activity indoors or making it gentler for pupils whose symptoms are triggered by this, instead of excluding them from lessons
- In cold weather, pupils with asthma may need more time to warm up outside, and staff allow them to go inside if they feel wheezy
- For **educational visits and residentials**, the visit leader checks the register, takes every pupil's inhaler and spacer, a copy of the action plan and parent contact details, and the emergency inhaler and consent list where permitted. This is part of the risk assessment under the Educational Visits Policy. Pupils with asthma are never refused a place on a visit because of their asthma
- Clubs run by outside providers are told about pupils with asthma and where their inhalers are

9. Triggers and the school environment

Triggers are different for every child. Common ones include colds and viruses, pollen and hay fever, cold air, exercise, house-dust mites, pets, mould, smoke, strong smells and air pollution. We:

- ask families to tell us about each child's triggers, and record them on the register
- keep classrooms clean and well ventilated, and report damp or mould to the Bursar immediately
- avoid using strong-smelling aerosols, air fresheners or cleaning products when pupils are present, and plan art and science activities with fumes or dust in mind
- do not keep furry or feathered animals in classrooms without checking with the Asthma Lead first
- keep the school a **smoke- and vape-free** site, and ask parents not to smoke or vape at the gates
- encourage families to walk, cycle or use public transport, and ask drivers not to leave engines running outside the school, to protect the air our pupils breathe

10. Staff training

- All staff are told about asthma and this policy as part of induction, and receive **asthma awareness and emergency response training at least once a year** (for example, at the September INSET), including how to use an inhaler and spacer and what to do in an attack
- **Designated responders** and first aiders receive more detailed training, led by the school nurse or a trained provider. Their training is recorded and refreshed at least every year
- Lunchtime supervisors, breakfast and after-school club staff and PE and sports staff are included in training, and supply staff receive a briefing on the day
- Training covers the signs of an attack, how to tell it from an allergic reaction, hyperventilation or choking, and the emergency inhaler protocol

11. Asthma and attendance

- Asthma-related absence is coded as illness and is not treated as unauthorised absence
- Where a pupil is missing school because of asthma, the Asthma Lead and the Senior Attendance Champion talk to the family to see what support is needed. This may include an IHP, a review with the school nurse or GP, or help with catching up on learning
- Pupils who need to see the GP or an asthma nurse after an attack are not penalised for the time off
- Pupils who have been in hospital are supported to return to school and to catch up

12. Monitoring and review

- The Asthma Lead checks the register, inhalers and emergency kit every term, and the emergency kit monthly
- This policy is reviewed every year, or sooner if guidance changes or there is a serious incident
- Any concerns or complaints about the school's support for a pupil with asthma should first be raised with the Asthma Lead or the Headteacher, and then through the school's complaints procedure

Appendix 1: Asthma register (template)

Complete one row for each pupil with asthma, and keep this in step with the register on Arbor. Check it every term and after any attack, hospital visit or change. Confidential — see section 3 for who can see it.

Pupil (class)	Diagnosis / reliever prescribed	Reliever, spacer and where kept	Expiry	Preventer / other medicine	Triggers and other conditions (e.g. allergy)	Action plan / IHP date	Emergency inhaler consent (date)	Parent contact / language needs	Last checked

Appendix 1 (continued): Emergency inhaler kit — monthly check and record of use

Monthly check of the emergency kit

Date checked	Inhaler batch no. and expiry	Spacers in stock (min. 2)	Instructions and consent list present?	Action needed (replace / order)	Checked by (initials)

Record of use of the emergency inhaler

Date and time	Pupil and class	Where it happened	Number of puffs	Given by	Parent told (time / by whom)	Ambulance called?	Spacer replaced?

Appendix 2: Parental consent to use the emergency salbutamol inhaler

Please return this form to the school office. We keep a copy with your child's medical information on Arbor. If you would like this form in another language or would like help completing it, please ask the office.

Child's name	
Class	
Date of birth	

Please tick **each** statement that applies:

	My child has been diagnosed with asthma.
	My child has been prescribed a reliever inhaler (not yet diagnosed with asthma).
	My child has a working, in-date reliever inhaler and spacer, which is in school and labelled with their name.
	In an emergency, if my child's own inhaler is not available (because it is lost, empty or broken), I give permission for my child to be given salbutamol from the **school's emergency inhaler**.
	I agree for a photograph of my child to be kept with the school's asthma register, for staff in school only.

I will tell the school immediately if my child's medicine or asthma needs change. I understand that the school will tell me on the same day, by phone, if my child uses the emergency inhaler, and will send me a letter home with the details.

Parent or carer name	
Relationship to child	
Emergency contact number	
Language for communication (if not English)	
Signature	
Date	

Appendix 3: Asthma attack — what to do

Display this in classrooms, the medical room, the staff room, the hall and the playground.

Signs of an attack

Coughing or wheezing that will not stop · breathing fast or with effort · tight chest (younger children may say tummy ache) · cannot speak in full sentences · quiet or tired-looking

What to do

1. Sit them up straight — never let them lie down. Loosen tight clothing. Stay calm and **stay with them**. Send another adult for the inhaler.

2. One puff of the blue reliever through the spacer every 30–60 seconds, up to 10 puffs.

3. Call 999 if there is no inhaler, if 10 puffs do not help, if they cannot speak, look exhausted, have blue or white lips or collapse, or **if you are worried at any point**. Phone the parent or carer.

4. Ambulance not arrived after 10 minutes and no improvement? Repeat step 2 while you wait.

5. Even if they feel better, they must see a GP or asthma nurse the same day.

Asthma AND a severe allergy?

If you see signs of an allergic reaction (rash, swelling, vomiting after contact with an allergen) — use the **adrenaline auto-injector FIRST**, call 999, then give the blue reliever.

Pupils' inhalers and the emergency inhaler are kept in the medical cupboard in the medical room (not locked during the school day). Only for pupils on the asthma register with written parental consent, or on the advice of the 999 operator. Always record every use.

Appendix 4: Letter to parents after emergency inhaler use

Date: .....

Child’s name: ..... Class: .....

Dear parent or carer,

Your child had difficulty with their breathing in school today, and we gave them salbutamol from the school’s emergency inhaler through a spacer. The details are below.

Date and time	
Where it happened	
Number of puffs given	
Given by	
Did your child improve?	
Was an ambulance called?	

Please make an appointment for your child to see their **GP or asthma nurse** as soon as possible, ideally today, and tell them what happened. If your child’s own inhaler is lost, empty or out of date, please give us a new one. If you need help, or would like this letter in another language, please call the school office on 0207 254 1589.

Yours sincerely,

.....

Asthma Lead, Princess May Primary School