Phoenix Arch School

Kind, Curious, Creative and Collaborative

Asthma Policy

2026–27

School	Phoenix Arch School
Policy owner	Headteacher / Designated Safeguarding Lead
DSL	Falu Mehta
Deputy DSLs	Lennie Sarkis and Luana Oancea
Asthma Lead	Jason Llyod
Approval	Governing Body – September 2026
Review date	September 2027, or sooner if statutory guidance changes

11 Purpose and scope

This policy applies throughout the school day, including clubs, playgrounds, therapy sessions and activities organised by the school away from the premises. It covers pupils with diagnosed asthma and pupils prescribed a reliever inhaler while their respiratory condition is being assessed. Staff do not diagnose asthma or change prescribed treatment.

Phoenix Arch is a special primary school for autistic pupils, including pupils with significant learning difficulties, complex needs and limited or no functional speech. Staff must recognise each pupil's usual presentation and provide support matched to their communication, sensory and physical needs. Breathlessness or changes in behaviour must not automatically be attributed to anxiety or dysregulation.

2 Policy framework

The Governing Board will make arrangements to support pupils with medical conditions under section 100 of the Children and Families Act 2014, taking account of Department for Education statutory guidance. Where asthma amounts to a disability, the school will make reasonable adjustments under the Equality Act 2010. Individual healthcare plans will be coordinated with Education, Health and Care Plans where relevant.

Read this policy alongside the school's arrangements for supporting medical conditions, administering medicines, first aid, safeguarding, allergies and anaphylaxis, educational visits and data protection. Clinical instructions in the pupil's current personalised asthma action plan must be available to staff.

3 Understanding asthma

Asthma affects the airways and can cause coughing, wheezing, chest tightness and shortness of breath. Symptoms may be triggered by exercise, respiratory infections, pollen, dust, mould, smoke, pollution, cold air or other individual factors. An asthma attack can be life-threatening.

Reliever medication treats symptoms. Preventer medication reduces airway inflammation and is taken as prescribed, often at home. Some pupils may have a combined maintenance and reliever therapy inhaler (MART) or an anti-inflammatory reliever (AIR). Staff must identify the medicine by its prescription and action plan, rather than relying on colour. Different inhalers require different techniques and dosing instructions.

4 Responsibilities

Governing Board

The Governing Board approves and reviews the policy, checks that staffing, resources and training are sufficient, and assures itself that insurance covers agreed medical support. It receives anonymised information about significant incidents and recurring difficulties.

Headteacher

The Headteacher is accountable for implementation, appoints an asthma lead and deputy, arranges cover for absence and school visits, and ensures staff can obtain clinical advice. The Headteacher confirms the practical arrangements listed in section 13 before the policy is brought into use.

Asthma lead and deputy

The asthma lead and deputy maintain the asthma register, consent records, healthcare plans and training records. They coordinate medication checks and emergency kit maintenance, review incidents and liaise with parents and the school nursing team. At least two named staff will oversee emergency kit arrangements.

Class teachers and support staff

Class staff read the relevant plans, know each pupil's signs and triggers, and ensure inhalers travel with pupils between activities. They make effective handovers to colleagues and visiting or supply staff. Staff administering medication must have appropriate training and demonstrated competence in the pupil's device and support needs.

All staff

All staff must recognise warning signs, know how to summon help and locate medication, and act immediately in an emergency. A member of staff stays with the pupil while another brings the inhaler and spacer. Staff must not send a breathless pupil unaccompanied to find help.

Parents and carers

Parents inform the school of asthma, prescribed inhalers, recent attacks and changes in treatment. They provide labelled, in-date medication, a suitable spacer and mask where prescribed, written administration consent and a current clinician-issued action plan. They replenish medication when requested and provide current emergency contacts.

Pupils and healthcare professionals

Pupils contribute to their plans using their preferred communication method and are supported to identify discomfort and ask for help. The school seeks advice from the school nursing team, GP, asthma nurse or specialist team about medication, technique, training and individual risks. Parents remain responsible for arranging clinical reviews.

5 Identifying pupils and planning support

The school asks about asthma and inhalers at admission and checks information with families at the start of each school year. The asthma lead records all pupils with asthma or a prescribed reliever inhaler on a secure register and updates it immediately when information changes.

The register records the pupil's name and class, prescribed reliever, action plan date, support required, medication location, emergency contacts and whether written consent for the school emergency inhaler is held. Relevant staff can access it promptly, including during offsite activities. Medical information is shared only with those who need it to provide safe care.

Every pupil on the register will have an individual healthcare plan (IHCP) agreed with parents and informed by healthcare advice, supported by a personalised asthma action plan (PAAP). The IHCP must identify:

- Usual symptoms, observable warning signs, triggers and any history of serious attacks.
- Medication name, strength, device, prescribed doses, timing and emergency instructions, including any different maximum dose.
- Spacer and mask requirements, positioning, administration technique and level of adult assistance.
- Communication methods, signs of distress and helpful sensory adjustments.
- Inhaler storage, movement between activities, named support and staff cover.
- Emergency contacts, escalation, emergency inhaler consent and arrangements for trips and transport handovers.

Plans are reviewed at least annually and promptly after an attack, hospital attendance, treatment change or difficulty administering medication. Staff must seek clinical clarification when instructions conflict or are unclear. In an emergency, call 999 and follow the dispatcher's advice rather than delaying treatment to resolve paperwork.

6 Communication and sensory support

Staff use familiar adults, brief instructions, Widgit or other visuals, Makaton, objects of reference or the pupil's communication aid as appropriate. Planned practice with demonstration equipment can help pupils tolerate a spacer or mask; medication is given only as prescribed. Seek clinical advice on suitable devices and masks rather than improvising equipment.

Staff look for changes from the pupil's baseline, such as reduced activity, unusual quietness, distress, altered breathing, coughing or difficulty tolerating familiar tasks. A pupil who does not normally speak cannot be assessed by their ability to finish sentences. Observe breathing effort, colour, alertness and ability to engage instead. Lack of an audible wheeze does not establish that the pupil is safe.

If a pupil refuses or cannot tolerate treatment, stay calm, record what happened and follow their healthcare plan. Do not force the device or improvise restraint. If breathing is worsening or effective treatment cannot be delivered, call 999 promptly. Sensory support must never delay emergency help.

7 Medication access and administration

Each pupil's reliever inhaler and compatible spacer must be immediately accessible whenever the pupil is in school or on a school activity. Store them in a clearly labelled individual medical bag or identified accessible location recorded in the IHCP. Keep them safe from other pupils, away from heat and direct sunlight, following the manufacturer's instructions. Emergency access must not depend on finding a key or a particular member of staff.

Medication is accepted in its original dispensing packaging with a pharmacy label showing the pupil's name and instructions. Staff check the pupil, medicine, dose, route and timing against the written plan and consent before routine administration. They follow the prescribed device technique, including use of a compatible spacer for a pressurised metered dose inhaler where specified.

Self-administration is agreed individually with parents and healthcare professionals and recorded in the IHCP. Staff assess the pupil's understanding, ability and supervision needs; age alone does not determine independence. Where a pupil carries medication, arrangements must also protect it from loss or access by others.

Class staff check at the start of each day that the pupil's medication and equipment are available. The asthma lead arranges documented monthly checks of expiry dates, dose availability and device condition, with further checks after use. Parents are contacted early for replacements. An emergency kit supplements a pupil's own supply; it is not a routine replacement for it.

After any administration, record the date, time, medicine, number of puffs or dose, reason, response and staff member. Record supervised self-administration too. Inform parents the same day of reliever use, and immediately after an attack or emergency escalation. Repeated or increasing use, symptoms limiting activity or asthma-related absence are brought to parents' attention for clinical review.

8 School emergency salbutamol inhaler

Phoenix Arch will maintain school emergency salbutamol inhaler kits once the Headteacher has confirmed procurement, staff competence and the arrangements in section 13. A school emergency inhaler may be used when an eligible pupil's own reliever is unavailable, empty or unusable.

Eligibility requires a prescribed reliever inhaler and explicit written parental consent for the school emergency inhaler. A diagnosis of asthma alone is insufficient without the prescribed inhaler. Consent is recorded on the register, checked before use and reviewed annually. An opt-out arrangement does not replace written consent. Where eligibility or consent cannot be established, call 999 for an asthma emergency and follow the dispatcher's instructions.

Each kit contains a salbutamol metered dose inhaler, at least two compatible spacers, suitable masks where needed, device and cleaning instructions, an eligibility and consent list, administration records and a maintenance checklist. The kit is clearly labelled and stored separately from pupils' own supplies in a staff-accessible location, out of pupils' reach and not locked away.

The lead and deputy check kits monthly and after use, recording expiry, batch number, available doses and equipment condition. They prime and maintain inhalers according to the manufacturer's instructions. Used emergency spacers are not shared between pupils; allocate to the pupil or dispose of them appropriately and replace the stock. Clean the inhaler housing and cap as directed and allow

them to dry fully before reuse. Remove any inhaler at risk of blood contamination from service. Arrange pharmacy disposal of unwanted or expired inhalers.

9 Responding to an asthma emergency

This procedure applies to a suspected asthma attack. For mild symptoms, follow the pupil's PAAP and monitor closely. Escalate immediately if symptoms persist or worsen. Do not wait for parental permission, a first aider or the Headteacher before calling 999.

Recognise danger and call 999

Call 999 immediately if the pupil is struggling to breathe, deteriorating rapidly, exhausted, unusually drowsy, becoming blue or grey around the lips, collapsing or unable to communicate as usual because of breathlessness. Also call if there is no usable reliever inhaler or the pupil fails to improve after the maximum emergency dose. Describe a suspected asthma attack and the pupil's communication and medical needs.

Act promptly

1. Stay with the pupil, stop the activity and help them sit upright in a comfortable position. Reassure them and avoid unnecessary movement. Do not make them lie down or walk to another room for medication.
2. Ask another adult to bring the pupil's inhaler, spacer and action plan and summon support. Use the pupil's own prescribed reliever first. Use the school emergency salbutamol inhaler only under section 8.
3. For a salbutamol blue reliever inhaler, give one puff every 30 to 60 seconds, up to 10 puffs, unless the pupil's PAAP specifies different emergency instructions. Shake between puffs. Give each puff separately through the compatible spacer, allowing the pupil to breathe through it as taught. Use their prescribed mask if needed.
4. For a pupil prescribed an AIR or MART reliever, follow that pupil's written PAAP for their medicine, device, timing and maximum dose. Do not apply salbutamol dosing to a different medicine. If instructions are unavailable or unclear during an attack, call 999 and follow advice.
5. Call 999 at any point if concerned or the pupil is worsening. If there is no improvement after the maximum emergency dose, call 999 if this has not already been done.
6. If symptoms have not improved after 10 minutes and the ambulance has not arrived, repeat up to the same maximum reliever dose, following the PAAP and dispatcher's advice. Record doses and times for the ambulance crew.
7. If the pupil becomes unresponsive and is not breathing normally, call 999 and begin CPR, following the dispatcher's instructions. Arrange an AED if available.

Other emergencies

Breathing difficulty may also arise from choking or anaphylaxis. Follow the appropriate first-aid procedure and call 999. Where anaphylaxis is suspected, use the prescribed adrenaline auto-injector promptly in accordance with the pupil's plan and training; an asthma inhaler must not delay adrenaline or emergency help.

Handover and follow up

A second adult contacts parents, alerts senior leaders and arranges access for the ambulance. Give the crew the pupil's plan, medication details, dose times and relevant medical history. An adult accompanies the pupil if parents are unavailable, with staffing arrangements made for the remaining pupils.

Keep the pupil supervised after improvement. Following an asthma attack, advise parents to obtain urgent clinical review, within two days even if the pupil has recovered, or sooner as directed. Record the incident, inform the asthma lead and review the plan and provision before resuming normal activities. Returning to class after mild symptoms is based on recovery and the PAAP; sending a pupil home is not a substitute for emergency treatment.

10 Participation and activities away from school

Pupils with asthma are supported to take part in PE, dance, play, swimming and visits. Staff follow any prescribed medication before activity, provide suitable warm-up and breaks, and stop activity when symptoms develop. Asthma alone is not a reason to exclude a pupil from an activity or require a parent to attend.

Before every visit, the trip leader checks the pupil's plan, reliever, spacer, consent, trained staffing and emergency contacts. Medication stays with a responsible adult or the pupil under agreed supervision, including during travel. An emergency kit is taken where appropriate, with eligibility information, while ensuring adequate provision remains at school. Missing medication is escalated to the Headteacher for a safe solution and risk assessment before departure.

Transport arrangements and handovers must identify who holds medication and who can assist during travel. School staff check that the pupil's inhaler is not left inaccessible in a bag, vehicle or office after a handover. Separate arrangements are agreed with transport providers rather than assuming escorts are trained to administer medication.

Staff reduce avoidable exposure to known triggers, including smoke, strong sprays, dusty resources and identified allergens. Premises concerns such as mould are reported promptly. Individual risks associated with pollen, pollution, cold weather or animals are considered when planning outdoor and sensory activities.

11 Training and staff cover

All staff receive asthma awareness at induction and an annual update covering symptoms, communication differences, medication locations, emergency escalation and this policy. Staff directly supporting a pupil receive specific training in their plan and device, including spacer or mask use. Training is refreshed whenever treatment or equipment changes, after concerns about technique, and as advised by healthcare professionals.

The Headteacher ensures sufficient competent staff and cover for breaks, absence, supply staffing and trips. A first-aid certificate alone does not establish competence in a particular inhaler. Training records identify the trainer, content, date, competence confirmed and review date. The school obtains healthcare advice on any additional support required.

12 Monitoring and concerns

The asthma lead reviews reliever-use records, incidents, asthma-related absence, missing medication and the effectiveness of reasonable adjustments. Emerging concerns are discussed with parents and the school nursing team. Senior leaders review significant incidents promptly and report relevant learning to governors without unnecessary personal information.

Parents may raise concerns with the class teacher or asthma lead, then the Headteacher. Unresolved concerns follow the school's complaints procedure. Health information and medicine records are held securely under the school's retention arrangements; any safeguarding concern is recorded through safeguarding procedures as well as the medical record.

13 Arrangements to confirm before implementation

The Headteacher must complete and communicate the following details. These are operational assignments, not requests for new clinical instructions.

Asthma lead and deputy names: Jason Llyod and Lennie Sarkis

School nursing team contact and advice route: Prisca Anyanwu

Community Staff Nurse - Brent School Nursing Central London Community Healthcare NHS Trust
Sudbury Primary Care Centre Watford Road, Wembley, Middlesex HA0 3HG
Email: Prisca.anyanwu1@nhs.net | Mobile no: 07787284888
Brent SN & HV: 0208 102 4900 | SN SPA: CLCHT.brentsnspaduty@nhs.net

Locations of emergency kits and pupil medication: Medical Room

Staff responsible for daily checks and monthly maintenance: **Jason Llyod**

Training provider and dates for staff competence checks:

Community Staff Nurse - Brent School Nursing Central London Community Healthcare NHS Trus

Confirmation of emergency kit stock and relevant insurance cover: **Patricia Kellett**

Appendix A Individual asthma support record

Complete with parents and the relevant healthcare professional. Attach the current clinician-issued PAAP. This record supports the IHCP and does not replace clinical prescribing instructions.

Pupil name and date of birth

_____

Class and key adults

_____

Parent contacts and emergency contact numbers

_____

Diagnosis or reason reliever is prescribed and relevant medical history

_____

_____

Usual symptoms and early warning signs including non-verbal signs

_____

_____

Known triggers and adjustments

_____

_____

Medication name strength device and spacer or mask

_____

_____

Prescribed routine and emergency instructions including dose timing and maximum dose

_____

_____

Communication sensory support and help needed for administration

_____

_____

Medication location and arrangements for PE trips and transport

_____

Emergency inhaler written consent held and date

_____

PAAP date attached and review date

_____

Parent signature: _____ Date: _____
School representative: _____ Date: _____
Healthcare professional involved: _____

Appendix B Consent for the school emergency inhaler

The school emergency salbutamol inhaler is a backup when your child's own reliever inhaler is unavailable or unusable. It is administered by trained staff under the school's asthma emergency procedure. Please continue to provide your child's prescribed medication and equipment.

Pupil name date of birth and class

_____

Prescribed reliever inhaler and any relevant clinical advice

_____

_____

Please select one option:

[ ] I give written consent for my child to receive the school emergency salbutamol inhaler when their own reliever is unavailable or unusable, in accordance with the school asthma policy. I confirm that my child has been prescribed a reliever inhaler.

[ ] I do not give consent for the school emergency salbutamol inhaler. I understand that the school will still seek emergency medical help when required.

I will notify the school promptly of changes to my child's prescription or asthma action plan. I understand that staff will inform me whenever the school emergency inhaler is used. I can change my decision by notifying the school in writing.

Parent or carer name

_____

Signature: _____ Date: _____
School checked prescription and register updated by: _____
Date: _____ Consent review due: _____

Appendix C Medication and incident record

Complete one record for each episode. Use an additional sheet for further doses.

Pupil name class date and activity

_____

Symptoms observed and time they began

_____

_____

Medication and device used including own or school emergency inhaler

_____

For each administration record time dose number of puffs staff name and pupil response

_____

_____

_____

Time 999 called advice received and ambulance handover

_____

_____

Parent contacted by time and information given

_____

Recovery further care action plan review and medication replacement required

_____

_____

Completed by: _____ Date: _____

Appendix D Emergency kit maintenance and training

Keep a maintenance record with each kit and an up-to-date copy of the eligibility and consent list. Review monthly and after use. Escalate any missing, expired or faulty equipment immediately and arrange replacement.

Kit location and staff responsible

_____

Check date inhaler batch expiry and available doses

_____

Inhaler condition priming and manufacturer instructions checked

_____

Number of unused compatible spacers and suitable masks

_____

Eligibility list instructions and administration forms current

_____

Cleaning replacement and disposal actions completed

_____

_____

Checked by and next check due

_____

Staff training record

Staff name role and date

_____

Trainer and training content including pupil specific devices

_____

_____

Competence confirmed by and further support required

_____

Review or refresher date

_____

Sources and review basis

Department for Education Supporting pupils at school with medical conditions, December 2015

View source guidance

Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015

View source guidance

NHS Asthma including asthma attack advice

View source guidance

Guidance checked on 30 September 2026. The emergency salbutamol timing in this policy follows current NHS public advice. The school nursing team should confirm compatibility with individual clinical action plans when reviewing implementation.