

# Claycots School Partnership



## Asthma Policy

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## 1. Introduction and Aims

### What is Asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower, and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK)

### The aims of this policy are:

- To ensure that we provide all our children with the best quality of care we can; that they are safe, healthy, happy, and therefore able to learn to the best of their ability
- To ensure the safe and legal use of medication in the school environment
- To ensure that pupils, staff, and parents understand how our school will support pupils with medical conditions
- To ensure that pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

### Claycots School Values:

The aim of Claycots School is to be a high achieving school at the heart of the community where children and staff learn effectively and everyone is valued as an individual, treated fairly and with respect. This involves providing access to medications and opportunities for all pupils without discrimination of any kind.

We aim to embed our school values in all that we do at Claycots. This policy has been written with these values in mind:

- Integrity
- Kindness
- Respect
- Curiosity

## 2. Roles and Responsibilities

### The Appointed Person

The Pupil Services Administrators are the appointed Asthma Leads and are trained by our asthma school nursing team. They are responsible for:

- Updating the School's Asthma Register, recording the children with asthma and the medication they take.
- Making sure all pupils have an up-to-date Asthma Action Plan
- Emergency Salbutamol and Ventolin inhalers and spacers are always available
- Ensuring the children's medication up to date and in school, with the correct consent form
- Ensure all relevant staff, who have responsibility for children with asthma, know what to do in the event of an asthma attack and have appropriate training



- Ensure that all children with asthma participate fully in all aspects of school life including, art lessons, PE, science, visits, trips and out of hours school activities.

### **Parents/Carers have a responsibility to:**

- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits, outings, or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.
- Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.

### **All school staff (teaching and support) have a responsibility to:**

- Understand the school asthma policy.
- Know which pupils they in their Year Group/area of work have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if a child has used their inhaler during the school day.
- Inform parents if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to nighttime symptoms.
- Liaise with parents/carers, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma.

### **3. First Aiders:**

There are several appropriately first aid trained staff available across both campuses. Their names are displayed in the staff room, medical rooms and on the staff portal.

They are available to support with:

- Provide immediate support with asthma incidents and help pupils to take their asthma medication, if needed.
- Record all asthma attacks and contact the parents.
- Call an ambulance, if appropriate, though these duties can be carried out by any member of staff dealing with the child during an asthma attack.

### **4. The principles of our school Asthma Policy:**

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life and to become lifelong learners. We endeavor to do this by:



- Holding a school Asthma Register, recording the children with asthma and the medication they take
- Ensure that all children with asthma participate fully in all aspects of school life including, art lessons, PE, science, visits, trips and out of hours school activities.
- All pupils with confirmed asthma have an up-to-date Asthma Action Plan
- Always recognise that immediate access to reliever inhalers, is vital
- Emergency Salbutamol and Ventolin inhalers are always available in the first aid cabinets in each campus office.
- Ensure all relevant staff, who have responsibility for children with asthma know what to do in the event of an asthma attack

This policy has been written from the advice from the school health service, National Asthma Campaign, Asthma Lead, and pupils. We will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, doctors, nurses, and pupils to ensure the policy is planned, implemented, and maintained successfully.

## **5. Asthma Lead**

This school's Pupil Services Administrators are the school's asthma leads. It is the responsibility of the asthma leads to manage the asthma register, update the asthma policy, manage the emergency Salbutamol/Ventolin inhalers (please refer to the Department of Health Guidance on the use of emergency Salbutamol/Ventolin inhalers in schools, March 2015) and ensure measures are in place so that children have immediate access to their inhalers.

## **6. Asthma School Register**

We have an asthma register of children within the school, which we update as and when needed. We do this by asking parents/carers if their child is diagnosed as being asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler, we ensure that the pupil has been added to the asthma register and has:

- An up-to-date copy of their personal Asthma Action Plan, which is kept in their class medical folder, showing the triggers and how the school can support them.
- Their reliever (Salbutamol / Ventolin) inhaler with a Medical Consent Form, kept in their class medical box
- Permission from the parents / carers to use the Emergency Salbutamol / Ventolin inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

## **7. Asthma Medications**

- All children with asthma should always have immediate access to their reliever (usually blue) inhaler, which is kept in their class medical box and taken with them during PE lessons.
- The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe.
- We encourage the use of a spacer device, to help the children to take their inhaler.
- We recognise that some children may still need supervision in taking their inhaler.

- All inhalers must be prescribed and clearly labelled with the child's name.
- Some children will also have a preventer inhaler (usually brown), which is taken morning and night, as prescribed by the doctor/nurse. Children should not bring their preventer inhaler to school, as it should be taken regularly at home as prescribed by their doctor / nurse.
- However, if the pupil is going on an overnight residential trip, we are aware that they will need to take the brown and blue inhalers with them, so they can continue taking their inhaler as prescribed.

## 8. Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child is asthmatic.

- All parents of children with asthma are required to complete an Asthma Action Plan (NHS Berkshire Healthcare, [Appendix 1](#)) and return it to the school. This will give parents the opportunity to consent to their child's inhaler being used in school and consent for the school's Emergency Inhaler.
- From this information the school keeps an Asthma Register of every child with asthma, which is displayed in the staff room, first aid room, PE department and with the Emergency Inhalers.
- A Medical Consent Form ([Appendix 2](#)) is then signed by the parent/carer and kept in class with the child's medication.
- The medical consent form is signed and witnessed by staff each time the inhaler is administered.
- Staff must inform parent/carer if their child has been given their inhaler during the school day.
- Asthma inhalers for each child are regularly checked for expiry dates by the Pupil Services Administrators. Each child's inhaler is kept in their class medical box containing their individual medication, medical consent form and asthma action plan.
- All staff members are responsible for acquainting themselves with the triggers of a possible attack (allergies, colds, cough, cold weather) for each individual child in their care. All this information is found on their individual Asthma Action Plan ([Appendix 1](#)), which is kept in their class.
- If any changes are made to a child's medication it is the responsibility of the parents or carer to inform the school.

## 9. Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses personal asthma action plan, they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK)

## 10. School Environment

The school does all that it can to ensure the school environment is favorable to pupils with asthma. The



school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plan.

We are aware that triggers can include:

- Colds, coughs, and infection
- Dust and house dust mites
- Pollen, spores, and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols

## **11. School Trips / Residential Visits**

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant.

- As part of our responsibility to ensure all children are kept safe within the school, on trips away, a Risk Assessment will be performed by staff before the trip takes place. Children with serious medical conditions will be considered as part of the trip risk assessment and, if necessary, an individual risk assessment will be carried out.
- On the trip, we will make sure the child's reliever inhaler will be readily available to them throughout the trip, at all times. To be carried either by the child themselves or by the supervising adult, in the case of Key Stage 1 children.
- For residential visits, staff will be trained in the use inhalers, as well as emergency management and will hold consent forms for the medication.
- It is the responsibility of the parent/carer to ensure an adequate, in date supply of medication is provided for the trip.
- Group leaders will have appropriate parent/carer contact numbers with them.

## **12. Physical Education**

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register. (Source: Asthma UK)

Pupils with asthma are encouraged to participate fully in all activities. Staff will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. Inhalers held in class are taken to the PE lesson by the class/year group TA. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so. (Source: Asthma UK)

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented, and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of school.

The same rules apply for out of hours sport as during school hours PE. (Source: Asthma UK)



### 13. Staff Training

Staff need regular asthma updates. This training can be provided yearly, by the school nursing team.

Classrooms should display a copy of the school emergency asthma plan ([Appendix 3](#)).

### 14. When asthma is affecting a pupil's education

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their life as a pupil and they are unable to take part in activities, tired during the day, or falling behind in lessons, we will discuss this with parents/carers and/or nurses.

The school recognises that it is possible for children with asthma to have special education needs because of asthma.

### 15. Emergency Inhalers in school

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March 2015).

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

We have an emergency inhalers in the first aid cabinets in the main school office at both school sites. They are easy to access and include the following:

- An emergency Salbutamol Inhaler
- An emergency Ventolin Inhaler
- Two spacers compatible with the inhalers
- The schools Asthma Register, which includes a list of children who have consent for the emergency inhaler
- A record of Administration, sign off sheet
- Instructions on using an inhaler
- Instructions on cleaning the inhalers

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

The school's asthma champion and lead will ensure that:

- The inhalers and spacers are present and in working order, and the inhaler has sufficient number of doses available
- Replacement inhalers are obtained when expiry dates approach



- The plastic inhaler housing (which holds the canister) has been cleaned, dried, and returned to storage following use, or that replacements are available if necessary.
- Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air
- Any puffs should be documented, so that it can be monitored when the inhaler is running out.

The emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given.

## 16. Common 'day to day' symptoms of asthma

As a school we require that children with asthma have a personal Asthma Action Plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- A tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise).

## 17. Asthma Attacks

The school recognises that if all the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately

and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

It goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- Immediately help the child, if needed, to take two puffs of Salbutamol / Ventolin via the spacer, one at a time. (1 puff to 5 breaths)
- If there is no improvement, repeat these steps - Up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware, and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance or stay with them until a parent or carer arrives.

## 18. References

- Asthma UK website (2015)
- Gov.UK, emergency asthma inhalers for use in schools
- Department of health, guidance on the use of emergency salbutamol inhalers in school

## 19. Useful Links

- Asthma UK Website: <http://www.asthma.org.uk/>
- Education for Health: <http://www.educationforhealth.org>
- NHS Choices, Asthma in Children:  
<http://www.nhs.uk/conditions/asthma-in-children/pages/introduction.aspx>

20. Appendix 1 – Asthma Action Plan

Healthcare  
from the heart of  
your community

Berkshire Healthcare **NHS**  
NHS Foundation Trust

## ASTHMA ACTION PLAN

CHILD'S NAME ..... SCHOOL .....

LOCATION OF INHALER..... TYPE OF INHALER.....

PHOTO

NHS NUMBER .....DATE OF BIRTH .....

For exercise-induced asthma

Take \_\_\_\_ puffs of the reliever (usually blue) via spacer 10-15 minutes before physical exercise

In the event of any of the below:

- |          |                       |
|----------|-----------------------|
| ☐ WHEEZE | ☐ TIGHT or SORE CHEST |
| ☐ COUGH  | ☐ SHORTNESS OF BREATH |
- Administer reliever medication (usually blue) via Spacer
  - Give 2 puffs of reliever every 2 minutes (maximum 10 puffs)
  - If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents contacted.

EMERGENCY CONTACTS

1.Name.....

Number.....

2.Name.....

Number.....

CHILD'S TRIGGERS

.....  
.....  
.....

PARENTAL CONSENTS (tick boxes)

I consent to the administration of the prescribed inhaler by members of staff and will notify school if there are any changes to my child's medication and personal details. I will provide my child's inhaler and spacer in school and will ensure that they are in date.

I consent to school staff administering the emergency school inhaler should my child's personal inhaler be unavailable

I consent for this plan to be on display in school and I will notify the school of any changes for review

Signature of Parent/Carer:

.....

Date: .....

**IF NO IMPROVEMENT**

**SIGNS OF AN ACUTE ASTHMA ATTACK**

**If the child's reliever inhaler (usually blue) + spacer are not helping, and/or the child presents with any of the following:**

- They can't talk or walk easily
- They are breathing hard and fast
- Their lips turn blue
- They are coughing or wheezing incessantly

**During this time the child should:**

- Sit up – DO NOT LIE DOWN
- Be encouraged to stay calm
- Be accompanied by a member of staff
- Give 2 puffs of reliever every 2 minutes (maximum 10 puffs)

**IF NO IMPROVEMENT AFTER 10 PUFFS**

**CALL 999 IMMEDIATELY**

- ❖ CONTINUE TO ADMINISTER THE INHALER IN CYCLES OF 10 PUFFS, AS ADVISED ABOVE, EVERY 10 MINUTES UNTIL THE AMBULANCE ARRIVES
- ❖ CONTACT PARENT/CARER AND ACCOMPANY CHILD IN THE AMBULANCE UNTIL PARENT/CARER ARRIVES

## Appendix 2 – Medical Consent Form



### MEDICAL CONSENT FORM

**NOTE: Medication WILL NOT be accepted in the school unless this letter is completed and signed by the parent or legal guardian of the child and administration of the medicine is agreed by the Compliance Administrator and Teacher.**

Dear M. Horrix

I request that .....(Full name of child) In Class.....

Be given the following medication: .....

Reason for Medication: .....

The dosage to be given will be: .....

At the following times ..... Until (date).....

**The above medication has been prescribed by doctor. The medicine is clearly labelled indicating, contents, dosage, and child's name in full.**

Signed: ..... Parent / Guardian

Date: .....

Signed and agreed by: -

..... Date .....

Countersignature: ..... Date .....

Date	Pupil's name	Time	Name of medication	Dose	Any reaction	Staff Initials	Witness Initials

Claycots School Partnership  
 Britwell Campus: Monksfield Way, Slough, SL2 1QX, Tel: 01753 521215  
 Town Hall Campus: Bath Road, Slough, SL1 3UQ, Tel: 01753 531415  
 Website: [www.claycots.com](http://www.claycots.com) • Email: [enquiries@claycots.com](mailto:enquiries@claycots.com)

**EMERGENCY ASTHMA PLAN FOR SCHOOLS**

# Asthma Attack

For children diagnosed with Asthma

## 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 better (symptoms resolved)

Inform parents & advise

GP appointment

If little or no improvement:

**DIAL 999**

Continue to give BLUE (reliever) inhaler 10 PUFFS every 15 minutes

Until medical help arrives or

symptoms improve