Educate U

Asthma Policy

Approved by: Sarah Paoletti, Headteacher	**Date:** 30/06/25
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Asthma Policy

1. Introduction

At Educate U we are committed to ensuring the safety and well-being of all students, particularly those with Asthma.

Asthma is the most common long-term medical condition in children. It is a long-term inflammatory condition that affects the airways. It cannot be cured, but with appropriate management quality of life can be improved. Having asthma has implications for a child's schooling and learning. It impacts on care given within schools and early year's settings, and appropriate asthma care is necessary for the child's immediate safety, long term well-being, and optimal academic performance. Whilst some older children may be fully independent with their condition, younger children, children with learning difficulties or those newly diagnosed are likely to need support and assistance from school staff during the school day, to help them to manage their asthma in the absence of their parentsEducate U is an independent special school. Although section 100 of the Children and Families Act 2014 and the associated statutory guidance on supporting pupils with medical conditions do not apply directly to independent schools, Educate U has regard to this guidance as an established framework of good practice.

The school's arrangements support compliance with Part 3 of the Education Independent School Standards Regulations 2014, particularly the requirements relating to health and safety, first aid, risk assessment and the welfare of pupils. The school will also comply with the Equality Act 2010, relevant health and safety legislation, the Human Medicines Regulations 2012 and any provision specified within a pupil's Education Health and Care Plan. This is inclusive of children with asthma and it is therefore essential that all school staff and those who support younger children have an awareness of this medical condition and the needs of children during the school day.

2. Scope

This policy applies to all Educate U premises and to activities taking place away from the school, including physical education, educational visits, work experience, community activities and school transport where the school is responsible for making the arrangements.

It applies to all pupils and young people with diagnosed or suspected asthma, including those who are prescribed a reliever inhaler for another respiratory condition. Support will take account of each pupil's age, understanding, communication needs, SEND, level of independence and individual healthcare advice.

3. Policy aims

- To ensure all students with asthma are supported in a calm, inclusive, and trauma-informed way.
- To promote awareness and understanding of asthma across the school

community.
- To provide clear guidance for staff on how to manage asthma safely and effectively.
- To meet the school's responsibilities under the Independent School Standards, the Equality Act 2010 and relevant health and safety and medicines legislation, while having regard to DfE guidance on supporting pupils with medical conditions as good practice.

4. Legal Framework and Guidance

This policy has regard to:

- the Education Independent School Standards Regulations 2014, particularly Part 3, paragraphs 11, 13 and 16;
- the Health and Safety at Work etc Act 1974;
- the Equality Act 2010;
- the Human Medicines Regulations 2012, as amended;
- Department of Health and Social Care guidance on the use of emergency salbutamol inhalers in schools;
- Department for Education guidance on supporting pupils with medical conditions at school, used by Educate U as good practice;
- Keeping Children Safe in Education 2026;
- the SEND Code of Practice 0 to 25 years; and
- current clinical advice provided by the pupil's healthcare professionals.

Clinical instructions contained within a pupil's current asthma action plan or individual healthcare plan take precedence over the school's general arrangements.

5. Responsibilities

The proprietor is accountable for ensuring that the school meets the Independent School Standards and that suitable resources and arrangements are in place to support pupils with asthma.

The Headteacher is responsible for ensuring that this policy is implemented effectively across all school sites.

The Designated Medical Lead is responsible for:

- maintaining the school asthma register;
- coordinating individual healthcare plans;
- obtaining and recording consent for use of the emergency inhaler;
- arranging appropriate staff training;
- checking that emergency inhaler kits are complete and in date;
- monitoring asthma-related incidents, near misses and patterns of inhaler use; and
- liaising with parents, carers and healthcare professionals.

All staff must:

- know how to summon assistance and respond to an asthma attack;
- ensure that a pupil's reliever inhaler is immediately accessible;
- follow the pupil's individual healthcare plan or asthma action plan;
- report and record asthma incidents appropriately; and
- raise any safeguarding or welfare concern in accordance with the Safeguarding and Child Protection Policy.

Parents and carers are expected to provide the school with current medical information, prescribed medication and suitable spacers, and to inform the school promptly of any change in diagnosis, medication or treatment.

Pupils and young people will be involved in decisions about their support according to their age, understanding and communication needs. They will be encouraged to develop appropriate independence in managing their asthma.

6. Asthma Awareness and Training

All staff will receive asthma-awareness and emergency-response training during induction and at appropriate intervals thereafter. Refresher training will be provided following significant changes to guidance, an incident or near miss, or where monitoring identifies a need.

Staff who provide individual support, administer medication or have responsibility for emergency inhaler kits must receive suitable role-specific training and be assessed as competent where appropriate. A general first-aid qualification does not, by itself, demonstrate competence to provide condition-specific medical support.

Training will include:

- recognising common asthma symptoms and signs of an asthma attack;
- obtaining the pupil's inhaler and spacer without delay;
- using an inhaler and spacer correctly;
- following the emergency procedure and calling 999;
- understanding the difference between asthma, choking, hyperventilation and anaphylaxis;
- recording and reporting inhaler use; and
- protecting pupils' dignity, privacy and inclusion.

Relevant medical information will be stored securely and made readily available to staff who need it to keep the pupil safe. An emergency summary, including a photograph where appropriate and consented to, may be kept with the pupil's medication or emergency kit. Information will be shared on a need-to-know basis while ensuring that staff can respond without delay.

7. Individual Healthcare Plans (IHPs)

- Each student with asthma has an up-to-date Individual Healthcare Plan (IHP)

outlining:
    - Their asthma triggers and signs of worsening
    - Usual treatment (including preventer and reliever medication)
    - Emergency response instructions
    - Named staff trained to support them
- IHPs are created in partnership with parents/carers, healthcare professionals, and the student wherever possible.
- IHPs are reviewed at least annually or sooner if a student's needs change.

8. Medication and Inhalers
Pupils who are assessed as able to manage their asthma safely will be encouraged to carry their own reliever inhaler and spacer. This decision will be recorded in their IHP or asthma support information.

Where a pupil does not self-carry, their inhaler and spacer must be stored in a clearly identified location that is known to relevant staff and immediately accessible. Reliever inhalers must not be locked away.

Arrangements must not depend solely on one named member of staff, such as a pupil's 1:1 support worker, being present.
Inhalers must be:

- prescribed for the pupil;
- in the original container where practicable;
- clearly labelled with the pupil's name and prescribing instructions;
- accompanied by an appropriate spacer where required;
- stored in accordance with the manufacturer's instructions; and
- checked regularly to ensure they remain available, in date and contain sufficient doses.

Parents and carers retain responsibility for supplying in-date prescribed medication and replacing medication that has been used, lost, damaged or has expired. The school will notify them when replacement is required.

Staff administration of asthma medication will be recorded. Where a pupil self-administers independently, recording arrangements will be proportionate to their IHP; however, use during an asthma episode or attack must always be reported and recorded.

Medication must never be used as a disciplinary sanction or withheld because of behaviour.

9. Emergency Inhalers
Emergency Salbutamol Inhalers
Educate U will maintain an emergency asthma inhaler kit at each school site where pupils are present. The location of each kit will be clearly identified and known to all

staff. Kits must be accessible without delay and must not be locked away.

Each emergency kit will contain:

- a salbutamol metered-dose inhaler;
- at least two compatible single-person-use spacers;
- instructions for using the inhaler and spacer;
- manufacturers' information;
- a checklist recording the inhaler's batch number and expiry date;
- details of monthly checks;
- arrangements for replacement and safe disposal;
- a current register of pupils permitted to use the inhaler; and
- a record of administration.

The emergency inhaler may only be used for a pupil who:

- has been diagnosed with asthma and prescribed a reliever inhaler, or has otherwise been prescribed a reliever inhaler;
- has written parental or carer consent recorded; and
- cannot access their own inhaler because it is unavailable, empty, lost, damaged or not working.

At least two named members of staff at each site will be responsible for checking the kit monthly and after every use. Checks will confirm that the inhaler and spacers are present, in date, undamaged and ready for use.

A spacer used by one pupil must not be used by another pupil. Following use, it may be given to the pupil for their personal use or disposed of in accordance with the school's procedures. The inhaler housing must be cleaned or replaced in accordance with the government guidance.

Every use of an emergency inhaler must be recorded. Parents or carers must be notified in writing on the same day and asked to seek medical review where appropriate.

10. Responding to an Asthma Attack

Signs of an asthma attack may include:

- persistent coughing or wheezing at rest;
- difficulty breathing or breathing rapidly and with effort;
- chest tightness or, in a younger child, a complaint of tummy ache;
- difficulty speaking or completing sentences;
- nasal flaring;
- becoming unusually quiet, distressed or exhausted; or
- a blue, grey, pale or white tinge around the lips or skin.

If a pupil appears exhausted, has a blue, grey or white tinge around the lips, is becoming less responsive or has collapsed, staff must call 999 immediately and begin the asthma-attack procedure without delay.

Staff must:

1. Stay calm, reassure the pupil and remain with them.
2. Encourage the pupil to sit upright, slightly forward. Do not make them lie down.
3. Send another person to bring the pupil's inhaler and spacer. The pupil must not be sent to fetch it.
4. Help the pupil take two separate puffs of their reliever inhaler through the spacer.
5. If there is no immediate improvement, continue to give two puffs every two minutes, shaking the inhaler between puffs, up to a total of ten puffs.
6. Call 999 at any time if the pupil is worsening, staff are concerned, or the pupil does not improve after ten puffs. State that the pupil is having an asthma attack.
7. If the ambulance has not arrived after ten minutes and the pupil remains unwell, repeat up to ten puffs in the same way.
8. Contact the pupil's parents or carers. This must not delay calling 999 or administering the inhaler.
9. Arrange for a member of staff to accompany the pupil to hospital if a parent or carer has not arrived.

The pupil must never be left alone during an asthma attack.

If the pupil's individual clinical asthma action plan gives different instructions, staff must follow that plan and call 999 whenever they are concerned.

Asthma and Anaphylaxis

Breathing difficulty or wheezing following exposure to a known or suspected allergen may indicate anaphylaxis. Where anaphylaxis is suspected, staff must follow the pupil's allergy emergency plan, administer adrenaline without delay where indicated, and call 999. An asthma inhaler must not be used as a substitute for adrenaline in suspected anaphylaxis.

The school will take reasonable steps to identify and reduce avoidable asthma triggers. This includes monitoring concerns relating to damp, mould, dust, aerosols, strong fragrances, cleaning chemicals, smoke, animals, pollen, cold air and poor indoor air quality.

Pupil-specific triggers and control measures will be recorded within the IHP and relevant risk assessments. Concerns about premises, ventilation, damp or mould must be reported promptly through the school's health and safety procedures.

11. Supporting SEMH and Trauma-Informed Care

- Staff are mindful that asthma attacks or symptoms may increase anxiety or dysregulation, particularly for pupils with trauma histories.
- Support staff remain calm, speak reassuringly, and allow time for recovery.
- Adjustments (e.g. reducing demands after an asthma event, quiet space provision) are available to support emotional regulation.

- Where asthma symptoms are a source of school-based anxiety, staff work closely with families and professionals to review the IHP and reduce known triggers.

12. Physical Activity and Asthma

- Pupils with asthma are encouraged to participate fully in PE and physical activities, with preventative measures (e.g. pre-exercise inhaler use) taken as needed.
- Staff supervising physical activities are informed of asthma needs and carry inhalers/spacers with them.
- Outdoor activities are risk-assessed, particularly in cold, damp, or high-pollen weather conditions.

13. School Trips and Off-Site Activities

- Asthma care is included in all trip risk assessments.
- Inhalers must be taken on all trips, with named staff responsible for carrying and administering them if necessary.
- Emergency plans are reviewed for each trip, and all staff are briefed on pupils' medical needs before departure.
- Before departure, the responsible member of staff must physically confirm that the pupil's inhaler and spacer are present, in date and readily accessible. It is not sufficient to rely on an assumption that the pupil has brought them.
- Emergency medication must remain with the pupil or designated member of staff and must not be left on a vehicle or stored in inaccessible luggage.
- The trip leader must consider access to emergency assistance, mobile-phone coverage, journey times, environmental triggers and the pupil's ability to communicate that they are becoming unwell.
- The school will not require a parent or carer to attend a visit solely to provide medical support where suitably trained school staff can reasonably provide that support.

14. Unacceptable Practice

Except where supported by individual clinical advice, it is unacceptable to:

- prevent or delay a pupil from accessing their inhaler;
- require a pupil to collect their inhaler from another room during an attack;
- send an unwell pupil to the office or medical room alone;
- assume that every pupil with asthma requires the same support;
- ignore the views of the pupil, parents, carers or healthcare professionals;
- penalise a pupil for asthma-related absence, appointments or reduced participation;
- prevent a pupil from drinking, eating, resting or using the toilet where this is required because of their medical condition;
- exclude a pupil from PE, trips or school activities without an individual assessment;
- require parents or carers to attend school to administer routine asthma

medication; or
- withhold medication as a consequence or sanction.

15. Safeguarding
An isolated asthma incident does not, by itself, constitute a safeguarding concern. However, staff must consult the Designated Safeguarding Lead where there is reason to believe that a pupil may be at increased risk of neglect, abuse or exploitation because of their medical condition.

This may include circumstances in which relevant medical information is persistently withheld, a pupil is repeatedly sent to school without essential medication, prescribed treatment is deliberately prevented, or the actions or omissions of an adult place the pupil at avoidable risk.

Concerns about the conduct of a member of staff must be managed under the school's allegations and low-level concerns procedures, as appropriate.

16. Monitoring and Review
The Designated Medical Lead monitors asthma procedures and ensures compliance across the school.

This policy is reviewed annually or sooner if there are significant changes in DfE or health guidance.

Every asthma attack, significant episode, emergency inhaler use, medication error and near miss must be recorded and reported to the Designated Medical Lead.
Following an asthma attack, the school will consider:
- whether the pupil's parents or carers should be advised to seek medical review;
- whether the pupil's IHP or asthma action plan needs updating;
- whether medication was readily available;
- whether staff followed the emergency procedure;
- whether an environmental or activity-related trigger was involved;
- whether additional staff training is required; and
- whether the incident raises a safeguarding concern.
- Patterns of frequent symptoms, repeated inhaler use, absence or reduced participation will be discussed with parents or carers and, where appropriate, relevant healthcare professionals.

17. Key Contacts
Medical Lead: Gemma Bryant
Emergency Services: 999

18. Related Policies and Documents

- Supporting Pupils with Medical Conditions Policy
- Medication Policy
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Educational Visits Policy
- Attendance Policy
- Equality and Accessibility arrangements
- Risk Assessment Policy
- Allergy Safety Policy
- Individual Healthcare Plans
- pupil clinical asthma action plans
- emergency inhaler register and consent forms
- medication administration records

19. Appendix: School Asthma Management Plan

Remember: take your blue inhaler **before** you come into contact with any of your triggers if needed and regularly in response to symptoms if you have a cold.

My Triggers are:

- .....
- .....
- .....
- .....
- .....
- .....
- .....

Common Triggers are:

- Viruses
- Changes in weather
- House dust mites
- Animal fur, feathers and their bedding
- Foods
- Exercise
- Upset, distress, and emotions
- Smoke – cigarettes and fires

Additional Comments:

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Your Asthma Nurse's name and telephone number is:

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Your doctor's name and telephone number is:

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Recommended websites
www.beatasthma.co.uk

Asthma+LungUK at:
www.asthma.org.uk

https://uk-air.defra.gov.uk/forecasting/

This leaflet is intended for colour printing.

beat asthma

EDUCATE U
INCLUSIVE EDUCATION

Asthma Management Plan For

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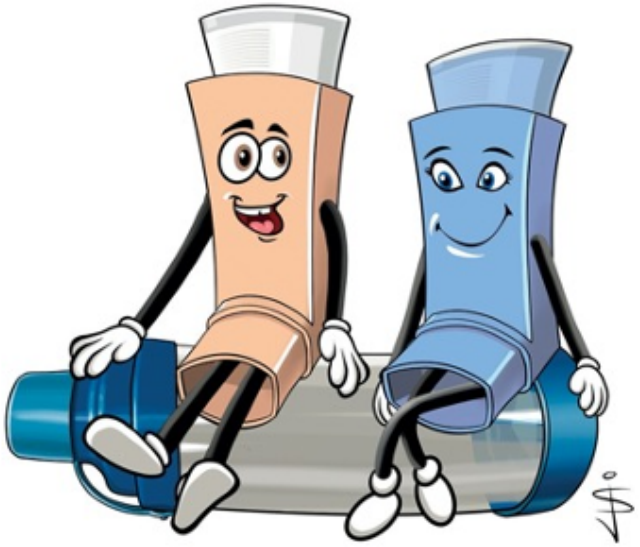
Best Peak Flow .....

Date .....



Please take this with you when you visit your doctor or asthma nurse.

Green zone – Good

Your asthma is under control if:

- your breathing feels good
- you have no cough or wheeze
- your sleeping is not disturbed by coughing
- you are able to do your usual activities
- you are not missing school
- if you check your Peak Flow, it is around your best

BEST PEAK FLOW .....

Green Zone Action - take your normal medications

Your preventer inhaler is a .....

colour and is called .....

You take ..... puffs/sucks every morning and every night even when you are well.

Other asthma medications you take are:

.....

.....

.....

Your reliever inhaler is a .....

colour and is called .....

You take..... puffs/sucks up to 3 times in a week for symptoms and before exposure to your triggers (see your list) if needed.

If you are needing to use your reliever inhaler more than 3 times per week for symptoms

Move to the AMBER ZONE

Amber zone – Warning

If you are using your blue inhaler more than 3 times per week for symptoms or you often wake at night with a cough or wheeze, arrange a review with your asthma nurse or GP.

Warning signs that your asthma is getting worse:

- you have symptoms (cough, wheeze, 'tight chest' or feel out of breath)
- you need your reliever inhaler more than usual
- your reliever is not lasting **four hours**
- your peak flow is down by a third

PEAK FLOW 1/3 DOWN .....

Amber Zone Action – continue your normal medicines AND

- Take **2 puffs** of the BLUE inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes if you still have symptoms up to a total of 6 puffs
- You can do this every 4 hours but **must** make an appointment at your GP surgery within the next 24hrs even if you feel better.
- If you need to do this more than every 4hrs, you must see your GP today or go to A&E
- Start keeping a record of your symptoms and peak flow readings to take to the Doctor

IMPORTANT:

- If after your **6 puffs** you still have increasing wheeze or chest tightness

Move to the RED ZONE

Red zone – Severe

- you are still breathing hard and fast
- you still feel tight and wheezy
- you are too breathless to talk in a sentence
- you are feeling frightened and exhausted

Other serious symptoms are:

- colour changes - very pale / grey / blue
- using rib and neck muscles to breath, nose flaring

Red Zone Action

Take 10 puffs of the blue inhaler via a spacer and call 999

- Asthma can be life threatening
- Do not attempt to do a peak flow
- Whilst waiting for the ambulance and using your spacer, take 1 puff at a time of your blue inhaler, breathing at a normal rate for 4-5 breaths, every 30 seconds.
- Stay where you are and keep calm
- If your child becomes unresponsive and has an adrenaline pen for allergies-use it now.

Additional comments or information

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