METHERINGHAM PRIMARY SCHOOL

Policies, Procedures, Regulations and Guidance

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Version Number	Date Authorised	Summary of Key Changes
2	10/9/25	Point 12- spare inhalers held in school
3	September 2026	Added the need for health care plans and how these will be managed. Added location of all inhalers (green classroom grab bags) Added recording keeping if school is informed of a child no longer having asthma. This will be marked as historic and not removed completely.

Managing Asthma Procedures

At

Metheringham Primary School

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Metheringham Primary School

Asthma Policy and Procedures.

1. Introduction

Asthma is a condition that affects the airways – the small tubes that carry air into and out of the lungs. Asthma symptoms include coughing, wheezing, tightness of the chest and shortness of breath – however not every individual will get these symptoms.

Asthma sufferers have airways that are almost always red and sensitive (inflamed). Their airways can react badly when the individual has a cold or other viral infection or comes into contact with an asthma trigger.

A trigger is anything that irritates the airways and causes the symptoms of asthma to appear. There are many triggers including, colds, viral infections, house-dust mites, pollen, cigarette smoke, furry of feathered creatures, exercise, air pollution, laughter and stress. Asthma is different in each individual and young people should try to get to know their own triggers and stay away from them or take precautions.

When someone with asthma comes into contact with a trigger that affects their asthma the airways do three things.

1. The airway lining begins to swell
2. It secretes mucus
3. The muscles surrounding the airways begin to get tighter

These three effects combine to make the tubes very narrow, making it difficult to breathe normally. This results in asthma symptoms such as coughing, wheezing, shortness of breath and tightness in the chest – an asthma attack. It is at this point that the young person will need to take their reliever inhaler medication.

Asthma varies in severity with some young people experiencing an occasional cough or wheeze whereas for others the symptoms may be much more severe. Avoiding known triggers where appropriate and taking the correct medication can usually control asthma effectively. However some young people with asthma may have to take time off school or have disturbed sleep due to their symptoms, making them tired in class and perhaps resulting in a lack of concentration.

2. Rationale

Metheringham Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils in school. We also accept that there will be members of staff who have been diagnosed with asthma.

These procedures deal mainly with the management of asthma among pupils, where staff or other adults coming into school have been diagnosed with asthma, any risk management will be dealt with separately via our HR procedures.

Metheringham Primary School positively welcomes all pupils with asthma and encourages them to achieve their potential in all aspects of school life by having clear procedures which are understood

by school staff, other adults, employers (the LA or Governing Body) and pupils. All new staff and other adults are made aware of the procedures at their Induction.

In order that pupils diagnosed with asthma are fully integrated into school life, we will:-

• ensure that those with asthma can and do participate fully in all aspects of school life, including P.E., design technology, science, visits, outings or field trips and other extended school activities;

• recognise that those with asthma need immediate access to their reliever inhaler at all times; • keep a record of all those diagnosed with asthma and the medicines they take

• ensure that the whole school environment, including the physical, social, sporting and educational environment, is favourable to those with asthma;

• where required, ensure that a semi-private area is provided for pupils who are uncomfortable taking their medication in front of others;

• ensure that all pupils understand asthma so that they can support their peers; and so those with asthma can avoid the stigma sometime attached to this condition;

• ensure that all staff and other adults working in the school and who come into contact with pupils with asthma know what to do in the event of a pupil having an asthma attack;

• take steps to ensure that pupils with asthma are not being bullied by others and apply our anti-bullying procedures to prevent this;

• work in partnership with all interested parties including the school's governing body, all school staff and other adults, the school nurse, parents/carers, other employers of adults working in the school (e.g. cleaning and catering staff), Health Authority staff and pupils to ensure these procedures are, implemented and maintained successfully.

• where asthma has a significant impact on daily life, a health care plan will be drawn up with school, parent and child. This will be kept on the child's record.

3. Asthma medicines

• Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, GP or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in green classroom grab bags.

• Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler and spacer device if required by pupil. The class teacher will hold this separately in case the pupils own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer.

• School staff will check the expiry date on all spare inhalers every six months. It is the responsibility of the parent/guardian to ensure that any medication provided by them for their child is 'in date'. Where reasonably possible, parents/guardians will be informed if the 'Use-by date' is expired.

• The parent/guardian will be informed if it appears that their child is using their reliever inhaler more often than usual.

• If a pupil suffers an asthma attack, the parent/guardian will always be informed, even if a full recovery is made and the pupil continues as normal for the remainder of the school day. This may be by telephone during the day, face to face at the end of the school day or via a note home with the pupil, depending on the age and comprehension of the pupil concerned.

• School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to either do this or to supervise a pupil whilst he/she self-administers the medication.

• School staff who agree to administer medicines are insured by the local authority/school when acting in agreement with this policy. All school staff will allow access to inhalers whenever asked to by individual pupils.

4. Record keeping

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

All parents of pupils with asthma are sent an 'Asthma UK School Asthma Card' to be completed by the GP and/or Asthma Nurse. This information is used to form the school asthma register, which is available to all school staff and other adults working in the school. The School Asthma Cards are issued to the parents on an annual basis to update. Parents must update or exchange the card for a new one if their child's condition or medication changes.

Where a parent notifies us that a child no longer suffers from asthma, we will mark this as historic on school files. This will keep staff informed that there was an historic need in case of any reoccurring symptoms later in life.

NOTE: School Asthma cards are available to download free of charge from Asthma UK (click here to access).

5. Exercise and activity - PE and games

• Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and teachers at the school are aware of which pupils have asthma from the school's asthma register.

• Pupils with asthma are encouraged to participate fully in all PE lessons. Those whose asthma is triggered by exercise are reminded to use their reliever inhaler just prior to warm-up exercises.

• Inhalers are taken to PE lesson locations in the green classroom grab bag.

• If asthma symptoms develop during an activity, the individual will be encouraged to stop, take their reliever inhaler and sit quietly for at least five minutes, or until they feel well again, before re-joining the activity.

• PE teachers reassure all pupils who lack the confidence to partake in activities that they can take their inhaler whenever necessary and that they fully understand their condition. Failing this reassurance, the teacher will attempt to find a different role to keep the pupil involved in the activity and feel part of the group, such as umpire, referee, coach etc.

• Classroom teachers follow the above principles for games and activities involving physical activity.

• Where possible, on high pollen days, alternative indoor activities will be made available to those pupils particularly at risk.

6. Out of Hours

There has been a large emphasis in recent years on increasing the number of young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented, and this is also true for young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

PE teachers, classroom teachers and extended school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

7. School Environment

• The school does all that it reasonably can to ensure the school environment is favourable to pupils with asthma. The school does engage with animals through enrichment activities but ensures that extreme care is taken to ensure that pupils with asthma are not placed in a situation that could trigger an asthma attack.

• This school has an absolute 'no smoking' policy and steps are taken to ensure that staff and other adults leading or supervising on off-site visits also adhere to this policy.

• As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

• All classrooms are regularly wet dusted and cleaned to reduce dust and house dust mites. Rooms are well ventilated to prevent the build-up of mould through condensation. Any damp or mould areas are treated as quickly as possible.

• Where contractors are on site, regular discussions take place with the contractor to ensure that pupils or staff with asthma are not placed at increased risk as a result of chemicals or working procedures e.g. adhesives or dust.

• Where possible, grassed areas are not mowed during school hours and pollinating plants will be avoided inside the school.

8. Off-site and Residential Visits

• During off-site visits, inhalers, where required, are carried by the individual pupil or a member of staff in charge of a younger pupil. All school staff will allow individuals with asthma to take their medication when they need to.

• Preventer inhalers may be necessary on off-site visits with a residential element. In this case, the parent/guardian must complete the medical section of any Visit Consent Form with full details of the dose and frequency of the medication. All preventer inhalers will be labelled with the pupil's name by the parent.

• Other medical requirements for a pupil on an off-site visit may include oral steroids (usually taken in the morning) and the use of a nebuliser. The usual procedures for administering medication (steroids) will be followed such as written parental consent, administration of medication record etc.

Ay staff assisting with the use of a nebuliser will receive training from a medical professional (See Safety Series M04 for further information)

9. Impact on education

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to support the child. If appropriate, the teacher will then talk to the child's medical professional and special education needs coordinator 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. A health care plan may be drawn up with all parties.

10. Bullying

Whilst bullying can happen to any pupil in school, the school recognises that those that are different can be particularly vulnerable. Our Anti-bullying procedures which are part of the Whole School Behaviour Policy will be used and enforced in any situation where a pupil is being bullied or intimidated.

11. Asthma Attacks

All staff and other adults who come into contact with pupils with asthma know what to do in the event of an asthma attack. In the event of an asthma attack the school follows a clear procedure visibly displayed in every classroom throughout school. All staff have regular training on how to manage medical needs including asthma.

12.Spare Inhalers The school holds 2 spare Salamol inhalers for emergency use. There is a section on the Asthma card, for parents to complete, to give their consent for the use of the spare inhaler, in the event that their child's inhaler is not useable.

13. Disclaimer

This school cannot accept responsibility for any pupil whose parent/guardian has not provided an inhaler for use by their child during the school day, although every attempt will be made to ensure that medical attention is sought at the earliest opportunity in the event of an emergency.

14. Access and Review of Policy

The Asthma Procedures will be accessible to all staff and other adults working in the school and the community through the school's website. Hard copies can be obtained through the school office. These procedures will be reviewed on a two yearly cycle.

Appendix A

SAMPLE LETTER TO PARENTS OF PUPILS DIAGNOSED WITH ASTHMA

Dear Parent\Carer

School Asthma Care Plan

We are committed to providing quality care and support for children diagnosed with asthma. You will be pleased to know that this school takes its responsibilities to pupils with asthma seriously and that the school has asthma procedures to enable all staff members and other adults to help your child manage their condition.

To ensure your child receives the best possible care at all times, we ask you to assist with the following:-

- Complete the School Asthma Card enclosed (if you are in any doubt about the treatment, please take the form to your doctor or asthma nurse for completion)
- Sign the declaration form
- Inform school immediately of any change of treatment (when appropriate)
- Ensure your child has a reliever (blue) inhaler for use in school (and a spacer if this is the usual method of delivery) as well as a home inhaler. School inhaler to be kept in school please during term time.

Please complete even if your child has no symptoms at present and only has a history of asthma. We still need this information. If you have any questions or wish to see a copy of the Asthma Procedures and procedures, please contact myself or the School Nurse. Thank you for your cooperation in this important matter.

Yours sincerely

HEAD TEACHER

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Metheringham Primary SCHOOL - ASTHMA DECLARATION

I ……. (parent/carer's name) confirm that my child…… is :-

(a) able to take responsibility for the administration of their own reliever in school (blue) inhaler when required or

(b) unable to take responsibility for the administration of their own reliever inhaler (blue) and will require assistance from parent\carer during school hours

Signed …….. (Parent\carer) Date……

Appendix B

Asthma Care Plan

All parents/carers of children with asthma are consequently sent an Asthma UK *School Asthma Card** to give to their child's doctor or asthma nurse to complete. Parents/carers are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. *School Asthma Cards** are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

Child's name …… Date of Birth…….

Address…….

……..

Telephone Number …… Mobile …….

Emergency contact number……..

GP Name …….. Telephone No.……

Regular treatment to be given during school hours

Name of medication	Dosage	When to be taken

Reliever medication to be given as required

Name of medication	Dosage	When to be taken

Treatment to be taken before exercise

Name of medication	Dosage	When to be taken