Asthma Policy

Policy Number: 4.3

Date: September 2026

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1. Aims

In keeping with the Quaker ethos and its commitment to care and inclusivity, Sidcot School strives to create a supportive environment that promotes the health, wellbeing, and full participation of all students with asthma.

Students with asthma are encouraged and supported to achieve their full potential and to take an active role in all aspects of school life. The School aims to ensure that asthma is managed effectively, so that students are able to participate safely in academic, physical, and extracurricular activities.

2. Objectives

The School aims to ensure that all staff understand asthma as a common medical condition and are appropriately trained to support students effectively. In doing so, Sidcot School is committed to providing a safe, inclusive, and supportive environment that promotes the health, wellbeing, and full participation of all students with asthma.

The School will ensure that all students with asthma have immediate access to their reliever inhaler and spacer at all times, enabling prompt and effective management of symptoms. In addition, all students diagnosed with asthma will be recorded on the School's asthma register and, where clinically indicated, will have an Individual Healthcare Plan (IHP) in place to support their care.

Particular attention is given to the needs of boarding students, who will receive appropriate medical oversight, including access to GP review and annual asthma assessments where required. The School also ensures that robust emergency procedures are in place, and that staff are confident in recognising and responding appropriately to asthma symptoms and attacks.

In all aspects of its provision, the School aims to comply fully with Section 100 of the Children and Families Act 2014 and the Department for Education statutory guidance, *Supporting pupils at school with medical conditions*.

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3. Scope

This policy applies to all students receiving education at Sidcot School, including those in the Early Years Foundation Stage (EYFS), Junior School, Senior School (including Sixth Form), and boarding provision.

It should be read in conjunction with the School's Medical Policy (4.2), the Safeguarding and Child Protection Policy, and the Supporting Students with Medical Conditions Policy, all of which provide additional context and guidance.

The policy applies to all settings in which staff or volunteers are working with students. This includes activities that take place both on and off the school site, such as educational visits, trips, and residential provision.

For the purposes of this policy, the terms *child*, *children*, and *student* are used interchangeably to refer to all individuals in the School's care. The term *parent* refers to any individual with parental responsibility, and *guardian* refers to an educational guardian where applicable.

This policy is available on the School website, and a hard copy will be provided free of charge upon request.

4. Education

All staff are made aware of this Asthma Policy and receive appropriate training to support students with asthma effectively. The Health Centre provides up-to-date information and guidance on asthma and its management, ensuring that staff are supported in maintaining current knowledge and best practice.

Training in asthma awareness is provided on a regular basis, enabling staff to recognise the signs and symptoms of asthma and to respond appropriately in the event of an asthma attack. This helps to ensure a consistent and confident approach across the School.

Students are also given opportunities to develop an understanding of asthma as part of the curriculum, particularly within Key Stages 1 and 2, supporting both awareness and self-management where appropriate.

All students diagnosed with asthma are recorded on the School's asthma register and, where clinically indicated, have an Individual Healthcare Plan (IHP) in place. These plans are accessible to relevant staff through the School's recording systems and provide clear information regarding individual triggers, treatment requirements, and support needs. Further guidance on the management of medical conditions is available within the Supporting Students with Medical Conditions Policy.

5. Environment

The School is committed to providing a safe and supportive environment that promotes the health and wellbeing of students with asthma. Reasonable steps are taken to identify and minimise exposure to known asthma triggers, including environmental allergens, air pollutants, and respiratory infections, where practicable.

During periods of increased respiratory illness, the School follows guidance issued by the UK Health Security Agency (UKHSA) to ensure that appropriate precautions are in place and that students are supported effectively.

The School operates as a non-smoking site at all times, recognising the impact that tobacco smoke may have on individuals with asthma.

Where possible, the use of chemicals that may act as asthma triggers, particularly in subjects such as Science, Technology, and Art, is carefully managed. Staff teaching in these areas are made aware of students with asthma and take appropriate steps to reduce exposure, including adapting activities where necessary to ensure that all students can participate safely.

6. Medication

All students with asthma must have immediate access to their reliever inhaler and spacer at all times, including during lessons, sports activities, educational visits, and off-site trips. Older students are expected to carry their inhaler with them and to take responsibility for ensuring that it is readily available.

Students who have been assessed as competent are encouraged to self-manage their condition. Staff will provide appropriate support where required and will ensure that students are able to access and administer their medication without delay.

In the Junior School, arrangements for carrying inhalers and spacers will be agreed between parents and staff, taking into account the age and capability of the student. Where it is not appropriate for a student to carry their inhaler, it will be stored in a clearly labelled and accessible location within the classroom and will be taken by staff when pupils move to other areas of the school, including the refectory and sports facilities.

Boarding students who require preventative inhaler medication may retain and manage this within the Boarding House, subject to appropriate assessment and ongoing support.

The School maintains a central register of students diagnosed with asthma, including those for whom parental consent has been provided for the use of the emergency salbutamol inhaler.

Emergency asthma inhaler kits are clearly labelled, appropriately maintained, and accessible across the school site. Staff are made aware of their locations, which include the Health Centre, Senior School staff room, Junior School staff room, the Pavilion, and the Sports Centre, with additional provision for use during activities on the sports fields.

In the event of an emergency, a spacer device will be used where available. Spacer devices are single-use in emergency situations and will be disposed of immediately after use in accordance with infection control procedures.

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7. Record Keeping

Parents and guardians are responsible for informing the School at the point of admission, and on an ongoing basis, of their child's asthma diagnosis, including any changes to their condition, treatment, or medication. They are also required to provide sufficient information regarding known triggers, prescribed treatment, and any additional support required during the school day.

Parents and guardians must notify the Health Centre promptly of any updates to their child's medication or asthma management plan, ensuring that the School is able to provide appropriate and timely care.

All asthma-related information is recorded and stored securely by the School in accordance with the Data Protection Act 2018 and UK GDPR requirements, ensuring confidentiality and appropriate use of personal data.

Where in place, Individual Healthcare Plans (IHPs) are reviewed at least annually, or sooner if there are any changes to the student's condition or treatment. This ensures that care remains current, accurate, and responsive to the student's needs.

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8. Physical Education

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  Students with asthma are encouraged to participate fully in physical education, games, and swimming activities, in accordance with their individual abilities and medical needs. The School is committed to promoting inclusion and will make reasonable adjustments where necessary to ensure that students are able to participate safely and without discrimination.

  Staff supervising physical activity are made aware of students with asthma and are responsible for ensuring that reliever inhalers are readily accessible at all times. Students whose asthma is triggered by exercise are advised to use their reliever inhaler prior to activity, in line with their Individual Healthcare Plan, and to undertake appropriate warm-up activities.

  It is essential that all students have immediate access to their reliever inhaler during physical activity and are able to use it promptly if required, so that symptoms can be managed effectively and participation can continue safely.

9. Asthma Attack

All staff who work with students with asthma receive regular training and are confident in recognising and responding appropriately to an asthma attack.

In the event of an asthma attack, staff should remain calm, reassure the student, and encourage them to sit upright while loosening any tight clothing. The student should be assisted to use their reliever inhaler immediately. Where possible, a spacer device should be used, and medication should be administered as one puff every 30 to 60 seconds, up to a maximum of 10 puffs.

Emergency services must be contacted immediately if there is no improvement after 10 puffs have been administered, if symptoms worsen at any time, or if the student becomes exhausted, distressed, or unable to speak. Staff should also seek emergency assistance at any stage if they have concerns about the student's condition. If an ambulance has not arrived within 15 minutes and symptoms persist, further doses of the inhaler may be given in the same manner. The student should be monitored closely and reassured continuously until medical assistance arrives.

If the student's own inhaler is unavailable, empty, or faulty, and parental consent has been provided, staff should administer a reliever inhaler from the School's Emergency Asthma Kit. The School maintains a central register of students with asthma, including those for whom consent has been given for the use of emergency salbutamol inhalers.

Following the use of an emergency inhaler, parents or guardians must be informed as soon as possible. The use of the inhaler must also be reported to the Health Centre and recorded in the student's medical record. Any spacer device used in an emergency should be disposed of after single use in accordance with infection control procedures. The emergency kit must then be replenished and returned to its designated location by Health Centre staff.

Emergency asthma kits are checked regularly to ensure that they are fully stocked and ready for use. Staff should be aware of the locations of these kits, including alternative provision when the Health Centre is closed.

10. After an attack

Following a minor asthma attack, students may return to normal school activities once they have fully recovered and feel well enough to do so. A cautious approach should be taken to ensure that the student is able to resume participation safely and without recurrence of symptoms.

Parents or guardians of day students, and Boarding House staff for boarders, must be informed of the incident as soon as possible to ensure appropriate follow-up and support.

All asthma-related incidents must be recorded, and the student's Individual Healthcare Plan (IHP) should be reviewed and updated where necessary to reflect any changes in symptoms, triggers, or management.

Consideration should also be given to whether further medical advice or assessment is required, particularly in cases where symptoms persist, recovery is prolonged, or asthma attacks become more frequent.

11. References

- Supporting Pupils at School with Medical Conditions (DfE statutory guidance)
- Children and Families Act 2014 (Section 100)
- Guidance on the use of emergency salbutamol inhalers in schools (DHSC, 2015 – current)
- UK Health Security Agency (UKHSA) – Health protection in education settings
- Keeping Children Safe in Education (latest version)
- NHS Asthma guidance

12. Supporting Policies and websites

2.1 Safeguarding and Child Protection Policy
4.1 Medical Policy
4.2 Supporting Students with medical conditions, disabilities
Asthma - NHS (www.nhs.uk)
Data Protection Policy
Health and Safety Policy

13. Policy review

This policy will be reviewed annually by the Senior Nurse, in conjunction with the Deputy Head Pastoral or earlier if incident occurs, or if changes to medical advice on asthma are made.

14. Document Change History

Date of change	Detail significant changes and any new legislation / guidance taken into account
3.12.2016	Board adopts policy – minor grammatical changes made Paragraph 6 – clarification of availability of inhalers in the Sports Centre / Sports Field
07.10.2017	Board reviews and adopts policy
07.10.2018	Policy reviewed, no changes required.
12.09.2019	Reviewed, Appendix 1 and 3 removed – Parents now consent to use of the emergency salbutamol inhaler in school through Annual Medical Consent. Information re Appendix 3 in body of policy.
05.10.2019	Reviewed and adopted by Board at the Annual Safeguarding Review.
21.09.2020	Policy reviewed and addition of changes re COVID-19
05.11.2020	Reviewed and agreed by the Pastoral Group.
08.02.2023	Reviewed by Senior Nurse, formatting updates only, removed reference to Covid 19
08.11.2023	Reviewed by Senior Nurse, removed Appendix 1 out of date form. Added references to spacers alongside inhalers.

04.06.2024	Reviewed by senior Nurse. Added NHS link to asthma
June 2025	Reviewed by Senior Nurse, no changes required
June 26	Reviewed, rewritten, policies and references updated