



BABINGTON

HOUSE SCHOOL

Asthma Policy

Babington House School

Date of Policy	Review Date	Reviewed By	Approved By
April 2026	April 2027	Michelle Da Silva School Nurse	SLT

Safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development at Babington House School.

All systems, processes and policies operate with the best interests of the child at their heart.

Every Child Matters									
Health and Self care	✓	Safety	✓	Learning and Development and Behaviour for Learning		Parent Links		Transition and the Community	

A Unique Child		Positive Relationships		Enabling Environments		Children develop and learn in different ways and at different rates	
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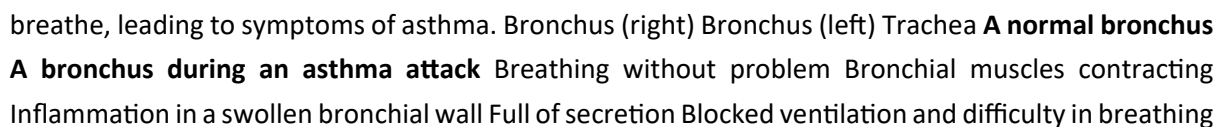
RELATED POLICIES
Administration of Medication Policy
Safeguarding Policy
Health and Safety Policy
Health and Safety Policy – EYFS
Allergy and Allergic reactions for EYFS Policy
Risk Assessment Policy

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Aims and Objective

This Policy aims to provide a guiding framework for the management of asthma in our school that is aligned to the statutory guidance of 'supporting pupils at school with medical conditions'. This policy outlines Babington house school's approach to supporting pupils with Asthma, by working closely with families and providing the correct training, education and awareness to ensure pupils feel safe and able to participate in school life.

What is Asthma

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a child with asthma is exposed to something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrow and inflamed. Sticky mucus or phlegm also builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma. 
A normal bronchus
A bronchus during an asthma attack Breathing without problem Bronchial muscles contracting Inflammation in a swollen bronchial wall Full of secretion Blocked ventilation and difficulty in breathing

Common asthma triggers can include:

- Exercise
- Colds and viruses
- Pollution Mould
- such as pollen,
- animal fur, dust
- smoke
- Chemicals products
- Pollen
- Stress

Having asthma can affect a pupil's schooling and learning. They may need to be supported to help them manage their asthma and prevent missing time engaging in the school day. Having appropriate asthma care is important for the pupil to ensure their immediate safety, long-term wellbeing, and optimal academic performance

The Management of Asthma in school

As a school we:

- Recognise the needs of Pupils with Asthma
- Have a named member of staff to act as the asthma champion.
- Maintain and regularly update a register of pupils with asthma
- Maintain a written record of treatment and emergency treatment, as per the Individual Health Care Plan for all pupils with asthma
- Ensure that school staff are aware of and follow the guidance in each child's Individual Health Care Plan
- Inform parents when their child has used their own inhaler or the school emergency inhaler whilst in the care of school
- Understand that immediate access to **reliever medication** (usually an inhaler) is vital for the safety of all pupils with asthma
- Ensure that all pupils with asthma have easy access to their reliever inhaler, and a spare/emergency inhaler if required
- Encourage and help pupils with asthma to participate fully in all aspects of school life
- Do all it can to ensure that the school environment is safe for all pupils with asthma
- Ensure all school staff receive training on the basic awareness of asthma and the correct use of inhalers.
- Be aware of and participate in the Asthma Friendly School Programme
- Ensure all staff have a clear understanding of what procedures to follow if a child has an asthma attack (including the use of the emergency salbutamol inhaler)
- Ensure that children with asthma have access to their reliever inhaler during off site activities or trips and this should be included in their risk assessment
- Recognise and, in accordance with their safeguarding policies, act on any potential safeguarding concerns **relating** to asthma.

Pupils with asthma should:

- have a clear understanding of how to seek help if they have asthma symptoms or an asthma attack
- carry their own reliever inhaler or know how to access their reliever inhaler if they need it whilst in the care of the school

Parents/carers should:

- Inform the school of their child's asthma diagnosis
- Provide the school with a reliever inhaler (and spacer device if prescribed) that has been prescribed for their child at the beginning of each school year. The original prescription label must be on the inhaler
- Ensure that their child's reliever inhaler/s (and spacer/s if prescribed) are maintained and replaced when expired or otherwise indicated

- Notify the school in the event of any changes to their child's asthma management plan as soon as possible and share a copy of their child's Personalised Asthma Action Plan with the school every time it is updated by the child's asthma health care provider
- Complete all documentation required by school, including consent for the administration of medication (own inhaler and school emergency salbutamol inhaler)
- Support the school with the development of their child's Individualised Health Care Plan
- Retrieve their child's inhaler from school at the end of the summer term

The Role of the school Nurse in Asthma Care :

The school Nurse is seen as the Asthma Champion for the school (appendix 2)

- The Asthma Champion is responsible for ensuring there is an Asthma Register of pupils in schools who have Asthma or have had to use an inhaler for an Asthmatic event previously.
- The Asthma Register is updated yearly, or as a pupil joins and leaves the school.
- It is the responsibility of parents/carers to inform the school if/when their child is diagnosed with asthma or has been prescribed a reliever inhaler so that they can be added to the register.
- Parents/carers will be informed of this responsibility as part of our induction processes when their child joins the school.
- Pupils who are registered in school with asthma should have a: Health care Plan (HCP) and their reliever inhaler and spacer in school or Maintenance and Reliever Therapy (MART).
- The Asthma Champion holds responsibility for updating the asthma policy, managing the emergency salbutamol inhalers ([please refer to the Department of Health Guidance on the use of emergency salbutamol inhaler in schools, March 2015](#)), ensuring measures are in place so that pupils have immediate access to their inhalers.

Asthma Medication in school

- Asthma medication supplied by parents or carers for use in school needs to be labelled with the pupils name, date of birth, the name of the medication and expiry.
- We ensure all pupils with asthma have immediate access to their reliever (usually blue) inhaler and spacer. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK).
- We encourage all pupils to carry and administer their own inhaler when their parents and health care provider determine they can start taking responsibility for their condition.

However we will always continue to provide support to those pupils where needed as many children have poor inhaler technique or are unable to take the inhaler themselves.

- We ensure pupils in EYS who do not carry or administer their own emergency medication due to their age. Their inhalers will be stored in the first aid cabinet which is kept unlocked in their classroom.
- Those pupils in KS1 and KS2 will be responsible in carrying their inhalers with them at break, lunch and PE and kept nearby in the classroom in a designed area.
- Those pupils in KS3 carry their inhalers with them in their bags, which should be always always kept with them.
- All pupils with prescribed emergency inhalers will be given an orange med-pac by the school nurse to carry their inhalers in to protect from damage or dust.
- Pupils Who do not Carry their Relievers (due to Asthma being very Mild or seasonal) in school but have experienced an asthma symptom event will also have a Standard HCP for Asthma Assigned to them. This will be highlighted on the register that they do not carry an inhaler. But there will be a requirement by parents to complete consent for the usage of the emergency inhaler in school if required.
- Consent needs to be completed from parent/carers to use an emergency inhaler in school if required, in the event their own is lost, broken, out of date or empty.
- All Pupils Health care plans should also be included with their inhalers in their own medi pac, this is to help staff act accordingly if an emergency Asthma event was to occur.
- If a pupil misuses medication, either their own or another pupil's, their parents will be informed as soon as possible, and they are subject to the school's usual disciplinary procedures.
- If we have any concerns over a pupil's ability to use their inhaler, we will advise parents or carers to arrange a review with their GP/nurse.

Emergency inhaler Kits

- The school will in accordance with statutory guidance, ensure that an emergency salbutamol inhaler and spacer device is available for emergency use for all children on the school asthma register, is stored at school
- In exceptional circumstances a child may have access to the emergency inhaler and spacer following the guidance set out by the Department of Health (see appendix 3)
- The school will assess the need to purchase a minimum of 1 emergency salbutamol inhaler and at least one spacer device from a pharmacy and complete appropriate documentation (spacer devices are for single person use only)

- The school will replace the emergency salbutamol inhaler/s prior to the inhaler expiry date
- The school will take responsibility for the safekeeping of the emergency salbutamol inhaler.
- If the emergency salbutamol inhaler is misplaced it is the responsibility of the school to purchase a replacement from a pharmacy
- Schools should follow advice on arrangements for the supply, storage, care and disposal of the inhaler as set out in the national guidance (see appendix 3)
- The school has **8** emergency inhaler sets, these are kept
 - In the canteen with the anaphylaxis kit
 - In the administration office with anaphylaxis kit
 - Carried in PE first Aid bags (there are **4** bags)
 - Nurse medical room x **2** (for emergency use during Asthma event and planned school Trips).

The school nurse is responsible for carrying at a monthly verification audit on all the emergency inhaler kits. This audit helps monitor the equipment/paperwork in all kits along with expiry, the condition of sets and packaging.

Off-site visits and activities

- All Activities will be risked assessed by the trip or activity lead
- Staff attending off site visits must be aware of any pupils on the visit with asthma, have brought their medication, and be trained what to do in an emergency.
- Inclusion of pupils with asthma must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.
- An [emergency inhaler kit](#) should always be taken.
- Pupils should not need to bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. If the pupil 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.

Training

- Additional/alternative asthma training may be delivered to school staff by a recognised and accredited Tier 1 provider
- Asthma Champion (School Nurse) should have additional support to implement and maintain the asthma policy throughout the school year.
- All school staff should complete an update on asthma awareness and correct inhaler technique as part of the first aid training. (see Appendix 4)

Appendix 1 –Asthma awareness information and guidance

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. Asthma is not the same in all children; there are different types of asthma, and the condition ranges in severity. Asthma is a chronic but variable condition which means that children can seem quite well much of the time but have periods where they are affected by asthma symptoms.

The symptoms of asthma are:

- Cough
- Wheeze
- Chest tightness
- Shortness of breath

When a child with asthma is exposed to something that irritates their airways (a trigger), the muscles around the walls of the airways tighten so that the airways become narrow and inflamed. These processes within the airways cannot be seen but will lead to asthma symptoms that can worsen (over time or suddenly) if not managed correctly.

Asthma attacks, which can be life-threatening, develop over a period of hours/days or can occur quite suddenly; this may depend on several factors' individual to each child.

Asthma can usually be controlled, and asthma attacks can be avoided if asthma is managed well. To control asthma, medication is needed to reduce inflammation in the airways – this medication is usually prescribed to be taken regularly, once or twice daily, and is taken in the home setting.

In the event of asthma symptoms or an asthma attack occurring, reliever medication is needed to open the tightened airways. Generally, reliever medication should only be needed occasionally, not on a regular basis.

Traditionally, reliever inhalers were blue and therefore were easily recognisable.

Other reliever inhalers, which are not blue in colour, are now available. Children with these inhalers have an asthma treatment plan called Maintenance and Reliever Therapy MART or Anti-inflammatory Reliever AIR – they have one inhaler that both reduces inflammation in the airways and relieves symptoms.

If necessary, the school emergency inhaler can still be used by children with a MART or AIR inhaler – the child's Individual Health Care Plan (and Personalised Asthma Action Plan) should always be followed.

Appendix 2 - School Asthma Champions

A school Asthma Champion is a member of school staff who takes an active role supporting the school with the practical implementation of their asthma policy. They should work closely with their school nurse and link with others within and outside the school for support as needed e.g. Asthma Nurse Specialist, local community asthma team, school safeguarding lead, SEND lead. T

he school's asthma champion will have responsibility to ensure that:

- They have a clear understanding of the school asthma policy
- The school asthma policy is accessible to all staff and parents
- The school asthma register is kept up-to-date and accessible to all staff • All children on the school asthma register have an Individual Health Care Plan
- All children on the asthma register have consent status recorded for use of emergency salbutamol inhaler and their own reliever inhaler, and their personal asthma plan has been shared with the school
- Procedures for the management of asthma attacks in school are in place
- Children with asthma always have access to their own reliever inhaler and the school emergency inhaler (or their own spare reliever inhaler)
- All school staff asthma training is up to date
- Whole school awareness of asthma is promoted via adopting the Asthma Friendly School Scheme and other methods such as school assemblies, awareness events and curriculum activity,
- Asthma medication in school is monitored to ensure it is accessible and within expiry dates
- School has an adequate supply of emergency asthma kits, each containing a salbutamol inhaler and spacer devices for emergency use, as set out in the Department of Health guidance
- Emergency asthma kits are checked regularly, and contents replenished immediately after use
- Parents/carers are informed if a child has needed to use their own reliever inhaler or the school's emergency inhaler whilst at school
- Safeguarding policies and procedures are followed

Appendix 3 – Legislation and documentation Supporting pupils with medical conditions:

All schools have a statutory duty to support pupils with medical conditions.

This duty is set out in guidance from the Department for Education about the support that all pupils with medical conditions should receive whilst at school.

The detailed guidance document includes both statutory and non-statutory advice.

Statutory guidance applies to any 'appropriate authority' as defined in section 100 of the Children and Families Act 2014. That means governing bodies in the case of maintained schools, proprietors in the case of academies, and management committees in the case of pupil referral units (PRUs). '

Appropriate authorities' must have regard to the guidance when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The guidance also applies to activities taking place off-site as part of normal educational activities. In this document, references to schools are taken to include academies and PRUs and references to governing bodies include proprietors in academies and management committees of PRUs. Further advice is based on good practice but is non-statutory.

Emergency salbutamol inhalers for schools: From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. This applies to all primary and secondary schools in the UK. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on this guidance.

Guidance for schools in England on using emergency salbutamol inhalers from the Department of Health and Social Care sets out the legislation and the process for schools to follow. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed inhaled reliever medication. The emergency inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Appendix 4 - Whole School Asthma Awareness

Asthma Training for School Staff

The NHS National bundle of care for children and young people with asthma sets out a capability framework detailing the skills and capability required for all health and non-healthcare professionals involved in the care of children with asthma. There are 5 Tiers in the framework.

The level of skills and capability for school staff is set out in Tier 1 of the framework as follows:

Level of care: Signposting

Example profession: School staff, social care staff, leaders of children's clubs

Knowledge and skills: Basic awareness of asthma, its management, inhaler use and basic modifiable risk factors. Able to signpost families to appropriate support and resources.

A free online Tier 1 course is available. This course is accredited by the Royal College of Paediatrics and Child Health is recommended for all school staff. This course should be completed every 2 years.

Additional local supplementary training/annual updates will also be available but does not replace the need for completion of the recommended Tier 1 training at baseline and every 2 years after that. School Nurses are advised to complete Tier 2 training as a minimum.

School Nurses with a special interest or lead role in asthma should complete Tier 3 training.