



Asthma Policy

Approved by	Mrs Coral Snowden - Principal		
Date	September 2026	Next review due	Date 2028

Summary of Changes

Version	Date	Summary of Changes	Approved By

Contents

Heading	Page
What is Asthma	4
Policy Statement and Core Objectives	4
Statutory and Legal Framework	4
School Environment and Clean Indoor Air Mandates	5
Attendance Reward Scheme Review	5
Pupil Asthma Register and Personalised Action Plans	6
Medication, Inhaler Access, and Storage	6
Exercise, Physical Activity, and Off-site Trips	7
Staff Training and Governance	7
Emergency Salbutamol Inhaler and Kit Protocols	7
Day-to-Day Symptoms vs. Emergency Asthma Attacks	8

School Asthma Lead & Champion	Amy Stubbs & Coral Snowdon
Partner School Nursing Team	Wexham Park Hospital Respiratory team

Notes on Document Control and Trust Governance

This document is the property of The Park Federation Academy Trust and its contents are confidential. It must not be reproduced, loaned, or passed to a third party without the explicit permission of the authoriser. It is controlled within the Park Federation Academy Trust Admin Server where the electronic master is held and can be accessed on a read-only basis, subject to security permissions. Users of this document are responsible for ensuring they are working with the current version. All paper copies or electronic copies not held within the Admin Server are uncontrolled. Hence the footer 'DOCUMENT UNCONTROLLED WHEN PRINTED' which must not be changed. This document is reviewed on a bi-annual basis (every two years) by the originating team and function.

Introduction

What is Asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with 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 becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK)

Some children may have a Maintenance and Reliever Therapy (MART) Symbicort Turbohaler. This inhaler is taken morning and night as a preventer inhaler and used as needed to relieve symptoms rather than the blue salbutamol inhaler. Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, 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. (Source: Asthma UK)

1. Policy Statement and Core Objectives

Western House Academy recognises that asthma is a widespread, serious, but controllable condition. The academy welcomes all pupils with asthma and aims to support these children in participating fully in school life. Active asthma management within the school ensures that pupils suffer minimal disruption to their academic, physical, and social development.

To deliver on this commitment, Western House Academy maintains a structured, proactive framework designed to meet the following core objectives:

- Maintain a highly accurate, annually updated school Asthma Register.
- Implement, maintain, and publish this school Asthma Policy on the academy website.
- Designate a senior staff member as the school Asthma Lead and Champion.
- Ensure all pupils with diagnosed asthma have immediate access to their reliever inhalers at all times.
- Require an up-to-date Personalised Asthma Action Plan for every child on the register.
- Procure, manage, and verify the readiness of emergency salbutamol inhaler kits.
- Deliver comprehensive, annual asthma training and updates to all school staff.
- Display emergency management plans around school.

This policy ensures that all administrative, operational, and clinical processes are transparent and rigidly followed, keeping student safety as our highest priority.

2. Statutory and Legal Framework

The governing bodies of maintained schools and academies have a statutory duty to support pupils with medical conditions. Under Section 100 of the Children and Families Act 2014, Western House Academy is required to make robust arrangements for supporting pupils at school who have chronic health conditions, ensuring they have full access to education, including physical education, sports, and off-site school trips.

This policy incorporates the statutory requirements of the **Children's Wellbeing and Schools Act 2026** (specifically Section 34 regarding published school safety policies) and the Department for Education (DfE) statutory guidance **Allergy Safety in Schools (July 2026)**. These statutory instruments implement the national safety measures commonly known as **Benedict's Law**, which formalise proactive protection, mandatory staff training, and the provision of emergency medication within English school environments. This policy is officially published on the school website to ensure complete transparency, accessibility, and statutory compliance.

3. School Environment and Clean Indoor Air Mandates

Clean indoor air is officially designated under the July 2026 statutory framework as a core asthma control measure and a basic duty of care for schools. Western House Academy is dedicated to providing an indoor environment that actively minimises respiratory irritants and safeguards pupils from potential asthma triggers.

To ensure compliance with these statutory clean air expectations, the academy implements the following measures:

- **Definitive No-Smoking Policy:** A complete, rigid ban on smoking and vaping is enforced across all school grounds, premises, entrances, and during off-site trips. This is a non-negotiable health and safety rule.

The academy is aware that asthma triggers are diverse, environmental, and can vary significantly between individual students. Common triggers recorded within pupil action plans include:

- Colds, flu, and upper respiratory tract infections
- House dust, dust mites, and airborne allergens
- Pollen, spores, and moulds (particularly during high-pollen spring and summer seasons)
- Feathers, bird dander, and direct contact with furry or feathered animals
- Physical exertion, heavy exercise, and hyperventilation (including from laughing or crying)
- Emotional stress, severe anxiety, or high excitement
- Cold air, sudden changes in weather, barometric pressure shifts, or heavy winds
- Chemical fumes, wet paint, strong adhesives, and aerosol sprays (e.g., deodorants, cleaning agents, perfume)
- Co-existing food allergies or dietary sensitivities (atopic links)
- Combustion fumes, traffic emissions, and cigarette, vape, or bonfire smoke

As part of our responsibility to keep children safe, risk assessments are performed by staff prior to classroom activities and school trips. These assessments establish the potential asthma triggers children could be exposed to and put robust plans in place to avoid exposure where possible.

4. Attendance Reward Scheme Review

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 on a child's life, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse (with consent) and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personalised Asthma Action Plan, to improve their symptoms. However, the school recognizes that Pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Traditional school attendance reward schemes, such as '100% attendance awards', can cause indirect discrimination against pupils with chronic medical conditions like asthma. These rewards place an unfair disadvantage on pupils whose medical absences are necessary, unavoidable, and prescribed by healthcare professionals.

Western House Academy does not operate attendance reward structures that penalise or exclude pupils with legitimate, asthma-related medical absences. By actively reviewing, adjusting, and modifying these schemes, the academy removes counterproductive pressure that might encourage pupils to attend school when clinically unwell, thereby safeguarding both individual pupil health and wider school wellbeing.

5. Pupil Asthma Register and Personalised Action Plans

The academy maintains a comprehensive school Asthma Register containing details of all pupils diagnosed with asthma or prescribed a reliever inhaler. The register is updated annually at the start of each academic year by contacting parents/carers and collecting up-to-date medical histories.

When a child is identified as having asthma or a prescribed reliever, the Asthma Lead ensures they are added to the register and that parents supply the following essential components:

- **Personalised Asthma Action Plan:** An up-to-date, clinically approved plan completed by the child's GP or asthma nurse. This plan must be shared with the school and detail daily care, type of medication, dose, specific triggers, and emergency instructions. These are reviewed annually.
- **Reliever Medication:** An in-date reliever (usually blue salbutamol or Symibcort Turbohaler) inhaler and a compatible spacer device, which must be kept on school premises in the designated classroom location.
- **Emergency Consent:** Written parent/carer permission allowing the school to use the emergency salbutamol inhaler if the pupil's own device is lost, broken, empty, or out of date. This consent is collected at the start of each school year and kept with the register.

6. Medication, Inhaler Access, and Storage

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 (March, 2015). Pupils must have immediate, unhindered access to their fast-acting reliever (blue or red & white) inhalers at all times. Reliever medication must never be locked away or stored in hard-to-reach areas, as delayed administration can lead to severe, life-threatening asthma attacks. This is a crucial element of our duty of care.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those 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.

The academy implements the following strict guidelines for inhaler carrying, storage, and clinical support:

- **Classroom Storage:** For all pupils, reliever inhalers and spacers are stored in the classroom in dedicated, clear plastic boxes. These boxes must be kept in a prominent, easily accessible, and unlocked position within the classroom. Each individual device must be kept inside an individual bag clearly labelled with the child's name, and class. Class teachers and teaching assistants are responsible for ensuring that supply teachers are immediately shown the location of these boxes upon entering the classroom.
- **Key Stage 2 Carrying Policy:** Pupils are encouraged to carry their own reliever inhaler on their person as soon as they are assessed as responsible enough to do so. The school expects responsible self-carrying to be established by Key Stage 2. This transition is determined via three-way consultation between parents/carers, teachers, and the pupil, with the understanding that staff supervision and support may still be required during administration. If a student carries their own inhaler, they must keep it on them at all times.
- **Preventer Inhalers:** Daily preventer medication (usually brown, orange, or purple) should not be brought into school, as it must be administered regularly at home (morning and night) as prescribed by the GP or nurse. The only exception is during overnight residential trips, where preventer inhalers must be supplied by parents to maintain the child's prescribed clinical regimen.

- **Administration Support:** While school staff are not legally mandated to administer asthma medicines, many pupils have poor inhaler technique or require assistance. Staff who have completed annual asthma training and are comfortable doing so may support and supervise pupils using their inhaler. If staff observe persistent poor technique, or if they have concerns over a child's ability to use their inhaler, they will refer the pupil to the school nurse and advise parents to arrange a GP review.

7. Exercise, Physical Activity, and Off-site Trips

Taking part in sports, games, and outdoor activities is an essential part of school life for all pupils. Pupils with asthma are actively encouraged to participate fully. Physical activity is beneficial for respiratory health, provided the student's condition is well-controlled. All PE teachers and activity coaches are kept fully informed of which pupils have asthma using the register.

To support safe participation in physical activities, the school enforces the following measures:

- **Inhalers at Lesson Sites:** During any PE lesson, sports session, or outdoor activity, the pupil's reliever inhaler and spacer must be taken to the activity site, kept in a clearly labelled, easily accessible box at the site of the lesson, and returned to the classroom afterward. Pupils must never have to walk back to the classroom to retrieve an inhaler during a lesson.
- **Pre-activity Administration:** If a pupil's Personalised Asthma Action Plan specifies pre-exercise inhaler use, or if they experience exercise-induced symptoms, staff will ensure they use their reliever and rest as required.
- **Off-site Risk Assessments:** Prior to any day trip or overnight residential visit, staff conduct a full risk assessment. This includes establishing potential environmental asthma triggers at the venue and formulating plans to avoid them. All pupil inhalers, spacers, and emergency kits must accompany staff on off-site visits and be kept on hand by trip leaders.

8. Staff Training and Governance

The school Asthma Lead is Amy Stubbs and Champion is Coral Snowdon (Headteacher/Principal). It is the responsibility of the Asthma Lead to maintain the register, update this policy, manage emergency kits, and verify that measures are in place so that all children have instant, unhindered access to their medication.

To ensure a high standard of care and clinical safety, Western House Academy mandates annual asthma and allergy training for staff. This training can be delivered in-person by the Wexham Park Hospital school nursing team or completed online via the Education for Health portal ('Supporting Children and Young People with Asthma').

The academy maintains a strict target that a minimum of **85% of all staff** complete this training or its online equivalent every 2 years. Training records are managed, audited, and kept up to date by the school Asthma Lead.

9. Emergency Salbutamol Inhaler and Kit Protocols

Western House Academy maintains 4 Emergency Salbutamol Inhaler Kits to ensure rapid access during a crisis. These kits are positioned across the school in the following key areas:

Kit Number / Designation	Location within Academy
Emergency Kit 1 (For Year 1 & 2)	Welfare Room
Emergency Kit 2 (For Reception and Nursery)	Front Office
Emergency Kit 3 (For Year 3 & 4)	SENDCo Office
Emergency Kit 4 (For Year 5 & 6)	Year 4/5/6 Vice Principal (VP) Office

Each emergency kit contains the following items, which are audited monthly by the Asthma Lead:

- A salbutamol metered dose inhaler (MDI) containing 200 doses (puffs).
- At least two compatible plastic spacer devices to assist with inhaler administration.

- Clear instructions on how to use the inhaler and spacer in an emergency.
- Instructions on cleaning and storing the inhaler and spacer devices.
- Manufacturer's product information and safety data.
- A register of inhalers, identified by batch numbers and expiry dates, with monthly check logs.
- Arrangements and pharmacy requests for replacing the inhaler and spacers.
- An up-to-date list of children permitted to use the emergency kit based on written parental consent.
- A formal record of administration log to document every emergency use (puffs given).

Maintenance and Cleaning Procedures:

- **Monthly Audits:** On a monthly basis, the Asthma Lead verifies that all kits are present, in working order, and contain sufficient doses. Expired or low-dose inhalers are proactively replaced. Replacement inhalers are obtained from the pharmacy when expiry dates approach.
- **Replacement Criteria:** The salbutamol canister contains 200 puffs. To ensure an adequate safety buffer, the school will replace the canister once it has delivered 150 puffs (tracked via the administration log). Spent inhalers will be returned to the local pharmacy to be recycled.
- **Priming the Device:** Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, staff must shake the canister and release 2 puffs into the air to prime the device.
- **Cleaning Post-Use:** To prevent cross-contamination, the plastic housing and spacers must be cleaned. Remove the canister and wash the plastic housing and cap in warm running water, leaving it to dry in air in a clean safe place before reassembling.
- **Spacer usage:** Once the plastic spacer has been used this should be sent home with the child with a request that the family replace it. It should not be used by another child. In the meantime, the school should replace the spacer, or if able to do so use the child's personal spacer to administer the schools emergency inhaler. Spent inhalers will be returned to the pharmacy to be recycled.
- **Emergency Use Criteria:** The emergency salbutamol inhaler will only be used by children who have been diagnosed with asthma OR prescribed a reliever inhaler, AND for whom written parental consent has been provided. The names of these permitted children must be kept in each emergency kit. Parents/carers must always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

10. Day-to-Day Symptoms vs. Emergency Asthma Attacks

Staff must be trained to differentiate between mild, day-to-day asthma symptoms and an acute, life-threatening emergency asthma attack. Managing symptoms early prevents escalation.

Common Day-to-Day Symptoms: These include a dry cough, mild wheezing (especially during physical activity), slight shortness of breath, or a mild tight chest. These symptoms typically resolve quickly with the administration of the pupil's own reliever inhaler and a short period of rest. They do not normally require the child to be sent home or to receive urgent medical attention.

Recognising an Emergency Asthma Attack: Staff must immediately initiate emergency procedures if a child displays any of the following symptoms:

- A persistent, hacking cough that does not stop.
- A loud, continuous wheezing sound coming from the chest.
- Difficulty breathing (breathing fast and with visible effort, using accessory chest, neck, and shoulder muscles).
- Nasal flaring (nostrils widening during breathing).
- Inability to talk, complete sentences, or walk (some children will go extremely quiet or withdrawn).

- Complaints of a tight chest (younger children may express this as abdominal pain or tummy ache).

Immediate 999 Ambulance Call: An ambulance must be called immediately, and the asthma attack procedure started without delay, if the child displays any of the following critical emergency signs:

- Appears exhausted, lethargic, weak, or unresponsive.
- Is going pale, grey, or blue around the face.
- Has a distinct blue or white tinge around their lips.
- Has collapsed or lost consciousness.

EMERGENCY TREATMENT PROCEDURE DURING AN ASTHMA ATTACK

1. **Keep Calm and Reassure:** Reassure the child and keep them calm. Sit them upright and slightly forward (never let them lie down).
2. **Administer Reliever:** Help the child use their own reliever inhaler. If their inhaler is not immediately available, use the school's emergency salbutamol kit.
3. **Use Spacer:** Shake the inhaler, remove the cap, and insert it into the spacer. Place the spacer mouthpiece between the child's lips with a tight seal, or place the mask securely over their nose and mouth.
4. **Deliver Initial Puffs:** Deliver 2 puffs of salbutamol via the spacer, one puff at a time, ensuring 1 puff matches approximately 5 deep breaths.
5. **Repeat if No Improvement:** If there is no improvement, repeat these steps up to a maximum of 10 puffs.
6. **Monitor Closely:** Remain with the child throughout. Stay calm and reassure them. If they feel better, they may return to school activities once fully recovered.
7. **GP Follow-up:** The school will inform the parents in writing of any asthma attack. Parents should be advised to book an immediate review with their GP or asthma nurse.
8. **Six-Puff Rule:** If a pupil requires 6 puffs or more of salbutamol within a 4-hour period, the school will contact the parents immediately and recommend they are seen by their doctor or nurse.
9. **Emergency Escalation:** If you are worried at any point, or if the child does not improve after 10 puffs, call 999 FOR AN AMBULANCE immediately and contact the parents. If the ambulance does not arrive within 10 minutes, administer another 10 puffs in the same manner.
10. **Hospital Accompaniment:** A member of school staff will always accompany the child in the ambulance if taken to hospital and remain with them until a parent or carer arrives.

References and Guidance Sources

- This policy is compiled and maintained in strict accordance with the following national legislation, clinical standards, and statutory g
- Children's Wellbeing and Schools Act 2026 (Section 34 regarding published school allergy and safety policies)
- Allergy Safety in Schools statutory guidance, Department for Education (July 2026)
- Children and Families Act 2014 (Section 100 duty on supporting pupils with medical conditions)
- Keeping Children Safe in Education (KCSIE) statutory safeguarding guidance
- National Bundle of Care for Children and Young People with Asthma (NHS England)
- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines.
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools