

**Christ Church C.E, Lark Hill and
Lewis Street Primary Schools
Asthma Policy**



Date	Spring 2025		
School	Christ Church C.E.	Lewis Street	Lark Hill
Designated Governor	C. Sharp	TBC	P. Royle
Review Date	Spring 2027	Spring 2027	Spring 2027

School Name	Christ Church CE Primary, Lark Hill Primary Lewis Street Primary School
Head Teacher	Executive Headteacher – Paula Warding Head of schools: Anthony Harris – Christ Church CE Gemma Lavelle – Lark Hill Claire Kinch – Lewis Street
Asthma Lead Name & Job Role	Rachel Berry – Lark Hill Charlene -Skeels – Christ Church CE & Lewis Street
SENDCo Name	Rachel Berry – Lark Hill Charlene Skeels – Christ Church CE & Lewis Street
Asthma Champion Name & Job Role	Office Managers: Joanne Brown – Christ Church CE Rebecca Davies – Lark Hill Jenny Bennett – Lewis Street
School Nurse / Link Nurse Name	Damica Sayers – Lark Hill Hannah Crosby – Lewis Street & Christ Church
School Nurse / Link Nurse Contact Number	0161 2066081
Date	Spring 2025
Policy Review Date	Spring 2027
Storage Location (if located in classrooms list individually)	
Classroom kit boxes	
Emergency Asthma Inhaler Storage Location (if applicable)	
<p>At Lewis Street and Christ Church, emergency kits will be stored in the main office.</p> <p>At Lark Hill, emergency kits will be stored in Early Years, the library, the PE cupboard, the main office and the new UKS2 building.</p>	
Asthma Register Storage Location	
<p>As part of SEND and Medical Register On SIMS</p>	

1. Introduction

Asthma is the most common long-term medical condition in children. It is an 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 years settings. 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 parents. If having an asthma attack all children and young people, regardless of age, will need support from a supervising adult.

The 2010 Children, Schools and Families Act and the Children and Families Act 2014 introduce a legal duty on schools to look after children with medical conditions. 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 pupils with this condition.

In Salford, there are approximately 1,800 children and young people between the ages of 5 – 18 years diagnosed with asthma. Data from the NHS highlights that childhood hospital admissions due to asthma related emergencies remain a challenge for Salford, with figures showing Salford's admission numbers being above the England average. This highlights the need for improved preventative measures, education, and management to effectively address the impact of asthma on the young population in Salford. This can only be achieved through better multi-agency community support for children to ensure that every opportunity is taken to support the young person to manage their condition.

2. Purpose and key points of this policy

We recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these pupils in participating fully in school life. This policy sets out how each school will support pupils with asthma and how they will work closely with pupils, parents/carers and health professionals to ensure it has robust procedures in place for the administration and management of asthma. This policy reflects the requirements of key legislation (Appendix 4) and the following documents:

1. [Supporting pupils at school with medical conditions \(2015\)¹](#)
2. [Guidance on the use of emergency salbutamol inhalers in schools \(2015\)²](#)

The following key points summarise this document and are based on national guidelines and contributions from key health professionals in Salford:

- Each school maintain a register of pupils with asthma. This will be recorded on SIMs.
- Every child with asthma should have an asthma care plan, either from their registered GP or NHS practitioner or an individual plan written by parents/carers using the Asthma UK template.
- Each school has up to date medical conditions and asthma policies.
- Each school has a named asthma lead and asthma champion.
- Pupils should have immediate access to their inhalers ideally in the classroom. It is the school's responsibility to make sure staff know where the inhalers are kept.
- Schools should log the use of inhalers for children on medical tracker and inform parents. Where a blue inhaler has been used more than 3 times per week, the class teacher should log this on CPOMs under medical and alert the asthma lead. The school nurse should then be informed.
- In an asthma attack the respective named inhaler should always be taken to the child. Where this is not available for whatever reason, one of the school's emergency reliever (blue) inhalers will be used.
- Each school should consider keeping at least one emergency asthma inhaler kit on the school premises.

¹ Department of Health (2014) Supporting Pupils at school with medical conditions - [Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](#)

² Department of Health (2015) Guidance on the use of emergency salbutamol inhalers at school - [Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](#)

- Staff will have access to appropriate training and annual updates. School health deliver a range of training videos on managing long-term medical conditions in schools, and in the first instance will be our provider for training on asthma.
- Promote asthma awareness to pupils, parents/carers and staff.

This policy sets out how each school can support pupils with asthma and how they can work closely with pupils, parents/carers and health colleagues to ensure it has robust procedures in place for the administration, management and storage of asthma inhalers at school.

3. Roles and Responsibilities

In line with our supporting pupils with medical conditions policy, the named person with responsibility for implementing this policy is Paula Warding, Executive Headteacher and the Heads of Schools, Claire Kinch, Anthony Harris and Gemma Lavelle in her absence. The named asthma lead and asthma champion have delegated responsibility by the Executive Headteacher and school governors to ensure the implementation of this policy.

3.1 School asthma lead and champion will:

- Audit this policy in practice annually with support from Executive Headteacher and/or Head of School.
- Update all staff, including the sports coaches, termly with the current asthma register.
- Ensure the asthma policy is read and understood by all members of staff.
- Share the asthma policy with parents/carers and make it available on the school website.
- Regularly check the emergency asthma kits and replenish the contents after use.
- Keep accurate, up to date records of pupil's asthma on SIMs. This will include annual consent letter to parents/carers (Appendix 1).
- Communicate annually with parents/carers regarding their pupils' asthma.
- Ensure inhaler use in school is closely monitored.
- Accurately record expiry dates for inhalers on the school calendar and ensure impending expiry dates are communicated to parents/carers. Replacement inhalers should be obtained before the expiry date.
- Appropriately dispose of empty and/or out of date inhalers.
- Ensure their own training is up to date and they would be confident to support in an emergency.
- Arrange regular asthma training for school staff. 'NHS Partners in Salford' recommend all staff working with pupils with asthma undertake the e-training course which takes approximately 1 hour to complete (e-lfh.org.uk)
- Upload a scan of pupils' annual log of inhaler use to CPOMs at the end of each academic year.

3.2 All staff will:

- Be insured to administer medication under the school's or LA's public liability insurance policy.
- Be able to identify the pupils with asthma who they regularly work with and be familiar with the content of their individual asthma plan.
- Discreetly identify pupils with asthma in their classrooms (ideally on the back of a cupboard door) by pupil's first name only, along with a copy of the asthma policy, for any supply staff.
- Allow all pupils to have immediate access to their emergency medicines. This means inhalers should go with pupils to PE lessons, after school clubs, fire evacuations and educational trips and visits.
- Fully integrate pupils with asthma into school life and allow pupils to participate fully in all activities including PE unless advised otherwise by a registered health professional.
- Inform parents/carers on the day if their child has had medication during the school day. This must also be logged on the pupil's medical tracker record.
- Appropriately supervise pupils to ensure appropriate administration of the inhaler.
- Be expected to know where the nearest emergency asthma kit is stored in school. If the kit is used, it is staff responsibility to inform either the asthma lead or champion.
- Log on CPOMs using the medical category if a reliever (blue) inhaler has been used more than 3 times in a week. Staff must alert the asthma lead to this incident so that the school nurser can be informed.

- Communicate parental concerns and updates in relation to a pupil's asthma on CPOMs using the medical category and alert the asthma lead.
- Bring pupils' asthma inhalers, spacers and asthma care plans with them when attending off-site trips/visits and after school clubs. It is the class teachers' responsibility to ensure pupils take their reliever (blue) inhalers to after school clubs; and the responsibility of the club leader to return these to the relevant classrooms before school starts the next day. It is the sports coaches' responsibility to ensure pupils' inhalers, spacers and asthma care plans are with them when attending off site sporting events.
- Ensure inhalers are passed up to the next classroom at the end of each academic year. Both the current and receiving class teacher share joint responsibility in ensuring this happens before the start of each academic year.
- Review the individual inhaler use logs with parents/carers at each Learner Review meeting and update the asthma lead and champion of any changes where applicable.

3.3 All parents/carers will:

- Inform the school if their child has asthma.
- Inform the school of any changes to their child's condition.
- Ensure accurate medical records for their child are held by school by completing the annual asthma letter (Appendix 1).
- Ensure their child has an up-to-date written asthma plan from their GP or qualified health professional and provide school with a copy. Where this cannot be obtained, school will provide parents/carers with a copy of the Asthma UK asthma plan to complete instead (Appendix 2). This should be reviewed and updated annually.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines the child requires while taking part in trips/visits or other out of school activity, including an after school club, a residential trip or sporting event.
- Ensure medicines brought into school are labelled with the child's full name and date of birth, and in the original pharmacy packaging.
- Ensure that their child's medicines are within their expiry dates. These means that repeat prescriptions should be sought promptly following the reminder from school of an impending expiry date.
- Notify the school's Children's and Families Officer (CFO) or school office if their child is absent from school for 15 days or more due to asthma. Under these circumstances, the Supporting Pupils with Medical Conditions Policy would be followed, with specific reference to arranging education for medical conditions.

4. Record Keeping

It is the responsibility of parents/carers to inform school, on admission, of their child's medical condition and needs. It is also important that the school is informed by parents of any changes once the child is on roll. The school will keep an accurate record of each occasion a pupil is given or supervised taking their inhaler. Parents will be informed if a pupil uses their inhaler at any time unless taken pre-sport as agreed in their individual asthma plan. If a pupil refuses to use their inhaler, this is also recorded, and parents are informed as soon as possible.

Where a pupil is diagnosed with asthma, this will be logged on each schools SIMs and shared with relevant staff so that they can identify and safeguard pupils with asthma; this is held centrally on SIMs and is the responsibility of each school's asthma lead and champion to maintain. Pupils with asthma will have an individual asthma plan produced by GP or registered medical professionals, or recorded using the template from Asthma UK (Appendix 2). Where possible, this is written jointly between health, education, and parent/pupil.

In the event a pupil's inhaler and spare inhaler are unavailable, the school emergency inhaler should be used and parents informed as soon as possible. In circumstances where an emergency inhaler is not available the school should contact the emergency services for guidance and inform the parents as soon as possible.

5. Safe storage of medication

Reliever (blue) inhalers and spacer devices must be stored in a location that allows pupils unrestricted access during school hours, clearly labelled with the pupil's name. The medication must be kept within close reach of the pupil while they are in the classroom and, where possible, should accompany them when they leave the classroom for activities such as physical education, emergency evacuations, after school clubs and trips/visits. Medicines are stored in accordance with instructions at room temperature. Medications are passed to the next class teacher at the end of the summer term.

6. Pupils who miss school due to Asthma

Each school's Children and Families Officer (CFO) and SENDCo will work together for pupils who are absent due to medical needs for more than 15 school days. Where this is applicable, school will refer to the Medical Conditions Policy.

Appendix 1

Dear Parent/Carer,

We are currently reviewing our Asthma Policy. Please would you update the information regarding your child so we can ensure our school records are accurate.

Our updated Asthma Policy means we will have an emergency salbutamol/ventolin reliever (blue) inhaler on site. This is a precautionary measure. You still need to provide your child with their own inhaler and spacer as prescribed.

Please note that everyone with asthma should use a spacer with their inhaler in order to deliver maximum benefit to the lungs (unless your child has a breath actuated inhaler). If your child does not have a spacer or has not had an asthma review in the past 12 months, please book an appointment with your GP as soon as possible. For more information on reasons for and how to use a spacer see Asthma UK: www.asthma.org.uk

Please complete the information below and return to school by Friday 6th September 2024

Yours sincerely,

Charlene Skeels/Rachel Berry

Assistant Headteachers and SENDCo



	Tick as appropriate:
My child does NOT have asthma	
I confirm that my child has been diagnosed with asthma	
I confirm my child has been prescribed an inhaler	
My child has a working, in-date inhaler and spacer clearly labelled with their name, which they will have with them at school every day	

Pupil's name DOB

Parent/Carer name (print)

Parent/Carer name (signed) Date

Appendix 2 - AsthmaUK individual asthma Plan

My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them.

Always keep your reliever inhaler (usually blue) and your spacer with you. You might need them if your asthma gets worse.

Last reviewed and updated 2021; next review 2024.
Asthma and Lung UK, a charitable company limited by guarantee with company registration number 02665084, with registered charity number 204750 in England and Wales, SC038415 in Scotland, and 1977 in the state of Michigan.

I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents and carers – get the most from your child’s action plan

- Take a photo and keep it on your mobile (and your child’s mobile if they have one)
- Stick a copy on your fridge door
- Share your child’s action plan with their school

Learn more about what to do during an asthma attack asthmaandlung.org.uk/child-asthma-attacks

ASTHMA QUESTIONS?
Parents and carers ask our respiratory nurse specialists
Call **0300 222 5800**
WhatsApp **07999 377 775**
(Monday-Friday, 9am-5pm over 16 only)



CHILD ASTHMA ACTION PLAN

Fill this in with your GP or nurse

Name and date:

1 My every day asthma care

I need to take my preventer inhaler every day.

It is called:

and its colour is:

I take puff/s of my preventer inhaler in the morning and puff/s at night. I do this every day even if my asthma’s OK

Other asthma medicines I take every day:

My reliever inhaler helps when I have symptoms.
It is called:

and its colour is:

I take puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it’s hard to breathe.

If I need my reliever inhaler (usually blue) when I do sports or activity, I need to see my doctor or my asthma nurse.

2 My asthma is getting worse if...

- I wheeze, cough, my chest hurts, or it’s hard to breathe **or**
- I need my reliever inhaler (**usually blue**) three or more times a week **or**
- I’m waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my GP or nurse).

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take puff/s of my reliever inhaler (**usually blue**) every four hours if needed
- See my doctor or nurse within 24 hours if I don’t feel better.

URGENT!
If your reliever inhaler is not lasting four hours, you need to take emergency action now (see section 3)

Remember to use my spacer with my inhaler if I have one.
If I don’t have one, I’ll check with my doctor or nurse if it would help me.

Other things my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)

3 I’m having an asthma attack if...

- My reliever inhaler isn’t helping or I need it more than every four hours **or**
- I can’t talk, walk or eat easily **or**
- I’m finding it hard to breathe **or**
- I’m coughing or wheezing a lot or my chest is tight/hurts.

If I have an asthma attack I will:

1. Call for help. Sit up – don’t lie down. Try to keep calm.
2. Take one puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don’t have my reliever inhaler, or it’s not helping, or if I am worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

Even if I start to feel better, I don’t want this to happen again, so I need to see my doctor or asthma nurse today.

