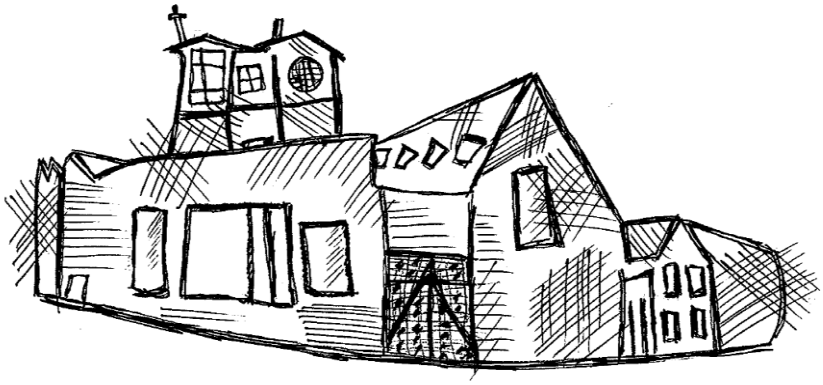
Grange Primary School



Asthma Management Policy

September 2026

Belong Believe Achieve

1. Aim

All students at Grange Primary School who are known to have asthma will be supported by the implementation of Asthma standards.

1. We have a clear policy on Asthma Management in place.
2. The Whole school community will have access to asthma First Aid in an Emergency.
3. Whole Staff on-site (in-school) Asthma training is accessed on an annual basis by all staff via the National College.
4. Asthma training is accessed by selected staff on an annual basis via offsite training arrangements School Nurses Team if needed.
5. Students known to have asthma will have an individual Care Plan (appendix A) We maintain an up-to-date asthma register.

2. Introduction

We are an asthma friendly school. This means we advocate inclusion, are clear on our procedures and have designated asthma leads to ensure these are adhered to. We commit to audit our procedures yearly. This policy will be reviewed annually by David Bucknall, SENCo.

We welcome parents and students views on how we can continue to improve and build upon our standards. Grange Primary School recognises that asthma is a prevalent, sometimes serious but manageable condition. At Grange Primary School we welcome all students with asthma. This policy was drawn up in consultation with parents, students, School Nurses, Local Authority, school governors and health colleagues.

We ensure all staff are aware of their duty of care to Students. We organise yearly staff training so staff are confident in carrying out their duty of care. We have two asthma leads they are:

1. Kim Edwards (School Business Manager)

2. David Bucknall (SENCo)

Asthma Leads ensure procedures are followed, and that whole-staff (in-school) training is delivered on a yearly basis by the Southwark School Nursing Team. Asthma Leads (champions) are also responsible for:

- Ensuring schools have an adequate supply of Emergency kits and know how to obtain these from their local pharmacy.
- Ensuring procedures are followed.
- All children on the register have consent status recorded, an inhaler, a spacer and a care plan.
- Checking expiry dates and impending expiry dates are communicated to parent/guardian for replacement inhalers to be provided.
- Ensuring empty/out of date inhalers are disposed of appropriately.
- Ensuring the MIS is up-to date and accessible to all staff
- Training is up-to-date

Our asthma champions are:

- Meredith Cormier
- Mahira Hussain
- Emma Dare
- Ellie Daft

This policy reflects the requirements of two key documents:

1. Supporting Pupils at school with medical conditions (2014) and
2. Guidance on the use of emergency salbutamol inhalers in schools (2015)

This policy sets out how we as a school support students with asthma. We work closely with students, parents and health colleagues to ensure we have robust procedures in place for the administration, management and storage of asthma inhalers at school. Parents are required to ensure the school is aware of their child's needs. Parents should assist in the completion of their child's school asthma plan and also provide school with one named inhaler and spacer. It is the responsibility of parents/guardians to ensure all medication is in date and that school are kept informed of any changes to your child's medication/care needs throughout their time at school. School staffs are not obliged to administer medication. However, at this school some staff members are willing to do this.

Students with asthma are fully integrated into school life and are able to participate fully in all activities including PE. Students require open and immediate access to their reliever medication (inhaler) at all times; we have clear procedures in place that facilitate this.

3. Record Keeping

It is a parent/guardians responsibility to inform school on admission, of their child's medical condition and needs. It is also important that school are informed by parents of any changes. School will keep an accurate record of each occasion a student is given or supervised taking their inhaler.

If a child begins to take their inhaler more frequently or appears short of breath, the school will ensure they speak to the parents/carers of the child about the child's medical condition.

This school keeps an asthma register so we can identify and safeguard students with asthma; this is held in the school office. Students with asthma will have a Health Care Plan (Appendix A).

In the event a student's inhaler and spare inhaler are unavailable/not working we will use the schools emergency inhaler (if the parent/guardian has consented) and inform the parent as soon as possible. Consent to use emergency inhalers should be recorded on the asthma register.

4. Parental responsibility

- Informing the school if their child has asthma.
- Ensure the school has a complete and up-to-date asthma plan for their child.
- Inform the school about the medicines their child requires during school hours.

- Inform the school of any medicines the child requires while taking part in visits, outings, field trips and other out-of-school activities such as school sports events.
- Inform the school of any changes to their child's condition.
- Ensure their medicines and medical devices are labelled with their full name and date of birth, in the original pharmacy packaging.
- Ensure that their child's medicines are within their expiry dates.
- Ensure their child has regular reviews (usually every 6 months) with their doctor or specialist healthcare professional.
- Ensure their child has a written self-management plan from their doctor or specialist healthcare professional and they share this with school.
- It is the parent's responsibility to ensure new and in date medicines come into school on the first day of the new academic year.
- Ensure students have the appropriate medicines with them during activity or exercise and are allowed to take it when needed.

5. Staff Responsibility

- Reading school's policies for asthma
- Knowing who in their care has asthma and how to administer medicines
- Communicating with parents/cares about a child's asthma and speaking with the asthma leads about this
- Teaching about asthma through PSHE lessons
- Checking medications are in date and accessible
- Ensuring their training is up to date and they are progressing their knowledge of the condition on a regular basis
- Making sure Emergency Kits are checked regularly and contents replenished immediately after use.
- The blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant Emergency Kit after use

Staff must also record the usage in the main asthma register log in the child's medical bag.

6. Storage

Safe storage - emergency medicine

• Emergency medicines are readily available to students who require them at all times during the school day whether they are on or off site.

Safe storage - general

• All inhalers are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the student's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency.

• Medicines are stored in accordance with instructions paying particular note to temperature

• All inhalers and spacers are sent home with students at the end of term.

7.PE/Activities

At Grange Primary School we ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favorable to students with asthma. PE teachers will be sensitive to students who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents should be made aware so medical help may be sought. Staff are trained to recognise potential triggers for pupil's asthma when exercising and are aware of ways to minimize exposure to these triggers. PE teachers should make sure students have their inhalers with them during PE and take them when needed, before during or after PE. Risk assessments will be carried out by the lead member of staff for any out of school visits and asthma is always considered during this process. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency. We recognise there may be additional medicines, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school. In an emergency situation school staff are required under common law duty of care, to act like any reasonably prudent parents

8.School Environment

The school environment is to as great an extent as possible kept free of the most common allergens that may trigger an asthma attack. We do not keep warm blooded pets e.g. rabbits or guinea pigs. Smoking is explicitly prohibited on the school site. We are aware that chemicals in science, cookery and art have potential to trigger an asthma response and will be vigilant of any student who may be at risk from these activities. We will not exclude students who are known to have specific chemical triggers but will endeavor to seek an alternative. Cleaning and grass cutting should, as far as possible, be carried out at the beginning or end of the school day.

9. Students who miss time off school due to their asthma

As a school we monitor students' absence, if a student is missing a lot of time off school due to their asthma or we identify they are constantly tired in school, staff will make contact with the parent to work out how we can support them. The school may need to speak with the School Nursing Team or health professional to ensure Students asthma control is optimal.

10. Links to other policies

- Accessibility policy
- SEN policy
- SEN information report
- Wellbeing and Mental Health Policy
- Supporting Pupils with Medical Conditions

11. Useful Links

https://www.asthmaandlung.org.uk/conditions/asthma/child/life/school

https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

Appendix A

Grange Primary School
Webb Street, London SE1 4RP
Grow with Grange.

Individual Health Care Plan

Child's Name	
Date of Birth	
Medical Diagnosis	
Date of Plan	
Review Date	

Medical needs Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

1st Medication Name:

Dosage and how it is administered:

Where is medication stored at school:

Expiry date for Medication:

2nd Medication Name:

Dosage and how it is administered:

Where is medication stored at school:

Expiry date for Medication:

Dietary requirements	
Activities needed	
SEND	
Name of Parent carer Relationship to child	
Address Telephone number	

Appendix B

My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them.

Always keep your reliever inhaler (usually blue) and your spacer with you. You might need them if your asthma gets worse.

Last reviewed and updated 2021; next review 2024.

I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents and carers – get the most from your child's action plan

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with their school

Learn more about what to do during an asthma attack **asthmaandlung.org.uk/child-asthma-attacks**

ASTHMA QUESTIONS?

Parents and carers ask our respiratory nurse specialists

Call **0300 222 5800**
WhatsApp **07999 377 775**
(Monday-Friday, 9am-5pm over 16 only)

ASTHMA+ LUNG UK

CHILD ASTHMA ACTION PLAN

Fill this in with your GP or nurse

Name and date: