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## 1. Purpose

North East Autism Society is committed to ensuring that all pupils with asthma are supported to participate fully and safely in school life. We recognise that asthma is a common long-term condition

affecting the airways and that effective management within school supports attendance, wellbeing, learning and inclusion.

As a specialist setting for autistic children and young people, we recognise that pupils may experience differences in communication, sensory processing and emotional regulation that can affect how asthma symptoms are recognised and communicated. Staff will make reasonable adjustments to ensure that pupils receive appropriate support.

The designated Asthma Lead for Thornhill Park School is Laura Ingram (Emsworth site), Kate Wharry, (Portland site).

**Appendix note:** Appendix 2 provides a school-ready summary of the Department of Health guidance on emergency salbutamol inhalers in schools. Staff should refer to this appendix when checking eligibility, consent, storage, emergency response and recording arrangements for use of the emergency inhaler.

## 2. Scope

This policy applies to:

- All pupils diagnosed with asthma
- Pupils undergoing assessment for respiratory conditions
- All employees, volunteers and contractors working within the school
- Educational visits, transport arrangements and extracurricular activities

## 3. Policy Statement

The school aims to:

- Support pupils with asthma to attend school regularly and participate fully in all activities.
- Ensure staff understand asthma and respond appropriately to symptoms and emergencies.
- Maintain safe procedures for storing and administering medication.
- Work collaboratively with parents/carers and healthcare professionals.
- Make reasonable adjustments in line with SEND and equality legislation.
- Promote an inclusive environment that reduces barriers for autistic pupils with asthma.

## 4. Legal Framework

This policy should be read alongside:

- Children and Families Act 2014
- Equality Act 2010
- Health and Safety at Work Act 1974
- Supporting Pupils at School with Medical Conditions (Department for Education)

- SEND Code of Practice
- Medicines Policy
- Safeguarding and Child Protection Policy
- First Aid Policy

## 5. Responsibilities

The Designated Asthma Lead is responsible for ensuring:

- Appropriate arrangements are in place to support pupils with asthma.
- Staff receive suitable training.
- Policies are implemented and reviewed.
- Risk assessments are completed where required.

**Designated Asthma Lead**

The Designated Asthma Lead will:

- Maintain an up-to-date register of pupils with asthma.
- Ensure healthcare plans are current.
- Monitor medication availability.
- Liaise with families and health professionals.

**Staff Responsibilities**

Staff members will:

- Be aware of pupils with asthma and understand individual needs.
- Recognise asthma symptoms and emergency indicators.
- Follow STEP plans and external health plans.
- Ensure inhalers are accessible.
- Report concerns promptly.

**Parents/Carers**

Parents and carers are responsible for:

- Informing school of diagnoses and changes in medical circumstances.
- Providing prescribed medication and replacing expired medication.
- Completing school medical information documentation.
- Informing school of any hospital admissions or significant changes.

## 6. STEP plans

Pupils with asthma will have an STEP plan where appropriate.

The plan may include:

- Asthma diagnosis and severity
- Known triggers
- Medication details
- Signs and symptoms
- Emergency procedures
- Communication approaches specific to the child
- Reasonable adjustments required
- Highlight other medical information plans

Plans will be reviewed:

- Annually
- Following hospital admission
- Following significant medical changes
- At parental/ carer request

## 7. Supporting Autistic Pupils with Asthma

The school recognises that autistic pupils may:

- Have difficulty identifying or communicating physical symptoms
- Experience sensory sensitivities linked to breathing difficulties or inhaler use
- Show distress responses that mask respiratory symptoms
- Experience anxiety related to medical interventions

Reasonable adjustments may include:

- Use of visual supports or communication aids
- Social stories regarding inhaler use
- Sensory considerations during treatment
- Additional observation where pupils cannot reliably report symptoms
- Structured routines for medication administration
- Individualised support strategies

## 8. Asthma Medication

Reliever inhalers should:

- Be clearly labelled with the pupil's name
- Remain readily accessible at all times
- Accompany pupils on educational visits and off-site activities
- Be checked regularly for expiry dates

Emergency inhalers may be held by the school in accordance with current legislation and guidance.

Medication administration will follow the school's Medicines Policy.

## 9. Recognising Asthma Symptoms

Common symptoms include:

- Coughing
- Wheezing
- Shortness of breath
- Tightness in the chest
- Increased effort when breathing
- Difficulty speaking

For some autistic pupils, indicators may also include:

- Sudden withdrawal
- Increased distress or agitation
- Changes in behaviour
- Unusual fatigue
- Altered communication patterns

## 10. Responding to an Asthma Episode

Staff should:

1. Remain calm and reassure the pupil.
2. Help the pupil sit upright.
3. Support use of the reliever inhaler according to medical information.
4. Observe closely for improvement.
5. Seek first aid support if required.

6. Inform parents/carers of significant episodes.

## 11. Asthma Emergency Procedure

Emergency assistance must be sought immediately if a pupil:

- Appears severely breathless
- Is struggling to speak
- Shows signs of exhaustion
- Has blue lips or skin colouring
- Does not respond to medication
- Shows deteriorating symptoms

Actions:

1. Administer reliever medication in line with healthcare guidance.
2. Call emergency services (999).
3. Contact parents/carers.
4. Continue monitoring and reassurance until help arrives.
5. Record the incident.

Staff must not leave the pupil unattended.

## 12. Physical Activity and Educational Visits

The school supports pupils with asthma to participate fully in:

- PE
- Playtimes
- Trips and visits
- Outdoor learning
- Extracurricular activities

Risk assessments will consider:

- Access to medication
- Environmental triggers
- Staff awareness
- Individual pupil needs

Participation should not be restricted unnecessarily.

## 13. Environmental Considerations

The school will aim to reduce exposure to known asthma triggers where reasonably practicable, including:

- Smoke exposure
- Strong perfumes or aerosols
- Dust
- Cleaning chemicals
- Allergens where identified

## 14. Training

Appropriate staff will receive training regarding:

- Asthma awareness
- Recognising symptoms
- Medication administration
- Emergency response procedures
- Autism-specific considerations in identifying symptoms

Training records will be maintained.

## 15. Recording and Monitoring

The school will maintain records of:

- Pupils diagnosed with asthma
- STEP Plans
- Medication administration
- Asthma incidents and emergencies
- Staff training

Records will be stored in line with data protection requirements.

## 16. Monitoring and Review

This policy will be reviewed annually or sooner if:

- Legislation changes
- Guidance changes
- Significant incidents occur
- Organisational requirements change

## 17. Appendix 1: Asthma Incident Record

| | |
|---|---|
| Pupil name | |
| Date, time, and location | |
| Staff present | |
| Asthma episode | |
| Symptoms observed | |
| Suspected trigger | |
| Medication administered | |
| Parent notification date and time | |
| Outcome | |

## 18. Appendix 2: Department of Health guidance — emergency salbutamol inhalers in schools

This appendix summarises the Department of Health guidance on the use of emergency salbutamol inhalers in schools, published in March 2015. It should be read alongside this Asthma Policy, the Medicines Policy, the First Aid Policy and each pupil's STEP plan or individual healthcare plan.

**Purpose of the guidance**

The guidance confirms that schools may choose to hold emergency salbutamol inhalers for use where a pupil's own prescribed reliever inhaler is not available, unusable, empty or broken. Holding an emergency inhaler is discretionary, but where the school chooses to do so, arrangements must be safe, clear and consistently followed.

**Who may use the emergency inhaler**

- A pupil diagnosed with asthma and prescribed a reliever inhaler.
- A pupil prescribed a reliever inhaler for respiratory symptoms.
- Use must be supported by written parental/carer consent and recorded in the pupil's STEP plan or individual healthcare plan.

**Emergency inhaler kit**

Where held, the emergency asthma kit should include a salbutamol metered dose inhaler, compatible spacers, instructions for use, cleaning and storage information, manufacturer guidance, a checklist of batch numbers and expiry dates, replacement arrangements, a list or register of pupils with consent, and a record of administration.

**Storage, care and checks**

- The kit should be stored in a safe, central and known location that is accessible to staff but not freely accessible to pupils.
- The inhaler should not be locked away where this would delay emergency access.
- Named staff should check the kit monthly, including presence, working order, remaining doses, expiry dates and replacement spacers.
- Spacers should not be reused by another pupil because of infection-control risk.
- Spent or expired inhalers should be disposed of safely in line with manufacturer and pharmacy guidance.

**Recognising an asthma attack**

Signs may include persistent coughing at rest, wheezing, difficulty breathing, fast or effortful breathing, nasal flaring, inability to complete sentences, unusual quietness, reported chest tightness, exhaustion, blue or white colouring around the lips, collapse or deterioration.

**Immediate response**

1. Keep calm, reassure the pupil and encourage them to sit upright and slightly forward.
2. Use the pupil's own inhaler first where available; if not available or unusable, use the emergency inhaler where consent is recorded.
3. Help the pupil take two separate puffs of salbutamol through a spacer.
4. If there is no immediate improvement, continue two puffs every two minutes, up to ten puffs, or until symptoms improve.
5. Call 999 immediately if the pupil appears exhausted, has blue or white colouring around the lips, is going blue, has collapsed, does not improve, or staff are worried at any point.
6. If an ambulance has not arrived after ten minutes, give a further ten puffs in the same way.

7. Contact parents/carers after emergency services have been called.
8. A member of staff should accompany the pupil to hospital and remain with them until a parent/carer arrives.

**Recording and parent/carer notification**

Any use of an emergency inhaler must be recorded, including where and when the incident took place, symptoms observed, medication given, number of puffs, staff involved, whether emergency services were called, and the outcome. Parents/carers must be informed in writing so that the information can be shared with the pupil's GP where appropriate.

**Source document**

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