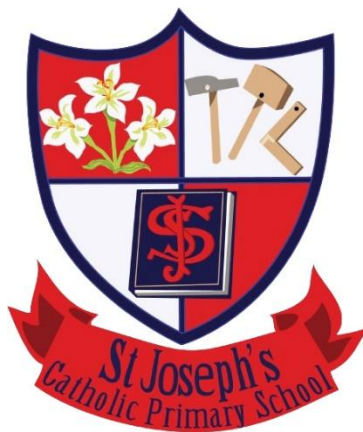


St. Joseph's Catholic Primary School



Supporting Pupils with Medical Conditions Policy

'Inspired by Christ, working together, achieving our best'

Policy Created: September 2026

Updated: September 2027

Aims of St. Joseph's Catholic Primary School

'Inspired by Christ, working together, achieving our best'

Asthma Policy

Purpose

At St Joseph's Catholic Primary School, we are committed to ensuring that all pupils with medical needs are fully supported, valued, and included within our school community. Guided by the Gospel values of compassion, dignity, and service, we work in partnership with families, healthcare professionals, and external agencies to provide a safe, nurturing, and inclusive environment where every child can thrive academically, socially, emotionally, and spiritually. We strive to remove barriers to learning and ensure that no child is disadvantaged because of a medical condition. Inspired by our faith, we seek to care for each child as a unique gift from God, enabling them to achieve their full potential.

Our vision is to create a school where every pupil with a medical need feels safe, supported, and empowered to participate fully in all aspects of school life. We aspire to be a community that recognises and responds to individual needs with understanding, compassion, and excellence, ensuring that children can learn, grow, and flourish alongside their peers. Through strong partnerships, effective care planning, and a culture of inclusion, we aim to promote independence, resilience, well-being, and achievement while living out our mission of *'Inspired by Christ, working together, achieving our best.'*

As a school we recognise that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers and pupils. Supply teachers and new staff are also made aware of the policy. The school realises that pupils with asthma need immediate access to reliever inhalers at all times and keeps a record of all pupils with asthma.

This policy has been written with advice from the Department for Education, Asthma & Lung UK, the Local Education Authority, local healthcare professionals and the school health service.

Asthma Medicines

Immediate access to reliever medicines is essential. Each class will have an allocated First Aid Box with pupil's individual inhalers inside. This box should be taken wherever the class is e.g. school field during P.E. or school playground during lunchtime. An emergency inhaler is located in the school office. All inhalers must be labelled with the child's name by the parent/carer. It is the responsibility of parents/carers to ensure that inhalers brought into and kept at school are in date. School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff are happy to do so.

School staff who agree to administer medicines are insured by the school's insurance cover (Public Liability section) when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to. Parents will be asked to read and sign the 'Asthma Pumps in Primary Schools' form (Appendix 1) to agree and accept the school guidelines regarding the use and storage of their child's inhaler.

The school has a salbutamol inhaler and spacer available for emergency use only in the school office. The emergency inhaler is only to be used for children with asthma whose parents have provided written parental consent for its use, (the letter for consent at Annex A will be used for this), but will be used at the first aider's discretion if contact is not possible and the pupil's health deteriorates. In the event that the school emergency inhaler is used, parents will be contacted immediately and asked to bring medication to school. **Please read the use of emergency salbutamol inhalers in school section on page 3 of this policy.** Parents will also be notified in writing using the letter in Annex B.

Record Keeping

When a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form and all medical conditions are recorded. This information is then held centrally in the School Office and added to Class Medical Lists, so that teachers have easy access to any medical conditions of children

within the class including any individual asthma management plans. When cover arrangements or PPE are in place, it is the responsibility of the class teacher to inform the cover staff of any medical conditions.

Exercise and Activity – PE and Games

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers and external providers of clubs at the school are aware of which pupils have asthma from the school's asthma register. Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. Class teachers follow the same principles as described above for games and activities involving physical activity. All medication used is recorded in the class first aid book or Record of Medication Administered in the School Office.

After School Clubs

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs. PE teachers, class teachers and out-of-hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

When a Pupil is Falling Behind in Lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the special education needs coordinator about the pupil's needs, and, if necessary, will refer to the school nurse for guidance. The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

Asthma Attacks

All trained first aid staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. In the event of an asthma attack the school follows the procedure outlined by Asthma UK on its website. We also hold 'Asthma Plans' for each of our children diagnosed with asthma, which lists medicines the children need to take, what to do if their asthma deteriorates and what to do in an asthma attack.

Use of Emergency Salbutamol Inhalers in School

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allow schools to keep a salbutamol inhaler for use in emergencies. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.

At St Joseph's, we hold an Emergency Salbutamol Inhaler in the school office and we will ensure that it will 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 an inhaler as reliever medication. A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

We have arrangements for the supply, storage, care and disposal of the inhaler and spacers in line both the classroom and the main office.

Also in place will be the following:-

- Childs Health List in each classroom of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler. There will be a list in the front of all children who have parental permission for the use of the Emergency Inhaler. This allows for

the staff to have a quick check for initiating the emergency response;

- Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use. (The draft letter for consent at Annex A will be used for this);
- Keeping a record of parental consent on the asthma register will also enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent will be updated regularly to take account of changes to a child's condition;
- Appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions;
- Keeping a record of use of the emergency inhaler as required by Supporting Pupils at School with Medical Conditions policy and informing parents or carers that their child has used the emergency inhaler. The draft letter at Annex B will be used to notify parents.
- A copy of each child's medical protocol will be kept in the school office with a copy given to the relevant class teacher.
- The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

Our emergency asthma inhaler kit includes:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with termly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers
- a list of children permitted to use the emergency inhaler as per parental consent form.
- a record of administration (i.e. when the inhaler has been used).
-

We will be keeping one emergency kit which will be kept in the SCHOOL OFFICE which is known to all staff and to which all staff have access at all times. **The inhaler and spacer will not be locked away but will be out of the reach and sight of children.**

The emergency inhaler will be clearly labelled to avoid any confusion with a child's inhaler.

Storage and Care of the Inhaler

School office staff should have responsibility for ensuring that:

- On a termly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- That replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself, however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed and the plastic inhaler housing and cap should be washed in warm running water and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, the cap replaced and the inhaler returned to the designated storage place.

Responding to Asthma Symptoms and an Asthma Attack

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need. For this reason, the emergency inhaler should only be used by children who have been diagnosed with asthma and prescribed a reliever inhaler, or who have been prescribed a reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.

Common 'day to day' symptoms of asthma are:

- Coughing
- Wheezing (a whistle sound when you breathe)
- Breathlessness
- Chest tightness

Experiencing one or more of these symptoms could mean you have asthma. It's more likely to be asthma if your symptoms keep coming back, are worse at night, or happen when you react to a trigger – such as exercise, weather or an allergy.

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- **Going blue**
- If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- **Has collapsed**

Responding to signs of an asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available or there is a problem i.e.: broken, empty, out of date, not in school, use the emergency inhaler which is located in the school office
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Recording Use of the Inhaler and Informing Parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.

Supporting pupils requires written records to be kept of medicines administered to children. The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The draft letter at Annex B will be used to notify parents.

Staff

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

In the following advice, the term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, been trained to do this and are identified in the school's asthma policy as someone to whom all members of staff may have recourse in an emergency.

Our staff have appropriate training and support, relevant to their level of responsibility.

ALL staff are informed of:

- symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;

Staff who administer inhalers have had appropriate training and are:

- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help;
- trained to administer salbutamol inhalers through a spacer;

The school nursing team will either deliver this training each year to all members of school staff or provide online training for staff.

Designated members of staff are trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
 - responding appropriately to a request for help from another member of staff;
 - recognising when emergency action is necessary;
- making appropriate records of asthma attacks.

At St Joseph's:

- two individuals are responsible for overseeing the protocol for use of the emergency inhaler and monitoring its implementation and for maintaining the asthma register;
- Office staff are responsible for the supply, storage care and disposal of the inhaler and spacer.

Monitoring and Evaluation of the Policy

The policy will be regularly monitored by the school's Inclusion Leader and any necessary changes will be reported to the Local Governing Committee.



CONSENT FORM FOR USE OF EMERGENCY SALBUTAMOL INHALER
St Joseph's Catholic Primary School

Child showing symptoms of asthma/having an attack.

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler
2. My child has a working, in date inhaler, clearly labelled with their name, which is in school.
3. In the event of my child displaying symptoms of asthma and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed and dated :

Name (print) :

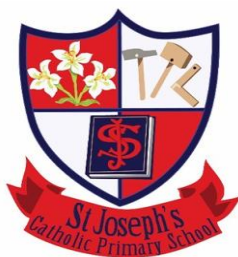
Child's name :

Class :
.....

Parent's address and contact details.....
.....
.....

Telephone:

E-mail :



LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Dear

This letter is to formally notify you that.....has had problems
with his / her breathing today. This happened when.....

.....
A member of staff helped them to use their asthma inhaler. OR

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

OR

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

Asthma Pumps in Primary Schools

Dear parent/carer

Your child has an asthma pump in school.

Below are the School's guidelines with regards to asthma pumps in school.

1. All asthma pumps will be kept in the class First Aid box.
2. All asthma pumps will be named.
3. With the pump there will be a copy of the written evidence from parents of the frequency of usage necessary for each individual child. This is to ensure that if a child appears to need their pump rather too frequently, then the parent can be informed.
4. We strongly encourage independence so your child will not be restricted from using their pump during the course of the school day, but it is considered courteous to make the normal requests of the teacher first.
5. If the child needs their pump during break times, a request to a member of staff must be made first before entering the building, where an adult will accompany them. If the child always needs their pump during lunchtime, then the child can give it to a Midday Supervisor for safekeeping in the First Aid box.

If you wish to see the School Medical Policy, please make a request to the school office.

Would you please sign and return the slip below indicating your agreement to keep the pump in the care of the teacher or other staff member.

I agree and accept the above guidelines regarding asthma pumps in school

Signed _____ Print _____ Parent/Guardian

Child's Name: _____ Class: _____