



Clifford Community Primary School and Nursery

ASTHMA POLICY

Headteacher	Mr. Cieran Dadds	
Chair of Governors	Mr. Tim Fairbairn and Mrs. Irene Wragg	
Date Implemented	Oct 2025	
Signed - Chair of Governors		Date Oct 2025
Current review date	Oct 2026	
Next review Date	Oct 2027	

Clifford Community Primary School and Nursery

Asthma Policy

All staff who come into contact with children with asthma are provided with access to training and the school has dedicated first aid trained staff.

Clifford Community Primary School and Nursery recognises that

- Asthma is a widespread, serious but controllable condition. The school welcomes all pupils with asthma
- Children with asthma can participate fully in all aspects of school activities including PE
- Immediate access to reliever inhalers is vital
- Records of children with asthma and the medication must be kept and up to date
- The school environment must be favourable to children with asthma
- All staff who work with children with asthma must know what to do in the event of an asthma attack

Clifford Community Primary School and Nursery will work together with all interested parties including all school staff, parents, governors, staff and children to ensure the policy is implemented and maintained successfully.

What is Asthma

Asthma is a long-term medical condition that affects the airways – the small tubes that carry air in and out of the lungs. Children and young people with asthma have airways that are red and sensitive (inflamed).

Asthma triggers then irritate these airways, causing them to react. When a child or young person with asthma comes into contact with an asthma trigger, the mucus around the walls of the airways tightens so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus (phlegm) is produced. These reactions lead to the symptoms of asthma.

Medication

All inhalers and spacers must be clearly labelled with the child's name and stored together in the classroom in the appropriately labelled green asthma bags. All children are encouraged to administer their own medicine where possible.

If medicine changes or the dose to be administered, parents/carers must notify the school immediately.

If a child refuses their medication staff need to record reasons and notify parents/carers as soon as possible.

Medication is to be checked on a half termly basis. Any medication that is out of date needs to be immediately reported to parents/carers.

Storage of inhalers in school

All inhalers and spacers are to be clearly labelled with the child's name. Inhalers and spacers are to be stored in classroom green drawstring bags. The bags are clearly labelled and stored in the classroom and taken to any lessons when they are held in different locations, i.e. PE Lessons and break and lunch times.

All bags are to be taken outside when fire drills are being held and then returned to the classroom.

Bags are stored in an easily visible and accessible location in the class, preferably close to the door.

Parents/Carers are asked to bring inhalers in to school at the beginning of the school year. It is their responsibility to ensure inhalers supplied are in date.

Parents/Carers will be reminded when inhalers are nearing their expiration dates so they can be replaced.

Expired inhalers are to be collected by Parents/Carers.

All inhalers are sent home with children at the end of the school year. They are not stored in school over the school summer holidays.

Any inhalers that are not collected at the end of the school year and the child will not be returning will be taken to the local pharmacy for safe disposal.

School Trips

All staff attending offsite visits should be aware of children with asthma attending. Staff need to have completed Asthma Awareness Training along with First Aid training so they are aware of what to do in an emergency.

All medicines must be taken on the trip and remain with staff members accompanying the children. Usage of medication on trips must be recorded and parents informed on return.

Health Care Plans/School Asthma Plans.

Parents/Carers are required to update medical records on enrolment or when diagnosis is first communicated with the school.

Completed School Plans are kept on the child's Arbor record and stored in the school office. A copy of the plan is also held in the class asthma bag and a digital copy will be stored on the schools central electronic filing system.

The completed School Asthma Plan will be referenced against the Medical Conditions Log. The plans will hold details of medications to be taken and the doses required during the day. All information helps to provide up to date information to relevant staff and supervisors to help the child manage their condition.

Office staff are responsible for the monitoring of the plans completed.

Parents are reminded to update their child's School Asthma Plan if their child has a medical emergency or if there have been changes to their symptoms or triggers (getting better or worse) or if medicines and treatment changes.

All members of staff who work with groups of children, have access to the health care plans of the children in their care. When a member of staff is new to a group of children, the school makes sure that they are made aware of (and have access to) the health care plans of children in their care. Copies of the medical plans are kept in the class asthma bag.

Record Keeping

An accurate record of each occasion an individual pupil is given or supervised taking their inhaler is recorded in the book provided in the asthma bag.

Consent to administer medicines - Emergency Inhaler

Government regulations allow schools to obtain, without prescriptions inhalers for use in emergencies.

The emergency inhaler is only for use by children, for whom written parental consent for the use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as a reliever medication. Permission to use the emergency inhaler will be kept with the child's healthcare plan.

The emergency inhaler can be used if the child's prescribed inhaler is not available (for example because it is broken, empty or out of date).

The emergency inhalers are to be kept in the **main school office, Nursery, the hall, the library, The Haven, 4R (class upstairs) and 6W (class next to the canteen)**. Inhalers are to be stored so they are accessible, at an appropriate temperature along with plastic disposable spacers.

The Emergency Asthma Inhaler kits will include

- Salbutamol inhalers
- Plastic/Cardboard spacers

The office team will be responsible for maintaining the kits. This will include

- On a monthly basis to check inhalers and spacers are present and in working order.

- Monitor the usage of the inhalers if/when they are used to ensure there are enough doses available.
- Replacement inhalers are obtained when expiry dates approach; replacement spacers are available following use.
- The plastic inhalers housing has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.
- To avoid the possible risk of cross infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use or kept in the class medical box.
- The inhalers can be reused provided the child has not used directly.
- Spent inhalers will be taken to the local pharmacy to be disposed of safely.

Staff Responsibilities

- Ensure they are aware of children in their care with asthma.
- Administer emergency asthma medication, if required, according to the child's completed School Asthma Plan or Medical Care Plan.
- Promptly communicate to the Class Teacher and parents/carers, any concerns about the child's asthma limiting their ability to participate fully in all activities.
- Identify and, where possible, minimise asthma triggers. Many things can trigger an asthma attack. This may be because of an allergy to e.g. pollen or animal hair. Care will also be taken if animals are to be brought into school.
- Encourage open communication with parents/carers regarding the status and impact of a child's asthma.
- Liaise with parents/carers, the school nurse, SLT and SENDCo if a child's asthma is affecting their learning.
- Ensure that if the emergency inhaler has been used it is cleaned correctly and the plastic spacer is sent home with the child.
- Ensure the inhaler kept at school is returned home at the end of the school year.
- Staff will retain the green asthma bags in class and forward any paperwork to the school office for scanning. Copies will be returned to the class to be stored in the bag.

During PE staff will have a responsibility to:

- Understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in an activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled.
- Ensure pupils have their reliever inhaler with them during activity or exercise and are permitted to take it when needed. Children with asthma may need to take a dose of their reliever inhaler before exercise
- If a child has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to their activity. Most children may need at least 5 minutes to maintain their breathing again.
- Remind children with asthma whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up.
- Ensure children with asthma always warm up and cool down thoroughly.
- Communicate any concerns to the class teacher/parents/carers if a child appears to be over-reliant on their inhaler as this may mean that the child's asthma is not being controlled properly.

Parents/Carers will:

- Inform the school either upon admission or on initial diagnosis, that their child has asthma.
- Provide all relevant information regarding the child's asthma on a School Asthma Plan.
- Notify the school, in writing, of any changes to the School Asthma Plan during the year.
- Ensure that their child has an adequate supply of appropriate medication (reliever) in school at all times. This will be returned at the end of the school year, and parents will ensure that the medication in school paperwork is signed.
- Provide the school with a spare reliever inhaler (and spacer where relevant) labelled with the child's name on it.
- Ensure their child has regular asthma reviews with their doctor or asthma nurse (every 6 to 12 months).

Pupils will:

- Respect other pupils with and without asthma equally.
- Feel empowered to speak to staff if they feel they need to use their inhaler.

Asthma Attacks

All staff who work with children across the school will be required to complete Asthma Awareness Training, updated annually.

The most common symptoms of asthma are:

- Wheezing (a whistling sound when breathing)
- Breathlessness
- A tight chest – it may feel like a band is tightening around it
- Coughing
- Feeling tired
- Dark circles under the eyes
- Irritability

Responding to signs 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 inhaler and spacer are brought to them.
- Immediately help the child to take 2 separate puffs of the inhaler via the spacer immediately.
- If there is no immediate improvement, continue to give 2 puffs every 2 minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between 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 the child does not feel better or you are worried at ANY TIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

- The child's parents/carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent/carer arrives.
- A child should always be taken to hospital in an ambulance. School staff should not take them in their own car as the child's condition may deteriorate.

After the attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. The child's parents/carers must be informed of the attack.

Asthma Friendly School

Mrs. Thorpe been selected as Asthma Champion working towards Asthma Friendly status