Asthma Policy

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1. Purpose

Beechwood School recognises asthma as a common long-term respiratory condition which can affect a student's health, wellbeing, attendance, learning and participation in school life.

The school is committed to supporting students with asthma so that they can attend school safely, participate fully in education, physical activity, educational visits and extracurricular activities, and develop appropriate independence in managing their condition.

This policy sets out the school's arrangements for supporting students with asthma and must be read alongside the school's:

- **Medical Policy**;
- **First Aid Policy**;
- **Health and Safety Joint Policy**;
- **Risk Assessment Policy**;
- **Off-Site Activities Policy**;
- **Nut Free Policy**;
- **Allergy Safety Policy**;
- **SEND Policy and Equality Policy**, where relevant;
- relevant Individual Healthcare Plans (IHPs);
- individual Asthma Action Plans provided by healthcare professionals.

Beechwood's Medical Policy provides the overarching arrangements for supporting students with medical conditions. This Asthma Policy provides additional, asthma-specific arrangements.

2. Legal and guidance framework

This policy has been developed with regard to:

- Children and Families Act 2014;
- Equality Act 2010;
- Department for Education **Supporting students with medical conditions at school** statutory guidance;
- Department of Health and Social Care guidance on **emergency asthma inhalers for use in schools**;
- Department for Education **Allergy Safety in Schools** statutory guidance, July 2026;
- Children's Wellbeing and Schools Act 2026;
- NICE/BTS/SIGN **Asthma: diagnosis, monitoring and chronic asthma management (NG245)**;
- current NHS asthma guidance;
- relevant first aid and health and safety guidance.

This policy will be reviewed and updated annually.

3. Definitions

Asthma

Asthma is a condition affecting the airways. Symptoms can include coughing, wheezing, shortness of breath and a feeling of tightness in the chest.

Asthma symptoms may be triggered or worsened by factors including exercise, respiratory infections, allergens, smoke, air pollution, cold air, stress and other individual triggers.

Asthma Action Plan

An **Asthma Action Plan** is the student's personalised clinical plan, normally provided by their GP, asthma nurse or other appropriate healthcare professional. It should explain the student's usual symptoms, triggers, prescribed medicines and what to do when symptoms deteriorate or an asthma attack occurs.

The current NHS guidance states that an individual's Asthma Action Plan should be followed where it specifies a different maximum dose from the general emergency advice.

Individual Healthcare Plan (IHP)

An IHP records the school-specific arrangements required to support an individual student with a medical condition. Where appropriate, the student's Asthma Action Plan should inform and be attached to their IHP.

4. Aims

Beechwood School will:

1. support students with asthma to access the full curriculum;
2. ensure students have timely access to their prescribed asthma medication;
3. ensure staff understand how to recognise and respond to asthma symptoms and attacks;
4. ensure appropriate staff receive suitable training;
5. maintain appropriate records of students with asthma and their individual support arrangements;
6. minimise avoidable exposure to known asthma triggers;
7. ensure asthma is appropriately considered within health and safety and activity risk assessments;
8. support students to develop independence in asthma management where clinically and developmentally appropriate;
9. work collaboratively with parents/carers and healthcare professionals;
10. ensure asthma is considered alongside allergy and anaphylaxis arrangements;
11. ensure emergency arrangements are available during PE, sport, educational visits, residential trips and extracurricular activities;
12. learn from asthma-related incidents and near misses.

5. Responsibilities

5.1 Headteacher

The Headteacher has overall responsibility for ensuring that the school has appropriate arrangements to support students with asthma and that this policy is implemented.

The Headteacher will ensure that:

- appropriate staff are identified and trained;
- emergency arrangements are maintained;
- asthma arrangements are incorporated into relevant risk assessments;

- the policy is reviewed at least annually or sooner where required;
- asthma arrangements are appropriately integrated with the Medical and Allergy Safety Policies.

5.2 Asthma Lead/Champion

The Asthma Lead/Champion will:

- maintain oversight of the school's asthma arrangements;
- maintain or coordinate the asthma register/medical record;
- ensure relevant IHPs and Asthma Action Plans are available to authorised staff;
- coordinate appropriate staff training;
- oversee the emergency asthma inhaler arrangements;
- monitor emergency inhaler checks, expiry dates and replacement;
- liaise with parents/carers and relevant healthcare professionals where appropriate;
- ensure asthma incidents and near misses are recorded and reviewed;
- support staff with asthma-related risk assessments;
- contribute to policy review.

5.3 Allergy Safety Lead

The Allergy Safety Lead will ensure that students whose asthma is associated with allergy are appropriately supported.

Where a student has both asthma and a diagnosed allergy or risk of anaphylaxis, the student's IHP and relevant Asthma/Allergy Action Plans must be considered together.

The school's separate Allergy Safety Policy must be followed for allergy and anaphylaxis management.

The 2026 DfE guidance specifically requires schools to have arrangements for identifying students with allergies, IHPs, staff training, emergency response, incident recording and learning from serious incidents and near misses.

5.4 All staff

All staff are responsible for:

- being aware of students they teach or supervise who have asthma, where relevant information has been shared with them;
- knowing how to obtain a student's medication promptly;
- supporting students to use their medication in accordance with their IHP/Asthma Action Plan;
- recognising signs of an asthma attack;
- knowing when to seek emergency assistance;
- reporting asthma incidents and concerns;
- maintaining confidentiality when handling medical information.

Staff must not prevent a student from accessing their prescribed asthma medication when it is required.

6. Asthma Register and individual arrangements

Beechwood will maintain an appropriate record of students known to have asthma.

Information will be obtained from parents/carers and, where appropriate, healthcare professionals.

The school will seek:

- confirmation of the student's diagnosis or prescribed asthma medication;
- an up-to-date Asthma Action Plan where available;
- an IHP where the student's needs require one;
- appropriate parental consent and medication arrangements;
- information about known triggers;
- information about the student's prescribed inhaler(s);
- information about whether the student is able to self-administer;
- information about any associated allergy or risk of anaphylaxis.

The school will review asthma information at least annually and whenever there is a significant change in the student's condition, medication or support needs.

Beechwood's Medical Policy arrangements for IHPs will apply.

7. Asthma medication

Asthma treatment varies between students and may include:

- an **anti-inflammatory reliever (AIR) inhaler**;
- a **maintenance and reliever therapy (MART) inhaler**;
- a separate preventer inhaler;
- a separate reliever inhaler such as salbutamol;
- other medication prescribed by the student's healthcare professional.

The school will **not assume that a student's reliever is necessarily a blue inhaler**.

Current NHS guidance recognises AIR, MART and separate preventer/reliever treatment. NHS guidance also states that a blue reliever inhaler should not be used on its own as the student's sole asthma treatment.

The student's prescribed medication and instructions will be recorded in their IHP/Asthma Action Plan where appropriate.

Medication required during the school day must be available to the student in accordance with their prescription, IHP and Asthma Action Plan.

The school will not routinely prohibit a student from bringing a prescribed preventer or other asthma medication to school where it is required during the school day.

8. Access to inhalers

Students must have **immediate access** to their prescribed reliever or other asthma medication whenever it is required.

This includes:

- classrooms;
- corridors and other school areas;
- PE lessons;
- sports facilities;
- outdoor activities;
- school trips and visits;
- residential trips;
- fixtures and competitions;
- extracurricular activities;
- other activities taking place away from the normal classroom.

Where a student is able to safely carry and self-administer their inhaler, they should be encouraged to do so.

Responsibility for carrying medication will be determined individually, taking account of:

- age;
- maturity;
- competence;
- clinical advice;
- the student's IHP/Asthma Action Plan;
- parental views.

There will be no blanket age or year-group rule determining when a student must carry their inhaler.

Where a student cannot safely carry their medication, an appropriate member of staff must ensure it is immediately accessible.

9. Supporting students to use their inhaler

Students who are able to self-administer should be encouraged and supported to do so.

Some students may require assistance because of:

- age;
- physical needs;
- inhaler technique;
- distress;
- severity of symptoms;
- communication difficulties;
- learning needs;
- other individual circumstances.

Appropriately trained staff may assist or administer medication in accordance with the student's IHP, Asthma Action Plan, parental consent and the school's Medical Policy.

Staff will not be required to administer medication for which they have not agreed to undertake responsibility or for which they have not received appropriate training.

Government first-aid guidance confirms that staff may be asked to support students with medication but cannot be required to do so.

10. Inhaler technique and clinical review

Where a student appears unable to use their inhaler effectively, the school will:

- provide appropriate support where trained staff are able to do so;
- discuss concerns with the parent/carer;
- recommend review by the student's GP, asthma nurse or other appropriate healthcare professional where appropriate;
- request an updated Asthma Action Plan where necessary.

The school does not provide clinical diagnosis or independently alter a student's prescribed asthma treatment.

11. Personal Asthma Action Plans

The school will encourage parents/carers to provide an up-to-date Asthma Action Plan from the student's healthcare professional.

The plan should, where applicable, identify:

- asthma triggers;
- usual symptoms;
- early warning signs;
- prescribed medication;
- when medication should be used;
- exercise arrangements;
- what to do during deterioration;
- what to do during an asthma attack;
- when emergency medical assistance should be sought;
- any individual variation from standard emergency advice.

Where the student has an IHP, the Asthma Action Plan should inform the IHP.

The plan should be reviewed following significant changes in treatment, a serious asthma attack or other significant deterioration.

12. Asthma and allergy

Some students may have asthma that is triggered or worsened by allergens.

Known triggers will be recorded in the student's individual healthcare arrangements where appropriate.

Where a student has both asthma and an allergy:

- the IHP must reflect both conditions where necessary;
- the Asthma Action Plan and Allergy Action Plan must be considered together;
- staff must know where the student's emergency medication is kept;
- relevant staff must understand the difference between an asthma attack and anaphylaxis;
- staff must follow the school's Allergy Safety Policy if anaphylaxis is suspected.

A salbutamol inhaler must not be regarded as a substitute for adrenaline where anaphylaxis is suspected.

Where anaphylaxis is suspected, staff must follow the student's Allergy Action Plan and the school's emergency anaphylaxis procedure without delay.

Beechwood's Nut Free Policy continues to apply to the school's arrangements concerning nuts and nut-containing products. It should be read alongside, and not instead of, the school's Allergy Safety Policy.

13. Allergy-aware environment

Beechwood will take reasonable and proportionate steps to reduce avoidable exposure to known asthma and allergy triggers.

Depending on individual circumstances, this may include consideration of:

- smoke and vaping;
- air pollution;
- poor ventilation;
- dust;
- mould;
- pollen;
- animal dander;
- cleaning products;
- fragrances;
- respiratory infections;
- known individual allergens;
- exercise;
- cold air.

The school cannot guarantee that all environmental triggers can be eliminated. Controls will therefore be proportionate and based on individual need and risk assessment.

The school will maintain its no-smoking and no-vaping arrangements.

14. Health and safety risk assessment

Asthma must be considered within relevant risk assessments where a student's condition creates an identifiable risk.

Risk assessments may be required for:

- PE and sport;
- school trips;
- residential visits;
- outdoor education;
- work experience;
- extracurricular activities;
- examinations or other extended activities;
- known environmental triggers;
- significant changes in a student's medical condition.

Risk assessments should identify:

1. the relevant hazard or trigger;
2. who may be harmed;
3. existing control measures;
4. additional measures required;
5. who is responsible;
6. arrangements for emergency medication;
7. arrangements for obtaining emergency assistance.

This is consistent with the school's Health and Safety Joint Policy and government health-and-safety guidance, which requires schools to assess and control risks arising from school activities, including off-site activities.

15. PE, sport and physical activity

Students with asthma should be encouraged to participate fully in PE, sport and physical activity unless their healthcare professional has advised otherwise.

Asthma must not automatically be a reason for excluding a student from physical activity.

Where exercise is a known trigger, the student's Asthma Action Plan should state any specific arrangements, including whether medication is prescribed before exercise.

Staff should:

- know which students have asthma where relevant;
- ensure prescribed medication is readily accessible;
- allow students to use their medication when required;
- monitor students appropriately;
- follow the student's Asthma Action Plan;
- seek emergency assistance where symptoms are severe or do not improve.

Warm-up and cool-down activities may be helpful for some students but should not replace prescribed medication or individual clinical advice.

16. Asthma and education

Beechwood recognises that poorly controlled asthma can affect:

- attendance;
- concentration;
- sleep;
- energy levels;
- participation;
- academic progress;
- emotional wellbeing;
- physical activity.

Where asthma appears to be affecting a student's education, the school will discuss the matter with the student and parent/carer and, where appropriate and with consent, relevant healthcare professionals.

The school may recommend that the student receives an asthma review where there are concerns about:

- increasing symptoms;
- frequent use of reliever medication;
- night-time symptoms;
- difficulty participating in normal activities;
- repeated asthma attacks;
- persistent absence associated with asthma;
- difficulty using medication effectively.

Current NHS advice identifies increasing reliance on salbutamol as a reason to seek clinical review.

Where asthma has a substantial and long-term adverse effect on normal day-to-day activities, the school will consider whether the student may meet the definition of disability under the Equality Act 2010 and whether reasonable adjustments are required.

17. Recognising an asthma attack

An asthma attack may include:

- increasing coughing;
- wheezing;
- shortness of breath;
- chest tightness;
- difficulty speaking normally;
- rapid or laboured breathing;
- visible effort when breathing;
- distress or exhaustion;
- symptoms that are not improving with the student's usual medication.

Staff should take seriously any student who reports that they are having difficulty breathing.

Where the student has an Asthma Action Plan, staff should follow it.

18. Emergency asthma procedure

18.1 Immediate response

If a student is having an asthma attack:

1. **Stay calm and stay with the student.**
2. Sit the student upright and encourage them to remain calm.
3. Obtain the student's prescribed reliever/AIR/MART inhaler immediately.
4. Follow the student's Asthma Action Plan where available.
5. If the student's prescribed inhaler is unavailable, consider the school's emergency salbutamol inhaler where the student meets the eligibility requirements and the school's emergency inhaler protocol permits its use.
6. Use a spacer where appropriate and available.
7. Monitor the student continuously.
8. If symptoms are severe, worsening, or fail to improve, call **999**.

Current NHS emergency advice differs according to the type of inhaler. For a blue reliever, NHS guidance states one puff every 30–60 seconds up to a maximum of 10 puffs; for an AIR or MART inhaler, one puff every 1–3 minutes up to a maximum of 6 puffs. If the student's personal Asthma Action Plan gives different instructions, that plan should be followed.

18.2 When to call 999

Call **999 immediately** if:

- the student becomes worse at any time;
- the student does not improve after the maximum dose specified by their Asthma Action Plan/current emergency advice;
- the student does not have access to an appropriate inhaler;
- the student is severely breathless;
- the student is unable to speak normally because of breathlessness;
- the student becomes exhausted, collapses or becomes unresponsive;
- there is significant concern about the student's condition.

Do not delay calling 999 while attempting to contact parents/carers.

A member of staff should remain with the student while emergency assistance is obtained.

The NHS advises calling 999 if an asthma attack is worsening, does not improve after the maximum dose, or the person does not have an asthma inhaler.

18.3 If an ambulance has been called

A member of staff will:

- remain with the student;
- continue to follow the Asthma Action Plan/emergency advice;
- continue monitoring the student;
- provide relevant information to ambulance personnel;
- contact the parent/carer;
- arrange for a responsible member of staff to accompany the student where required and in accordance with the school's emergency procedures.

If symptoms have not improved after 10 minutes and an ambulance has not arrived, current NHS guidance advises repeating the appropriate maximum dose of the asthma reliever where applicable.

19. Emergency salbutamol inhaler

Beechwood may maintain emergency salbutamol inhalers in accordance with the Department of Health and Social Care guidance.

The government guidance permits eligible schools to obtain salbutamol inhalers without a prescription for emergency use where a student with asthma, or a student prescribed a reliever inhaler, does not have access to their own prescribed inhaler.

Beechwood's emergency inhaler will only be used:

- in accordance with the school's emergency inhaler protocol;

- for an eligible student;
- where the student's own prescribed inhaler is unavailable or cannot be used;
- where the required consent and documentation are in place;
- by appropriately trained staff.

The emergency inhaler does not replace the student's own prescribed medication.

The school's emergency inhaler arrangements will include appropriate spacers and equipment.

20. Emergency inhaler storage and checks

The emergency asthma inhaler and associated spacer(s) will be:

- stored in a clearly identified and readily accessible location;
- available to trained staff;
- protected from unauthorised access while remaining rapidly accessible in an emergency;
- checked at least monthly;
- checked following every use;
- checked for expiry;
- checked for adequate remaining doses;
- replaced promptly following use or expiry;
- disposed of appropriately through a pharmacy or other suitable route where required.

The government emergency-inhaler guidance requires appropriate arrangements for storage, use, record keeping and replacement.

A record of checks will be maintained.

21. Emergency inhaler consent and records

The school will obtain written parental/carer consent where required for use of the emergency salbutamol inhaler.

The school will maintain appropriate records identifying students for whom emergency inhaler use is authorised.

Following use of the emergency inhaler:

- the incident will be recorded;
- parents/carers will be informed as soon as reasonably practicable;
- the student's Asthma Action Plan/IHP will be reviewed where appropriate;
- parents/carers will be advised to seek medical review where appropriate;
- the emergency inhaler will be checked and replaced if necessary.

22. Staff training

Beechwood will ensure that staff receive appropriate training to enable them to support students with asthma safely.

Training will include, as appropriate:

- understanding asthma;
- recognising asthma symptoms;
- recognising an asthma attack;
- understanding individual Asthma Action Plans;
- use of inhalers and spacers;
- supporting self-administration;
- emergency procedures;
- use of the school's emergency salbutamol inhaler;
- understanding the distinction between asthma and anaphylaxis;
- allergy awareness;
- emergency response to anaphylaxis;
- location and use of emergency medication;
- recording and reporting incidents.

All staff will receive appropriate **annual allergy-awareness and emergency-response training**, in accordance with the school's Allergy Safety Policy and the 2026 DfE statutory guidance.

Additional training will be provided to staff with specific responsibility for administering or supporting medication.

New, temporary, supply and agency staff will receive appropriate information and/or induction where their role requires them to supervise students with medical conditions.

The DfE's 2026 allergy-safety framework specifically includes staff training, emergency response, IHPs and incident/near-miss learning.

23. Off-site activities and residential visits

Asthma arrangements must be considered before a student participates in:

- educational visits;
- residential visits;
- sporting fixtures;
- outdoor education;
- work experience;
- school trips;
- extracurricular activities away from school.

The responsible member of staff must ensure that:

- the student's medication is available;
- emergency medication is accessible;
- relevant staff know the student's emergency arrangements;
- the student's Asthma Action Plan/IHP is available as appropriate;
- relevant risk assessments have been completed;
- emergency contact arrangements are known.

Medication must travel with the student or responsible supervising staff and must not be left inaccessible.

The school's Off-Site Activities Policy also applies.

24. Asthma, smoking and vaping

Beechwood operates a no-smoking and no-vaping environment.

Smoking, vaping and exposure to smoke or vapour can aggravate respiratory symptoms and will therefore be considered when managing asthma triggers and school activities.

25. Incident reporting and learning

All significant asthma incidents will be recorded using the school's established medical/first-aid recording arrangements.

Records should include, where relevant:

- date and time;
- location;
- symptoms;
- known trigger;
- medication administered or used;
- emergency inhaler use;
- staff involved;
- whether 999 was called;
- outcome;
- parent/carer notification;
- whether medical review was recommended.

The school will also record and review relevant **near misses**, such as:

- inhaler unavailable;
- medication inaccessible;
- expired emergency medication;
- failure to communicate an IHP;
- medication error;
- delayed emergency response;
- inadequate arrangements during a trip or activity.

Serious incidents and significant near misses will be reviewed to identify whether changes are required to:

- the student's IHP;
- the Asthma Action Plan;
- risk assessments;
- staff training;
- emergency medication arrangements;
- this policy or another related school policy.

This approach is consistent with the strengthened 2026 DfE approach to recording and learning from serious incidents and near misses.

26. Confidentiality and information sharing

Information about a student's asthma is confidential medical information.

Relevant information will nevertheless be shared with staff who need it to safely support the student.

Information sharing will be proportionate and consistent with:

- safeguarding requirements;
- UK GDPR/data protection requirements;
- the school's privacy policies;
- the student's best interests;
- the requirements of the student's IHP and emergency arrangements.

The school will ensure that staff who need to know about a student's asthma can access appropriate information without unnecessarily disclosing confidential medical information more widely.

27. Equality, inclusion and reasonable adjustments

Beechwood is committed to ensuring that students with asthma are not disadvantaged because of their medical condition.

Reasonable adjustments will be considered where appropriate.

These may include adjustments to:

- PE;
- physical activity;
- school trips;
- classroom environments;
- seating or ventilation;
- access to medication;
- attendance arrangements;
- examinations;
- extracurricular activities;
- other aspects of school life.

Asthma will not automatically prevent a student from participating in an activity.

28. Working with parents/carers and healthcare professionals

The school will work collaboratively with parents/carers and, where appropriate, healthcare professionals.

Parents/carers should inform the school of:

- a new diagnosis;
- changes in medication;
- changes in asthma symptoms;
- a hospital admission or significant asthma attack;
- changes to the Asthma Action Plan;
- changes in known triggers;
- changes in the student's ability to self-manage.

The school may request updated information where existing arrangements are no longer sufficient.

29. Review of the policy

This policy will be reviewed at least annually and sooner where:

- national guidance changes;
- clinical guidance changes;
- legislation changes;
- there is a serious incident;
- there is a significant near miss;
- Beechwood's Medical or Allergy Safety Policy changes;
- the school's asthma arrangements change.

The policy review will be coordinated with the annual review of the school's Medical Policy and Allergy Safety Policy where appropriate.

30. Related Beechwood School policies and documents

This policy must be read alongside:

1. **Medical Policy**
2. **Allergy Safety Policy**
3. **First Aid Policy**
4. **Health and Safety Joint Policy**
5. **Risk Assessment Policy**
6. **Off-Site Activities Policy**
7. **Nut Free Policy**
8. **SEND Policy**
9. **Equality Policy**
10. relevant Individual Healthcare Plans
11. individual Asthma Action Plans
12. relevant emergency and critical-incident procedures.

31. References and guidance

Department for Education

Allergy Safety in Schools – Statutory Guidance, July 2026

DfE Allergy Safety in Schools statutory guidance

Supporting students with medical conditions at school – statutory guidance

DfE Supporting students with medical conditions at school

Department of Health and Social Care

Guidance on the use of emergency salbutamol inhalers in schools

Emergency asthma inhalers for use in schools

NHS

Asthma

NHS Asthma guidance

How and when to use salbutamol inhalers

NHS salbutamol inhaler guidance

NICE / BTS / SIGN

Asthma: diagnosis, monitoring and chronic asthma management – NG245

NICE NG245 Asthma guideline

Beechwood School

This policy should be read alongside the current Beechwood School Medical, First Aid, Health and Safety, Off-Site Activities and Nut Free policies.

Beechwood School Policies

Appendix 1 – Emergency asthma quick-reference procedure

IF A STUDENT IS HAVING AN ASTHMA ATTACK

1. Stay with the student.

2. Sit the student upright and keep them calm.

3. Obtain their prescribed asthma inhaler immediately.

4. Follow their individual Asthma Action Plan.

5. If their prescribed inhaler is unavailable, use the school emergency salbutamol inhaler where the student is eligible and the emergency inhaler procedure permits its use.

6. Use a spacer where appropriate.

7. Call 999 immediately if:

- the student is getting worse;
- the student does not improve after the maximum dose specified by their plan/current emergency advice;
- the student does not have an appropriate inhaler;
- the student is severely breathless;
- the student cannot speak normally because of breathlessness;
- the student becomes exhausted, collapses or becomes unresponsive;
- you are seriously concerned at any time.

8. Stay with the student until help arrives.

9. Contact the parent/carer.

10. Record the incident and review the student's individual arrangements where required.

Important

If anaphylaxis is suspected, follow the Allergy Safety Policy and administer adrenaline in accordance with the student's Allergy Action Plan/emergency procedure. Do not use an asthma inhaler as a substitute for adrenaline.

Appendix 2 – Emergency salbutamol inhaler checklist

The Asthma Lead will check at least monthly that:

- ☐ emergency inhaler is present;
- ☐ inhaler is in date;
- ☐ sufficient doses remain;
- ☐ spacer(s) are present;
- ☐ equipment is clean and suitable for use;
- ☐ storage location remains accessible;
- ☐ student eligibility/consent records are current;
- ☐ emergency procedure is available;
- ☐ staff know where the kit is located;
- ☐ replacement arrangements are in place.

Date checked: _____ **Checked by:** _____

Action required:

_____

_____

Date action completed: _____

Appendix 3 – Asthma student record: minimum information

For each student requiring asthma support, the school should have access to appropriate information including:

- **Student name**
- **Form/tutor**
- **Parent/carer contact**
- **Asthma diagnosis**
- **Known triggers**
- **Usual symptoms**
- **Prescribed inhaler(s)**
- **Type of inhaler**
- **Spacer required:** Yes / No
- **Able to self-administer:** Yes / No
- **Pre-exercise medication required:** Yes / No
- **Asthma Action Plan supplied:** Yes / No
- **IHP required:** Yes / No
- **IHP date**
- **Emergency inhaler consent:** Yes / No / N/A
- **Allergy/anaphylaxis risk:** Yes / No
- **Allergy Action Plan/IHP:** Yes / No / N/A
- **Additional arrangements**

Appendix 4 – Annual policy implementation checklist

The Asthma Lead should confirm annually that:

- ☐ asthma register/records have been reviewed;
- ☐ relevant IHPs have been reviewed;
- ☐ Asthma Action Plans have been requested/updated where appropriate;
- ☐ prescribed inhaler arrangements are current;
- ☐ emergency inhalers have been checked;
- ☐ spacers are available;
- ☐ staff training is current;
- ☐ new staff have received appropriate information;
- ☐ PE and extracurricular arrangements are effective;
- ☐ educational visit arrangements include asthma;
- ☐ risk assessments have been reviewed where necessary;
- ☐ asthma incidents and near misses have been reviewed;
- ☐ parent/carer communication arrangements remain effective;
- ☐ allergy and anaphylaxis arrangements are aligned;
- ☐ the Nut Free Policy and Allergy Safety Policy remain appropriately cross-referenced;
- ☐ the Medical Policy and First Aid Policy remain aligned;
- ☐ this policy has been reviewed against current NHS/DfE/NICE guidance.

Completed by: _____ **Date:** _____

Review findings/actions: _____

_____

_____