Asthma Friendly School Policy

Inspire to achieve; persevere to succeed

Approved by:	Finance & Resources Committee	**Date:**	11/05/2026
Signature (Chair of Committee):	Sharon Green	**Signatures (Co-Headteachers):**	A Buchner
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Named School Asthma Champion	Selina Alexander
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1. Aims

The main aims of our Asthma and Allergy Friendly School policy are:

- To provide key information so we can support pupils with asthma, wheeze, and/or allergies at school.
- To provide guidance on response to emergency asthma/wheeze attacks and anaphylaxis.
- To improve asthma and allergy related communication between education and healthcare services.
- To reduce the number of children with poorly controlled asthma, wheeze and allergy in school, with the support of local health services.

2. Context

Asthma

Asthma is a condition that affects the small tubes (airways) that carry air in and out of the lungs. When a person with asthma encounters something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower, and the lining of the airways become inflamed and start to swell. Sometimes, there is production of sticky mucus or phlegm, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Asthma UK).

Wheeze

Wheeze is a respiratory condition, typically effecting young children (up to 5 years old) which can cause difficulties in breathing. Wheeze is usually caused by a virus which normally affects 0-5 year olds. Children with wheeze will make a high-pitched whistling sound when breathing. Wheeze can resolve spontaneously but some children with more severe symptoms will need medication e.g., salbutamol inhaler. If you are concerned by a child's wheeze symptoms, you should contact a GP, 111 or 999, depending on severity.

Allergy

An allergy is a long-term condition when the body's immune system attacks a normally harmless substance, such as nuts. Antihistamines can be used to address less severe allergy symptoms.

Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to something the child is allergic to. Children who are allergic to a substance should avoid that substance to prevent anaphylaxis. A pupil will need to use an adrenaline pen in the event of anaphylaxis and every pupil with a severe allergy should have an allergy plan that explains how to manage their condition.

As a school, we recognise that asthma and allergy are widespread, serious but controllable conditions. Gascoigne welcomes all pupils with asthma and allergy and aims to support

these children in participating fully in school life. We endeavour to do this by ensuring we have:

- An asthma and allergy policy.
- A register of all pupils with asthma and allergies.
- First aiders to have easy access to each child's medication.
- Asthma and Allergy Care Plans in place (provided by the child's doctor) for all children with asthma or allergy.
- An emergency kit including salbutamol inhalers, spacers, antihistamines and adrenaline auto-injectors.
- Training for all staff on awareness, correct use of associated medical devices and emergency policies.
- At least one named Asthma Champion responsible for adherence to asthma and allergy friendly school standards in the school.

3. Policy

Our school has an asthma and allergy policy, signed and approved by our leadership team/governing body. The policy is reviewed and updated as necessary annually.

4. Asthma Register

We have an asthma register of all children with asthma within the school which is updated yearly and enables our school to support our pupils with their health condition. All pupils with a prescribed blue inhaler should be listed on the register (even if they don't have a diagnosis of asthma). This register will hold key information about all pupils with asthma/wheeze/allergy, including: their name, DOB, class, prescribed medication and consent from parents/guardians to use the emergency inhaler if the child does not have their own inhaler with them.

5. Access to Medication

All children with asthma/allergy/wheeze should always have immediate access to their medication. Children with asthma/wheeze should have immediate access to their prescribed reliever inhaler (usually blue) and spacer. Pupils with moderate/severe allergy should have access to two adrenaline pens (if prescribed). Staff should contact the school nurse if this is not in place. Medication should be stored in an accessible location, known to staff.

We recognise that all children may still need supervision in taking their inhaler. School staff are not required to administer asthma medicines to pupils however many children 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 confident to support children as they use their inhaler, should do

so, whenever possible. If we have any concerns over a child's ability to use their inhaler, we will refer them to the school nurse/asthma specialist nurse and advise parents/carers to arrange a review with their GP/nurse.

6. Emergency Kit

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.

Our school is required to purchase emergency medications (plus supporting equipment/documents) from a local pharmacy. For the required context of the kit – see appendix 1.
We will use the emergency medications during the onset of an asthma attack or anaphylaxis in the absence of the child's own inhaler or medication. We will ensure that the emergency medication is only used by children who have asthma/wheeze/allergy or who have been prescribed the medication, in line with the school's asthma/wheeze/allergy plans and for whom written parental consent has been obtained. Not all children with wheeze will have a salbutamol prescription.

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

	To be completed by school staff
Number of emergency kits kept at the school	4 (two on each site)
Location of emergency kits	First Aid Rooms

Using the Kit

For pupils with an allergy, an adrenaline pen should only normally be used on a pupil without the consent of parent/carer/guardian if emergency medical services (e.g., 999) or other suitably qualified person advises this.

However, where doubt exists then the adrenaline pen should be used as unnecessary delays have been associated with death. Staff members who have completed the training are permitted to support the child to use the emergency kit. Asthma and Allergy Champions or other First Aid trained staff within the school may want to consider additional first aid training to support the use of the kit in an emergency.

In the event of an asthma/wheeze attack or anaphylaxis and after a decision on using the emergency kit has been made:

- The pupil's parents and guardians should be informed in writing.
- Consider contacting the child's GP or if urgent/serious calling 999/ attending A&E.

Maintaining Emergency Kit

Our school has the responsibility for maintaining the emergency kit, including replacing used medication, storing medicines at the proper temperature and disposing of used medicines properly (see appendix 2).

7. Staff Training

All staff (minimum of 85%) who have significant contact with pupils will attend asthma and allergy awareness training and should complete annual refresher training.

As a school, we also have a responsibility to communicate the following to staff:

- How to raise issues about pupils with uncontrolled symptoms.
- Where pupil asthma/allergy/wheeze plans are stored.
- Where emergency kits are stored.
- Where to find the asthma and allergy register.
- Procedures for school trips, physical education and other settings outside the classroom/break time.
- Where medication is stored.
- Who their asthma champion/lead is at the school.

8. Asthma Champion

This school has an Asthma Champion who is named above. It is the responsibility of the asthma champion to manage the asthma and allergy register, update the asthma and allergy policy, manage the emergency kit and ensure medications are available/accessible. The asthma champion will also communicate to parents/carers regarding any deterioration in a child's condition during school (this may be delegated to other staff as appropriate). Responsibilities can be shared between school team members, however, there should be clear agreement on who is responsible for each aspect of the role.

9. School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma and allergy. The school has a definitive no-smoking/vaping policy. The school will ensure that, wherever possible, pupils will not encounter/reduce exposure to their asthma triggers and allergens.

10. Exercise & Activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers/After School Club Leaders at the school will be aware of which pupils have asthma. Exercise and activity are beneficial for pupils with asthma/allergy/wheeze and should be actively encouraged. Blue inhalers via a spacer should only be used before exercise when exercise is identified as a trigger for that child. Blue inhalers are normally used to relieve symptoms of asthma/wheeze and therefore, not before these symptoms start. If a pupil needs to use their inhaler during a PE lesson, they will be encouraged to do so. Some pupils will breathe heavily because they are not used to exercise. This does not mean they are having asthma/wheeze symptoms and staff should use their own judgement/consult with a colleague if unsure. If a pupil regularly has excess shortness of breath, chest tightness or cough with exercise, this will be communicated to the school nurse or we will advise the child's parents/guardians to see their GP.

11. Asthma & Education

The school are 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 a pupil's life, and they are unable to take part in activities, feel tired during the day or fall behind in lessons, we will discuss this with the child's parents/guardians, the school nurse and suggest they make an appointment with their asthma nurse or GP. The school recognises that pupils with asthma could be classed as having a disability due to their asthma, as defined by the Equality Act 2010, and therefore, may have additional needs because of their asthma.

12. School Trips

We ensure that pupils have all their medication before departing for any school trip, along with the school's/child's asthma/wheeze/allergy plan. A risk assessment should be completed for pupils with asthma/allergy/wheeze.

On residential trips, some pupils may need to take preventer inhalers (usually brown in colour). Preventer inhalers are normally used twice per day outside of school hours and prescribed by their doctor/nurse. This medication needs to be taken regularly for maximum benefit. If a pupil requires a preventer inhaler on a residential trip, they should also provide an individualised/personalised asthma care plan.

13. Requesting Information from Parents

Schools are responsible for requesting parents/guardians of new pupils complete a medical declaration form when joining school. This should request information for:

- Any physician diagnosis of asthma/viral wheeze/allergy.

- Any prescription of a reliever inhaler (salbutamol/terbutaline, blue pump) in the preceding 12 months.
- Any previous severe allergic reactions including any associated acute triggers/allergens.
- Any prescription of an adrenaline pen in the preceding 24 months.
- Consent for the emergency kit to be used in the event of an emergency- if this has not already been provided.

Schools are responsible for informing parents/guardians that they need to update the school if there is a change in a pupil's healthcare needs, including medication changes, changes in severity of condition or diagnosis. Schools are responsible for reminding parents about these responsibilities at appropriate intervals.

Appendices

Appendix 1 - Emergency Kit Required Contents

- A salbutamol metered dose inhaler (MDI)
- At least two spacers compatible with this inhaler
- Two adrenaline-autoinjectors at each available strength
- Instructions on using the inhaler with spacer
- Instructions on using the adrenaline auto-injector are on the side of the device and on the allergy management plan
- Instructions on cleaning and storing the inhaler
- Manufacturers' information for inhalers and adrenaline auto-injectors
- A checklist of inhalers and adrenaline auto-injectors, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhalers, spacers and adrenaline auto-injectors;
- The names of the pupils permitted to use the emergency kit
- A record of any medication administration

Appendix 2 - Maintaining Emergency Kit

- Check termly that the inhalers, spacers and adrenaline pens are present and in working order, and that the inhaler has sufficient doses available and has greater than 3 months until expiry
- Obtain replacement inhalers and adrenaline pens if the expiry date is within 3 months
- The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm soapy water and left to dry in air in a clean, safe place. The canister will be returned to the plastic housing when dry and the cap replaced. Return to emergency kit after cleaning and drying.
- Following use of the spacer, wash in warm soapy water and leave to air dry in a clean, safe place. DO NOT
- towel dry. Return to the emergency kit after cleaning and drying.
- Empty inhaler canisters will be returned to the pharmacy to be recycled.
- Before using a salbutamol inhaler for the first time, shake and release 2 puffs of medicine into the air
- The adrenaline pen devices should be stored at room temperature (in line with manufacturer guidance), protected from direct sunlight and temperature extremes.
- Once an adrenaline pen has been used it cannot be reused and must be disposed of according to manufacturer's guidance as it contains a needle
- Used adrenaline pens can be given to ambulance paramedics on arrival or disposed of in a sharps bin (available from pharmacies or online) for collection by the local council