

Grimsdyke School



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Asthma Policy

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1. About this Plan

At Grimsdyke School we recognise:

- That asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- We ensure that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.
- We recognise that pupils with asthma need immediate access to inhalers at all times.
- We keep a record of all pupils identified with asthma and the medicines that they take.
- We ensure that the whole school environment, including the physical social, sporting and educational environment, is favourable to pupils with asthma.
- We ensure that all pupils understand asthma.
- We ensure that all staff (including supply and support staff) who come into contact with pupils with asthma know what to do in an asthma attack.
- We understand that pupils with asthma may experience bullying and have procedures in place to prevent this.
- We will work in partnership with all interested parties, including the schools governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

The named person with responsibility for implementing this policy is Zarna Patel supported by the Executive Senior Leadership; Bindiya Bhudia (Headteacher), Rachel Dwyer (Interim DHT) and Kerry White (SEND/CO/AHT).

Asthma Policy

2. Aims

The aim of the policy is to ensure that all pupils suffering with Asthma are identified, have a treatment plan, always have access to appropriate medicines in school and their asthma is safely managed by school staff.

At Grimsdyke School we support pupils with asthma to manage their medical condition in order to achieve their full potential in all aspects of school life.

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with asthma
- Pupils with asthma are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- To provide a set of expectations around the administration of asthma medication in school

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained annually
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans for children with asthma, when required

3. Legislation and statutory responsibilities

This policy is intended to be read in conjunction with the following:

- The School's 'Supporting Pupils with Medical Conditions' policy; First Aid policy and Attendance policy - <https://www.grimsdyke.harrow.sch.uk/policies>

The policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

- It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school. '[Guidance on use of emergency salbutamol inhalers in schools](#)', DfE March 2015;

This policy has also been written with advice from Asthma UK, the local education authority, local healthcare professionals (North West London Health Care Partnership and Central and North West NHS Foundation Trust), parents/carers, the governing body and pupils.

4. Roles and responsibilities

4.1 The governing board:

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable annual training and are competent before they are responsible for supporting children with medical conditions.

4.2 School Staff:

Under the guidance of the Head teacher all staff to be:

- Trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms (signs of what to look out for is displayed around the school, see appendix 2)
- Aware of the asthma policy
- Aware of how to check if a child is on the asthma register
- Aware of how to access the inhaler inside the medical bag
- Aware of who has a 'medical bag' with asthma medication inside
- Aware of 'red flags' and inform the operations team if they notice these (see appendix 3).

- Aware of how to seek further school from the school nursing service

The head teacher will ensure the school's asthma policy is in line with devolved national guidance and ensure that every aspect of the policy is maintained.

4.3 Parents and Carers:

Parents have a responsibility to provide appropriate information about their child's asthma including details of medication and dosage alongside their asthma care plan. This is done through the completion of the *Parent Consent Form* available from the Medical Officer/School Office and consent will need to be provided. Parents must update the school when any changes occur. It is the responsibility of the school to share this information with relevant staff.

All inhalers must be prescribed and officially labelled with the pupil's name.

- Parents are responsible for replacing their child's inhaler before the expiry date.
- It is the parent's responsibility to make sure the school has the most up to date information.
- To ensure their child accesses our home learning menus if the child is absent and able to complete home learning
- Keep their child at home if they are not well enough to attend school
- Ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to twelve months)
- Ensure their child has a written personal asthma action plan to help them manage their child's condition.
- Inform any extra-curricular activities of their child's asthma and provide the appropriate medication/documentation.

4.4 Pupils

Pupils are often best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their asthma plan and need for taking their inhaler.



Pupils should let any pupil with asthma symptoms/having an attack take their reliever inhaler and ensure a member of staff is called over to the area.

Pupils should treat other pupils with and without asthma equally.

5. Equal opportunities

Grimsdyke School positively welcomes all pupils with asthma. We encourage pupils with asthma to achieve their potential in all aspects of school life by having a clear policy in place that is understood by all school staff.

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma. Pupils with asthma are encouraged to participate fully in all PE lessons. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

Pupils with asthma should have the same opportunities and access to afterschool clubs and events as their peers.

6. Educational visits, sports fixture, lessons and local walks

All pupils that are diagnosed asthmatic must always have an inhaler with them for their safety and wellbeing. During all off site activities staff will ensure pupils inhalers and spacers are with them in case of emergency.

The medical bags containing pupils' individual inhalers and spacers go with the pupils at lunch and break times and around the building. They are kept in designated first aid areas that are supervised by adults.

7. Pupils' Attendance

Pupils should not miss out on their education due to asthma. The school monitors pupils' attendance. Where absence is due to asthma is found to be the underlying cause staff will make contact with the parent and school nurse to support the pupils' return to school.

If a pupil has been told by a medical professional to follow a weaning plan, the school is able to support from day 3 or where 4 puffs are to be given (please see appendix 1) or where relevant medical notes have provided aftercare advice.

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the medical officer, the school nurse and/or the special educational needs coordinator (SENDCO) about the child's needs.

Grimsdyke School recognise that it is possible for pupils with asthma to have special educational needs due to their asthma.

8. Administering medication

Inhalers will be kept in the child's personalised and individualised medical bag where they can be accessed whenever necessary. All bags will be clearly labelled. Children will transport their own medical bags when moving around the building. This will be supervised by an adult and these will



be transported to after school club for those attending this provision.

Some pupils require use of a spacer. These will be kept in the individual medical bags each child with asthma is provided with. They are stored on hooks, placed near fire exits in each room within the building.

Common signs of an asthma attack are wheezing, coughing and shortness of breath (please see appendix 2).

If a pupil is in need of their reliever inhaler, staff will administer the medication. Generally, pupils are advised to take 1-2 puffs with a minimum of 4 hours in between. Staff will follow this recommendation unless the pupil has been advised differently by a medical professional.

If a student with asthma needs a maintenance dose of their inhaler e.g. before PE or as advised by parents in the middle of the day – then they should take their bag to the medical room to take this dose under supervision. This will then be recorded on Arbor by the supervising member of staff. **STUDENTS MUST NOT TAKE MAINTENANCE DOSES IN CLASS AS THESE WILL NOT BE RECORDED AND THERE WOULD BE A RISK OF OVERDOSING AS A RESULT.**

Where a student with asthma or allergy needs an emergency dose of their medication – then this should be given in situ. The medical room should be called immediately – and a member of staff from the medical room should attend. If the medical room phone is not answered – the office should be called to get a suitably trained member of staff to attend.

Medical staff attending an asthma emergency should take the defibrillator with them. The attending member of staff should check the situation and treatment, decide on appropriate next steps and record the incident on Arbor as well as inform parents. It is the parent's responsibility to make sure the school has the most up to date information. If a child is needing their asthma medication prior to the four hours, a parent will be contacted to take their child for review by the appropriate medical professionals.

In the event of the inhaler being used, its use should always be recorded by the staff member who arrived to supervise the administered inhaler/provided aftercare. It should be recorded on Arbor under the Medical Information section. Parents will be sent a standard email to notify them detailing the time and the dosage administered.

9. Procedure for use of emergency asthma kit

It is essential that ONLY children who have been diagnosed asthmatic or have been prescribed an emergency reliever inhaler (salbutamol) are able to use the emergency inhaler and for whom a written consent from the parents has been given.

Our school has purchased salbutamol inhalers and spacers which may be used in an emergency for those pupils whose parents have granted permission.

Staff are made aware of their locations and the kits are kept out of reach of pupils, but are not locked away.

The Kit will contain:

- A Salbutamol inhaler with clear expiry date
- A spacer with instructions for use
- List of children with consent
- Instructions on correct use of an inhaler

10. Cleaning and Disposal

Pupils individual spacers are cleaned every 12 weeks if they are frequently being used. They are rinsed with room temperature water and air dried.

The emergency plastic spacer should not be reused. Once used it can either be given to the pupil to take home for further use or should be returned to the pharmacy.

11. Staff Training

Staff receive regular training on asthma, recognition of symptoms and treatment including the use of a salbutamol inhaler. This training will be covered as part of the annual inset training and the information will be available for staff to access on the school drive. The school nurse is available to support and give guidance to staff on the safe administration of inhalers or any aspects of asthma care of pupils whilst in school. Supply staff and support staff should be given key medical information and signposted to the asthma policy by the member of staff supporting them in the morning.

Appendix 1:

Salbutamol Weaning Plan

Day 1

10 puffs of **SALBUTAMOL** inhaler via spacer every 4 hours

Day 2

6 puffs of **SALBUTAMOL** inhaler via spacer every 4 hours

Day 3

4 puffs of **SALBUTAMOL** inhaler via spacer every 4 hours

Day 4

2 puffs of **SALBUTAMOL** inhaler via spacer every 4 hours

If wheezy again within 4 hours of having 10 puffs of **SALBUTAMOL**

1. Have a further 10 puffs of **SALBUTAMOL**
2. **SEEK IMMEDIATE MEDICAL ATTENTION- A&E**

If managing 10 puffs of **SALBUTAMOL** 4 hourly:

1. Make an appointment with your GP as soon as possible
2. Use weaning plan as above
3. If you are unable to wean dose after 24 hours stay on current step for further 24 hours before trying again.

**CHILDREN SHOULD NOT BE IN SCHOOL ON DAY
1 OR 2**

EMERGENCY ASTHMA PLAN FOR SCHOOLS



SIGNS OF:

WHEEZING

COUGHING

SHORTNESS OF BREATH

TREATMENT:

GIVE RELIEVER (**BLUE**) INHALER – **2** PUFFS
(USE A SPACER IF IT IS THIS TYPE OF INHALER)



IF NO OR MINIMAL EFFECT

GIVE UP TO **10** PUFFS OF RELIEVER (**BLUE**)
INHALER

If little or no improvement:

DIAL 999

Continue to give **BLUE (reliever)**

**inhaler 10 PUFFS every 15
minutes**

Until medical help arrives or

If better (symptoms resolved)
Inform parents & advise
GP appointment



We need to know if there is:

- Reoccurring use of their blue inhaler (on a weekly basis)
- Unable to fully participate in school activities due to Asthma.
- School absence due to Asthma.
- Any concerns that school staff may have about a child.

REMEMBER If a child is needing their blue inhaler more than once within 4 hours - send home, let parents know and advise to see GP

RAISE CONCERNS AND REFER TO SCHOOL NURSE