Asthma Policy

Updated for:	September 2026
Next review:	September 2027

James Montgomery Academy Trust

Asthma Policy

1. Statement of intent

This policy outlines JMAT's approach to asthma. Our aim is to ensure children with asthma are identified, recorded, supported and safe so they can fully access education, trips and activities. The policy sets Trust expectations that every school must implement, while allowing proportionate local detail appropriate to each school's context.

Purpose

- To keep children with asthma safe so they can participate fully in school life. Classroom adjustments come first; specialist interventions only where needed.
- To make sure our day-to-day practice across the Trust is consistent, child-centred and proportionate to risk.

The policy applies to all children, staff, volunteers, governors and Trustees across the MAT, including trips, off-site activities, before/after school clubs and residentials.

2. Legal and policy content

- Children and Families Act 2014; Equality Act 2010; Medicines Act 1968; Health and Safety at Work Act 1974.
- Data Use and Access Act 2025; Data Protection Act 2018; UK GDPR.
- Department for Education - Supporting pupils with medical conditions at school (statutory guidance - due Sept 2026) and related DfE allergy guidance.
- Keeping Children Safe in Education (KCSIE) 2026 - safeguarding interfaces (volunteers/DBS, Part 1 reading, AI/online safety, mobile phones).

This policy should be read alongside- Supporting Pupils with Medical Conditions (Trust), Safeguarding/Child Protection, SEND, Inclusion, Data Protection and Arbor procedures.

3. General Information

All children with asthma will be placed on an Asthma Register and encouraged to take control of their own medical needs when, and as far as appropriate, according to their age and the severity of their condition. (See **Appendix 2** for Asthma Register). The care and administration of medication to children with asthma will be incorporated in the planning and risk assessments around all school trips and visits.

Mrs Claire Hill and Mrs Janine Sanderson-Brown are the named staff member in our school who oversees the implementation of this policy.

4. School responsibilities

Headteacher

- Ensure implementation of this Trust policy and sufficient resources/staffing.

- Ensure Individual Health Care Plans (IHCP- **see appendix 1**) are uploaded to Arbor with a visible “last review date”.
- Ensure volunteer/DBS audit is completed and no volunteer in regulated activity is deployed without an enhanced DBS and barred list check.
- Ensure two or more staff per year group are trained and competency-signed for likely asthma emergencies.

SENDCo/school lead

- Maintain asthma register and IHCPs on Arbor run termly audits of IHCP last review dates, medication stock and training records.
- Coordinate clinician-led training, IHCP creation/review, parent/clinician liaison and staff briefings.

Designated Safeguarding Lead

- Manage safeguarding intersections where medical issues are safeguarding concerns; ensure coordinated multiagency working per KCSIE 2026.

Class teachers and support staff

- Know which children have asthma, where inhalers are kept and the IHCP basic actions. Ensure quick access to inhalers during lessons and PE.

All staff (including catering/site/office/supply/volunteers)

- Staff who volunteer for medical tasks must be trained and competency-signed; first-aid certificates alone are insufficient.
- Ensure that children have immediate access to their own medicines, which should be stored in a safe, labelled, and accessible space in each classroom.
- Support older children who may carry their own inhalers for the self-management of their asthma and to report to the named school asthma lead if they need to use their rescue inhalers.
- Inform parents if their child has required their inhaler more than three times in a week.
- Ensure children have their medicines with them when they go on a school trip or external visit.
- Be aware of children with asthma who may require extra support.
- Ensure all children with asthma are included in activities they wish to participate in.

5. Environmental Impacts on Children with Asthma

- School and its grounds are a designated smoke free area.
- JMAT schools, actively engage with local authorities’ programmes to reduce air
- pollution around schools.
- Cleaning and maintenance will be carried out at the end of the school day.
- The indoor school environment will be kept free (as much as possible) of common asthma triggers like dust mites, damp, and mould.
- Schools will remain aware of levels of air pollution in the area and be aware of mitigations that need to be put in for pupils with Asthma on high pollution days.

6. Identification, Individual Healthcare Plans and register

Identification- schools must identify children with asthma at admission and through parental updates, clinicians or emerging concerns.

Individual Healthcare Plans (IHCPs)

- Required for moderate/severe asthma, previous emergency interventions, clinician request or where parent/school consider it necessary.
- Minimum IHCP fields: child details; condition summary; triggers; usual medication (name/dose/route/expiry/storage); emergency steps; location of emergency meds (e.g., inhalers, spacer); clinician contact; trained staff names and competency dates; consent for administration and information sharing; arrangements for trips/residentials; capacity for self-management; “last review date”.
- IHCPs must be co-produced with parents and clinician where appropriate. If agreement cannot be reached, headteacher decides.

Storage and access

- IHCPs uploaded to Arbor and accessible to staff who need them while preserving confidentiality.

7. Medicines, emergency medications and self-management

Personal prescribed inhalers

- Children should keep their reliever inhaler (blue) where agreed. Classroom storage for younger children or carried by older children where IHCP/consent confirms capacity.
- Parents **must supply in-date**, labelled inhalers. Schools check medication termly.

School emergency inhalers and adrenaline devices

- Schools may hold emergency salbutamol inhalers and spare adrenaline autoinjectors only where local policy permits and parental consent exists. Store them securely yet accessible for emergencies and record location in IHCP.

Spacers

- Spacers used for emergency administration should follow manufacturer hygiene guidance. Single-patient spacers preferred; if reusable, maintain cleaning logs.

8. Administration & record-keeping

- All medication administrations logged on Arbor medicines log: date/time/medicine/amount/giver/incident notes.
- Where a child refuses medication, staff follow IHCP agreed steps and inform parents; log the refusal.

9. Emergency response (asthma attack)

Immediate actions

1. Sit the child upright and keep them calm.

2. Give reliever inhaler via spacer (child’s own). Administer up to 10 puffs (1 puff every minute) as agreed in IHC; monitor response.

3. If **NO** improvement after 10 puffs, or if the child is very distressed, exhausted, has blue lips, or difficulty speaking, call 999 immediately and continue administering 10 puffs every minute until emergency services arrive.

4. If no inhaler available, use emergency school inhaler (if held and policy/consent allows) while arranging ambulance if no improvement.

5. Inform parents/carers immediately if ambulance called or after any emergency intervention.

Logging and follow-up

- Record details on Arbor, Headteacher reviews incidents monthly to spot patterns requiring action (training, trigger mitigation, catering).

10. Trips, PE and off-site activities

- Risk assessments must reference IHCPs for participating children and name trained staff responsible for medications.
- Trip leaders must carry prescribed inhalers and a spare inhaler for each child (with parental consent) and confirm access to medical facilities at destination.
- For residential trips confirm that volunteers/staff have appropriate DBS checks per Trust volunteer/DBS policy before departure.

11. Volunteers, DBS and regulated activity

To comply with KCSIE 2026 / Crime & Policing Act changes volunteers who teach, instruct, supervise children more than three days in any rolling 30-day period, or who have overnight duties, are in regulated activity and must have an enhanced DBS check with barred-list information, even if supervised.

Schools must:

- Run a volunteer frequency audit (centrally supported by HR/compliance).
- Initiate enhanced DBS checks for volunteers who meet the threshold and retain evidence on file.
- Not deploy volunteers in regulated activity until checks complete. Ensure agencies confirm checks for supply/agency staff and record written confirmation.

12. Training, competence and record-keeping

At least two staff per year group trained by an appropriate clinician (school nurse / asthma educator) in recognising asthma symptoms, spacer use and emergency response. Training refreshed annually or sooner if medicines/procedures change. First-aid certificate alone is insufficient for delegated medical tasks.

Training records are to be kept centrally and linked to IHCPs stating trainer, date, attendees, competency sign-off, next review date.

Supply staff, agency staff and contractors

- Schools must obtain written confirmation from supply/agency that checks (DBS when required) are completed with record of the date of confirmation. Brief supply staff on IHCPs and medication locations on arrival.

Data protection and information sharing

- Share medical information on a need-to-know basis per Data Use and Access Act 2025, DPA 2018 and UK GDPR.
- For safeguarding concerns, follow KCSIE 2026: child protection supersedes parental consent where necessary.
- Record consent and information sharing decisions on IHCP/Arbor.

Online safety, AI and mobile phones (safeguarding intersections)

Where medical needs intersect with online harms (e.g., self-harm content, sharing of semi-nudes including AI-generated images), DSL (or DDSLs in their absence) coordinate responses in line with KCSIE 2026. Schools must ensure their mobile phone policy supports supervision and medical response and aligns with DfE expectation of an effectively mobile phone-free school day.

Monitoring, audit and reporting

- Mrs Claire Hill provides termly returns to Trust central: IHCP numbers, last review dates, training coverage, emergency incidents and volunteer DBS compliance.
- Trust aggregates returns and reports annually to the Trust Board; LAB receives an annual implementation report and immediate alerts for serious incidents.

Equality and reasonable adjustments

Where asthma is a disability under the Equality Act 2010, schools will make reasonable adjustments (seating, rest breaks, curriculum access) and record them in IHCP or EHCP as appropriate.

Complaints and dispute resolution

- Parents/carers raise concerns with the school headteacher.
- Unresolved matters escalate to Trust complaints policy and procedure.

13. Monitoring and review

This policy will be reviewed annually in September by the Trust SEND and Inclusion Lead and approved by the Trustees.

Termly audits of IHCP completeness, medication stock and expiry dates, training records and incident logs will be conducted by each school and reviewed by the Trust SEND and Inclusion Lead.

Any significant incident or pattern of concern be escalated immediately to the Trust SEND and Inclusion Lead and the Headteacher.

14. Document history

Previous versions archived in accordance with document retention requirements.

Issue	Author/ Owner	Date Reviewed	Reviewed by	Approved by A&R Committee (date)	Comments/ Changes
V1	*JMAT*	*July 2026*	*PRG*	*09/07/26*	• *New Trust Policy for 2026-27*

Appendix 1 Individual Healthcare Plan (IHCP)

Date of plan:		**Review date:**	

Name of school:	
Child's name:	
Class:	
Date of birth:	
Child's address:	

Add photo of child

Medical diagnosis or condition:		
Family contact information	Name:	
	Relationship to child:	
	Work phone number:	
	Mobile phone number:	
	Home phone number:	
	Name:	
	Relationship to child:	
	Work phone number:	
	Mobile phone number:	
	Home phone number:	
Clinic / hospital contact details:	Name:	
	Phone number:	
GP / Doctor:	Name:	
	Phone number:	

Name of member of staff responsible for providing support in school?	
Who is responsible in an emergency? (state if different for off-site activities)	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	
Medication:	
Dose:	
When to be taken:	

Method of administration:			
Administered by: Member of staff:	Self-administration ☐	With supervision ☐	Without supervision ☐
Side effects/contra-indications:			

Daily care requirements:
Specific support for the child's educational, social and emotional needs: **PLEASE STATE WHAT ACTION NEEDS TO BE TAKEN WHEN / IF CHILD REFUSES MEDICATION**
Arrangements for school visits/trips etc:
Describe what constitutes an emergency, and the action to take if this occurs:
Any other information:

Staff training:

Name	Training needed	Training completed	Training to be renewed

Plan developed with:

Name	Role	Signature	Date

	Headteacher		
	Parent/carer		
	Designated Medical lead (medical practitioner)		

PARENTAL CONSENT

If my child has an asthma attack at school and I cannot be contacted, I give permission for staff to:

Administer the child's reliever inhaler (salbutamol) and spacer if required
Administer a second dose if there is no improvement after 5–10 minutes
Call emergency services (999/112) if the attack is life-threatening or does not respond to treatment

I understand and agree that:

In an emergency:

Any member of staff may administer the child's reliever
This may include staff who are **not specifically trained**, where delay would put my child at risk

Emergency services will be called (999) immediately after administration

I confirm that:

My child has an **Individual Healthcare Plan (IHP)** in place (or will have one created)
I will work with the school and, where appropriate, healthcare professionals to ensure it is accurate and up to date

☐ Yes ☐ No

I confirm that I will:

Provide **in-date medication** at all times
Replace medication before expiry
Inform the school of any changes to my child's condition
Ensure my child understands their asthma plan (age appropriate)
Provide updated medical advice where required

☐ Yes ☐ No

By signing I confirm that:

- The information provided is accurate
- I have discussed my child's condition with the school
- I understand how the school will respond to an allergic emergency

Name of Parent/Carer:	
Date form completed:	
Signed by Parent/Carer:	

Check list with parents present	
Inhaler received (Y/N) (add additional information if needed)	
Expiry Checked (Y/N)	
Stored in designated location (shared with parents)	
Staff informed	
IHCP in place	

Appendix 2 Asthma register

School Asthma Register

Name	Class	Date of Birth	IHCP	Consent to use emergency Inhaler	Expiry date of inhaler