University Schools Trust
A transformational education

Cyril Jackson School
Part of University Schools Trust
Inspiring Minds Through Opportunity

Asthma Policy

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0. Document Control

The table below contains the changes made between the different final editions of this document set for approval. This is to help provide information to those reviewing and approving the document of the changes being made.

Document Edition	Section	Details of change
2023-2024 December	All	Asthma and Allergy Policy split into two separate policies.
2024-2025 December	All	Reformatted
2024-2025 December	Section 4	Review of "roles and responsibilities"
2025-2026 December	All	Date change
2025-2026 December	Section 3	Update to legislation and guidance

Contents

0. Document Control 3
1. Definitions 5
2. Scope of the Policy 5
3. Links to Legislation and Guidance Documents 5
4. Roles and Responsibilities 6
5. Asthma Medicines 9
6. Asthma Inhaler 9
7. Asthma Action Plan 10
8. Symptoms of an Asthma Attack 11
9. Response to an Asthma Attack 11
10. Emergency Procedures 12
11. Record Keeping 12
12. Reporting to the HSE 13
13. Exercise and Physical Activity 13
14. School Environment 14
15. School Trips 14
16. Training 15

1. Definitions

The "Trust" refers to the company known as the University Schools Trust, East London and all Trustees, Governors and Staff who work within it.

"The school" refers to an individual academy within the Trust, as denoted by their Unique Reference Number. As such a 'school' may span one or several phases of education to the individual academies within the Trust. Depending on the context the term "School" may refer to a singular academy or to all of the academies within the Trust but as separate entities.

"Schools" have a legal duty to work in partnership with families and to involve all those with parental responsibility in their child's education.

2. Scope of the Policy

Cyril Jackson recognises that asthma is a serious but controllable condition and welcomes all pupils with asthma. This policy sets out how the school ensures that pupils with asthma can participate fully in all aspects of school life including physical exercise, school trips and other out-of-school activities. It also covers how the school enables pupils with asthma to manage their condition effectively in school, including ensuring immediate access to reliever inhalers where necessary.

This policy aims to:

- Manage pupils with asthma effectively and safely at school.
- Support the appropriate use of salbutamol inhalers and adrenaline auto-injectors in emergencies.
- Reduce school absence and indirectly improve academic performance.
- Empower school staff to identify children with poorly controlled asthma.
- Improve asthma communication between education and health services.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

3. Links to Legislation and Guidance Documents

3.1. Relevant Internal Documents

This policy should be read in conjunction with the following policies and documents.

- Supporting Pupils with Medical Needs
- Child Protection Policy
- Complaints Policy
- Data Protection Policy
- First Aid Policy
- Health & Safety Policy
- Home School Agreement
- Safeguarding Pupils Travelling to and From School
- SEND Policy

- Trips Policy

3.2. Relevant External Documents

Relevant external documents to refer to are the:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- DfE (2015) 'Supporting pupils at school with medical conditions'
- Equality Act 2010
- Asthma UK (2020) 'Asthma at school and nursery'
- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2025) 'Keeping children safe in education'

4. Roles and Responsibilities

4.1. The Trust / School Committee

The Trust has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

The Trust is responsible for:

- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that adequate equipment and facilities are provided for the school site.
- Ensure the health and safety of staff and pupils is protected on the school premises and when taking part in school activities.
- Ensure that this policy, as written, does not discriminate against any of the protected characteristics, in line with the Equality Act 2010.
- Handle complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensure this policy is effectively monitored and updated.
- Report any successes and failures of this policy to the headteacher, members of school staff, local health authorities, parents and pupils.
- Provide indemnity for teachers and other members of school staff who volunteer to administer medicine to pupils with asthma in need of help.

4.2. Headteacher

The Headteacher is responsible for the implementation of this policy, including:

- Ensure this policy is effectively implemented and communicated to all members of the school community.
- Arrange for all members of staff to receive training on supporting pupils with asthma. Ensure all supply teachers and new members of staff are made aware of this policy and provided with appropriate training.
- Monitor the effectiveness of this policy.
- Ensure that first aiders are appropriately trained regarding asthma, e.g. supporting pupils to take their own medication and caring for pupils who are having asthma attacks.

- Delegate the responsibility to check the expiry date of spare reliever inhalers and maintain the school's asthma register to a designated member of staff.
- Report incidents and other relevant information to the governing board and LA as necessary.

4.3. Finance & Statutory Compliance Manager

The Statutory Compliance Manager is responsible for the implementation of this policy, including:

- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Reporting specified incidents to the LA/HSE when necessary (see section 6).

4.4. Inclusion Officer

The Inclusion Officer is responsible for:

- Support in the development and implementation of this policy.
- Provide regular training for members of school staff in managing asthma.
- information about where the school can procure specialist asthma training.
- Be on hand if a pupil with asthma is experiencing symptoms that require additional medical supervision.

4.5. Appointed Person(s)

Cyril Jackson's 'appointed persons' are the Inclusion Officer and the Statutory Compliance Manager.

They are responsible for:

- Taking charge when someone is injured or becomes seriously ill.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Keeping their contact details up to date.

4.6. PE Staff

PE staff are expected to:

- Understand asthma and its impact on pupils – pupils with asthma should not be forced to take part in activities if they feel unwell.
- Ensure pupils are not excluded from activities that they wish to take part in, provided their asthma is well-controlled.
- Ensure pupils have their reliever inhaler with them during physical activity and that they are allowed to use it when needed.
- Allow pupils to stop during activities if they experience symptoms of asthma.
- Allow pupils to return to activities when they feel well enough to do so and their symptoms have subsided (the school recommends a five-minute waiting period before allowing the pupil to return).

- Remind pupils with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up.
- Ensure pupils with asthma always perform sufficient warm-ups and cool-downs.

4.7. All Staff

All staff are expected to:

- Read and understand this policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in the event of an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents if their child has had an asthma attack.
- Inform parents if their child is using their reliever inhaler more than usual.
- Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom.
- Ensure pupils who are unwell due to asthma are allowed the time and resources to catch up on missed school work.
- Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms.
- Be aware that pupils with asthma may experience bullying due to their condition, and understand how to manage these instances of bullying.
- Make contact with parents, the inclusion officer and the phase leader if a pupil is falling behind with their school work because of their asthma.

4.8. Pupils with Asthma

Pupils with asthma have a responsibility to:

- Tell their teacher or parent if they are feeling unwell due to their asthma.
- Treat the school's and their own asthma medicines with respect by not misusing the medicines and/or inhalers.
- Know how to gain access to their medication in an emergency.
- Know how to take their asthma medicine.

4.9. Pupils

All other pupils have a responsibility to:

- Treat other pupils, with or without asthma, equally, in line with the school's Behaviour Policy.
- Understand that asthmatic pupils will need to use a reliever inhaler when having an asthma attack and ensure a member of staff is called immediately.

4.10. Parents

Parents have a responsibility to:

- Inform the school if their child has asthma.

- Ensure the school has a complete and up-to-date asthma card for their child.
- Inform the school of the medication their child requires during school hours.
- Inform the school of any medication their child requires during school trips, team sports events and other out-of-school activities.
- Inform the school of any changes to their child's medicinal requirements.
- Inform the school of any changes to their child's asthmatic condition, e.g. if their child is currently experiencing sleep problems due to their condition.
- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their child's name.
- Ensure that their child's reliever inhaler and spare inhaler are within their expiry dates.
- Ensure their child catches up on any school work they have missed due to problems with asthma.
- Ensure their child has regular asthma reviews with their doctors or asthma nurse (recommended every 6-12 months).
- Ensure their child has a written Asthma Plan at school to help the school manage their child's condition.

5. Asthma Medicines

Parents will be required to label their child's inhaler with the child's full name and year group. Parents will ensure that the school is provided with a labelled spare reliever inhaler, in case their child's inhaler runs out, or is lost or forgotten. Reliever inhalers kept in the school's charge are held in the class's medical bag usually kept in the pupil's classroom, however the medical bag will be taken with the class on trips and to the other building.

Members of staff are not required to administer medicines to pupils, except in emergencies. Staff members who have volunteered to administer asthma medicines will be insured by the school's appropriate level of insurance which includes liability cover relating to the administration of medication.

Staff will administer the asthma medicines in line with the school's Administering Medication Policy.

This policy is predominantly for the use of reliever inhalers. The use of preventer inhalers is very rarely required at school. In the instance of a preventer inhaler being necessary, staff members may need to remind pupils to bring them in or remind the pupil to take the inhaler before coming to school.

6. Asthma Inhaler

The school keeps a supply of salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. These are kept in the school's emergency asthma kits.

Emergency asthma kits contain the following:

- A salbutamol metered dose inhaler
- Two plastic, compatible spacers
- Instructions on using the inhaler and spacer

- Instructions on cleaning and storing the inhaler
- Instructions for replacing inhalers and spacers
- The manufacturer's information
- A checklist, identifying inhalers by their batch number and expiry date
- A list of pupils with parental consent and/or individual healthcare plans permitting them to use the emergency inhaler
- A record of administration showing when the inhaler has been used

The school buys its supply of salbutamol inhalers from a local pharmacy. The emergency inhaler should only be used by pupils, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication. Parental consent for the use of an emergency inhaler should form part of any pupil with asthma's individual healthcare plan.

When not in use, emergency inhalers are stored in the NB inclusion office in the temperate conditions specified in the manufacturer's instructions, out of reach and sight of pupils, but not locked away.

Expired or used-up emergency inhalers are returned to a local pharmacy to be recycled. Spacers must not be reused in school, but may be given to the pupil for future home-use. Emergency inhalers may be reused, provided that they have been properly cleaned after use.
In line with the school's Supporting Pupils with Medical Conditions Policy and First Aid Policy, appropriate support and training will be provided for relevant staff, e.g. first aid staff, on the use of the emergency inhaler and administering the emergency inhaler.

Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration and the school's records. The records will indicate where the attack took place, how much medication was given, and by whom. The pupil's parents will be informed of the incident in writing.

The inclusion officer is responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining an asthma register.

The inclusion officer oversees the supply of salbutamol inhalers is responsible for:

- Checking that inhalers and spacers are present and in working order, with a sufficient number of doses, on a monthly basis.
- Ensuring replacement inhalers are obtained when expiry dates are approaching.
- Ensuring replacement spacers are available following use.
- Ensuring that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary.

7. Asthma Action Plan

Asthma UK evidence shows that if someone with asthma uses a personal asthma action plan, they are four times less likely to be admitted to hospital due to their asthma. Therefore, it is essential that all children with asthma have a personal asthma action plan at school to ensure their asthma is managed effectively within school and to prevent hospital admissions. The asthma plan needs to

have been completed by a healthcare professional. The school nursing team will support the schools but will not be completing the plans.

8. Symptoms of an Asthma Attack

Members of staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

Younger pupils may express feeling tightness in the chest as a 'tummy ache'.

9. Response to an Asthma Attack

In the event of an asthma attack, staff will follow the procedure outlined below:

- Keep calm and encourage pupils to do the same.
- Encourage the pupil to sit up and slightly forwards – do not hug them or lie them down.
- If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.
- If necessary, summon the assistance of a member of suitably trained first aid staff to care for the pupil and help administer an emergency inhaler.
- Ensure the pupil takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the pupil.

Staff will not administer any medication where they have not been trained to do so.

If there is no immediate improvement, staff will continue to ensure the pupil takes 2 puffs of their reliever inhaler every two minutes, until their systems improve, but only up to a maximum of 10 puffs.

If there is no improvement before the pupil has reached 10 puffs:

- Call 999 for an ambulance.
- If an ambulance does not arrive within 10 minutes, the pupil can administer another 10 puffs of the reliever inhaler as outlined above.

Staff will call 999 immediately if:

- The pupil is too breathless or exhausted to talk.
- The pupil is going blue.
- The pupil's lips have a blue or white tinge.

- The pupil has collapsed.
- You are in any doubt.

10. Emergency Procedures

Staff will never leave a pupil having an asthma attack unattended. If the pupil does not have their inhaler to hand, staff will send another member of staff or pupil to retrieve their spare inhaler. In an emergency situation, members of school staff are required to act like a 'prudent parent', i.e. making careful and sensible parental decisions intended to maintain the child's health, safety and best interests.

As reliever medicine is very safe, staff will be made aware that the risk of pupils overdosing on reliever medicine is minor. Staff will send another pupil to get another member of staff if an ambulance needs to be called. The pupil's parent will be contacted immediately after calling an ambulance.

A member of staff should always accompany a pupil who is taken to hospital by ambulance and stay with them until their parent arrives. Generally, staff will not take pupils to hospital in their own car unless in exceptional circumstances, e.g. where a pupil is in need of professional medical attention and an ambulance cannot be procured.

In these exceptional circumstances, the following procedure will be followed in line with the First Aid Policy:

- A staff member will call the pupil's parents as soon as is reasonably practical to inform them of what has happened, and the course of action being followed – parental consent is not required to acquire medical attention in the best interests of the child.
- The staff member will be accompanied by one other staff member, preferably a staff member with first aid training.
- Both staff members will remain at the hospital with the pupil until their parent arrives.

Responding to an incident can be stressful for the first aider. Following the incident, the first aider may require support such as a debrief from any ambulance crew on scene, an appointment with their GP, or mental health support from external helplines and websites located at the bottom of the government page 'Promoting and supporting mental health and wellbeing in schools and colleges'.

11. Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form.

The school keeps a record of all pupils with asthma, complete with medication requirements, on Medical Tracker. Parents will be required to inform the school of any changes to their child's condition or medication during the school year.

All emergency situations will be recorded on Medical Tracker, and staff practice evaluated, in line with the First Aid Policy.

An accident form will be completed on Medical Tracker by the member of staff reporting the incident on the same day or as soon as possible after an incident resulting in an injury.

As much detail as possible should be supplied when reporting an accident.

An AIR form must be completed for any serious, major or RIDDOR worthy accidents and handed into the Statutory Compliance Manager, who will investigate the accident and report it to the Trust, LA and HSE as necessary.

A copy of the accident report form will also be added to the pupil's educational record by the Pastoral Support Administrator.

First aid records on Medical Tracker and AIR forms will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

12. Reporting to the HSE

The Statutory Compliance Manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The statutory compliance manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Anaphylaxis

Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE http://www.hse.gov.uk/riddor/report.htm

13. Exercise and Physical Activity

Games, activities and sports are an essential part of school life for pupils. All teachers will know which pupils in their class have asthma and will be aware of any safety requirements.

Outside suppliers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity via the school's asthma register.

Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.

During sports, activities and games, each pupil's labelled inhaler will be kept in a box at the site of the activity. Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

The school believes sport to be of great importance and utilises out-of-hours sports clubs to benefit pupils and increase the number of pupils involved in sport and exercise. Pupils with asthma are encouraged to become involved in out-of-hours sport as much as possible and will never be excluded from participation. Members of school staff and contracted suppliers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in this policy.

14. School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma by:

- Regularly inspect and maintain ventilation systems to ensure proper ventilation and air quality
- Minimise potential asthma triggers, such as dust mites, mold, and pet dander, through routine cleaning and maintenance.
- Implement fragrance-free policies to reduce potential irritants for pupils with asthma.
- Consider the impact of common allergens and irritants when selecting cleaning products and classroom materials.
- Collaborate with physical education teachers to adapt activities for students with asthma, especially during high-pollen or poor air quality days.
- Encourage alternative options for students who may need modifications based on their asthma action plans.

As far as possible, the school does not use any chemicals in art or science lessons that are potential triggers for asthma. If chemicals that are known to be asthmatic triggers are to be used, asthmatic pupils will be taken outside of the classroom and provided with support and resources to continue learning.

15. School Trips

Schools should conduct a risk-assessment for any pupil at risk of anaphylaxis or wheeze taking part in a school trip off school premises, in much the same way as they already do so with regards to safe-guarding etc. Pupils at risk of anaphylaxis or wheeze should have their AAI/reliever inhaler with them, and there should be staff trained to administer AAI in an emergency. Schools may wish to consider whether it may be appropriate, under some circumstances, to take spare AAI(s)/reliever inhalers obtained for emergency use on some trips.

The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

16. Training

All staff should:

- Know how to recognise:
  - poorly controlled asthma
  - an acute asthma attack

- Be aware of the asthma policy.
- Know how to check if a pupil is on the asthma register.
- Know how to access the pupil's own medications and the emergency kit.
- Know which designated members of staff are trained to administer the medications and how to access their help.

Staff will receive yearly asthma updates. This training can be obtained by:

- Webinar session Asthma and allergy from school health
- Via e-learning on the Education for Health website