

NORFOLK AND WAVENEY ASTHMA IN SCHOOLS POLICY

**Norfolk and Waveney School Guide for the
Care of Children and Young People with Asthma**

Promoting the safety of children and young people with asthma
during pre-school, primary and secondary school years

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Emergency Action During An Asthma Attack

Management Of An Asthma Attack

Asthma is a common but potentially **life-threatening** condition. Symptoms are usually reversible by use of a reliever inhaler (often blue), but staff must be aware that children and young people **may experience a severe asthma attack which requires rapid medical or hospital treatment.**

How To Recognise An Asthma Attack:

The signs of an asthma attack vary with each child or young person but may include:

- Dry cough and / or a wheeze (a whistle heard on breathing out)
- Difficulty breathing (rapid breathing with increased effort / heaving)
- Unable to talk or speak in complete sentences. Some children will go very quiet.
- Their chest 'feels tight' (younger children may express this as tummy ache)

Call an ambulance immediately and commence the asthma attack procedure without delay if the child or young person:

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

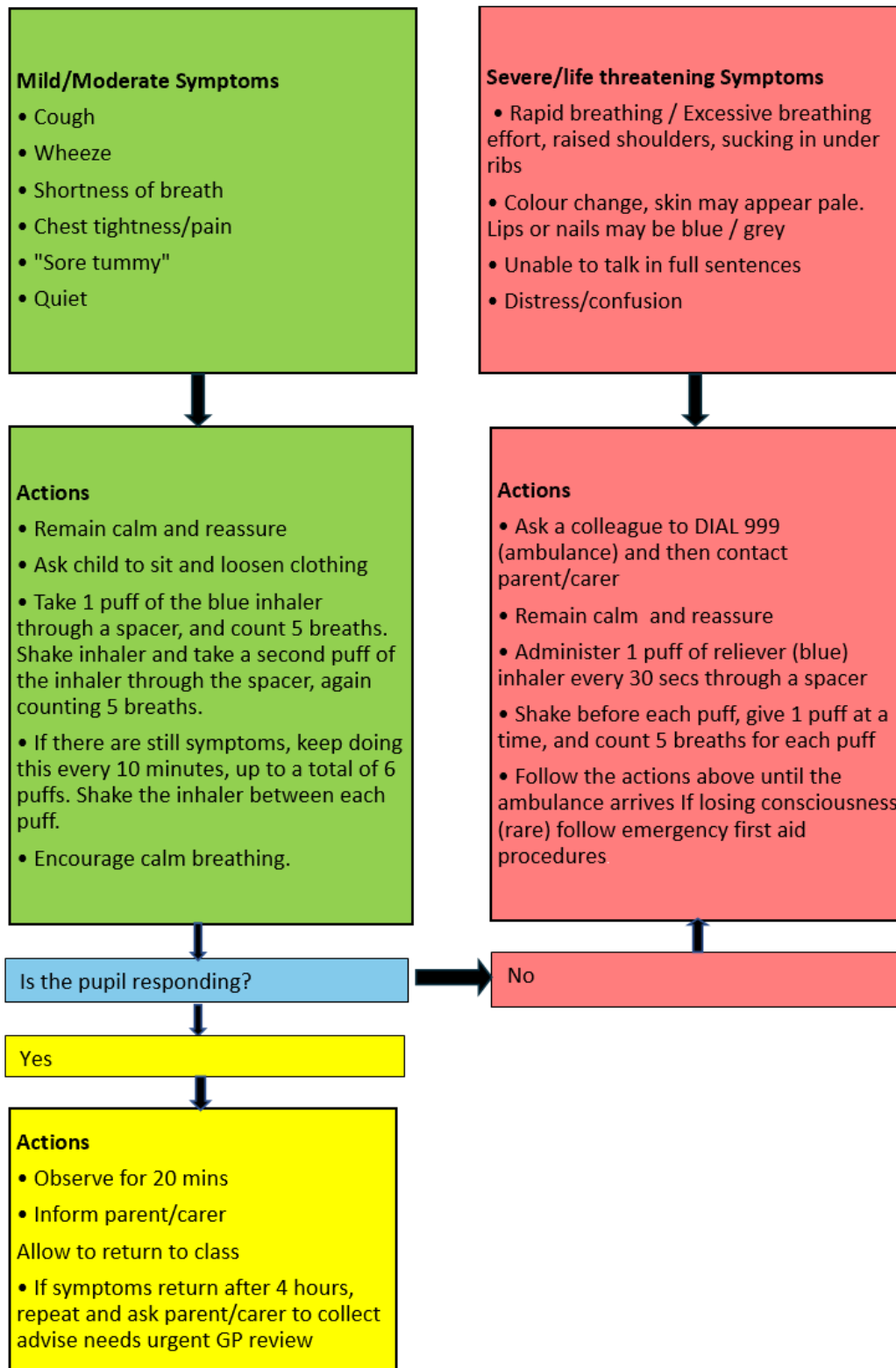
What To Do In The Event Of An Asthma Attack

1. Keep calm and reassure the child or young person. Encourage them to sit up and slightly forward. Remove trigger where possible.
2. Use their own inhaler – if not available, use the emergency inhaler
3. Stay with the child or young person while the inhaler and spacer are brought to them.
4. Immediately help them to take two puffs of their reliever blue inhaler (1 at a time) via the spacer: Shake inhaler, 1 puff via spacer, breathe in and out for 5 breaths, followed by second puff, (same procedure). Older children may have a different form of reliever inhaler.
5. If there is no improvement, continue to give further puffs as above, every few minutes, up to a maximum of 6 puffs.
6. Stay with the child or young person until they feel better. They can return to school activities when they feel better, although ensure parents are aware that they will need an urgent asthma review with asthma nurse / GP.
7. **If the child or young person does not feel better or you are worried at anytime, call 999 for an ambulance.** While waiting for the ambulance, additional puffs every

30 seconds can be given again through the spacer (1 puff: 5 breaths, shaking inhaler each time).

This asthma attack advice does not apply for a MART inhaler. Find more information and advice about the [MART regime](#) from Asthma and Lung UK.

This flow chart outlines the steps to take in the event of an asthma attack.



Introduction

In school, each classroom will have approximately three children or young people with asthma. Every year in the UK, over 25,000 children and young people, with asthma require emergency hospital admissions. It is an inflammatory condition that affects the airways. It cannot be cured, but with appropriate management, quality of life at home and at school can be significantly improved. It is a widespread, serious but controllable condition.

Asthma may have an impact on a child or young person's schooling. Asthma is responsible for 18% of school absences, with studies indicating improved asthma control improves school attendance and performance. Providing the appropriate care allows the child to feel safe and optimises long-term well-being and academic performance. Children or young people with asthma should be fully integrated into school life, with the whole school environment including the physical, social, sporting, and educational environment, being favourable.

There is a legal duty on schools to support children or young people with medical conditions, including those with asthma. This policy reflects the requirements of key legislation (see Appendix 1) including:

- [Supporting children and young people at school with medical conditions](#)
- [The Children and Families Act](#)
- [Children, Schools and Families Act](#)
- [Equality Act](#)

All school staff are required to have a good awareness of the guidance above and other medical conditions and the needs of children and young people.

This policy is intended for schools to use as a template according to need. It has been adapted from (and with huge thanks to) the [London Schools Guide](#) and incorporates invaluable guidance from [Beat Asthma](#), [Asthma + Lung UK](#) and [Transformation Partners](#).

This asthma policy can stand alone or be incorporated into the Asthma Friendly Schools Initiative, find out more from the [London Schools Guide](#).

Brief Overview Of Asthma And Medication

Asthma is an inflammatory condition that affects the airways. Children and young people are treated with inhaled medication (in addition to other medicines). Most children and young people will be on a combination of preventor and reliever medications.

The 'preventer inhalers' take time to build up in the system and act to reduce the inflammation and therefore protect the airways. They are key to good asthma control and can reduce the risk of a potential life-threatening asthma attack. They need to be taken every day, often morning and night and usually at home. If symptoms are not well controlled it's useful to check with families if these are being taken regularly.

The (usually blue) 'reliever inhalers' help when symptoms arise and are used during an asthma attack. They act to loosen / relax the muscle band that has constricted the airway and therefore relieve the immediate symptoms of cough, wheeze, or difficulty breathing. Day to day schools will generally only see the reliever inhaler with the preventer staying at home (unless on an overnight trip). It is important that school staff have received training and are familiar with how to correctly administer the inhalers.

It is strongly recommended that unless otherwise stated (e.g., dry powder inhalers) spacers are used in conjunction with inhalers. Spacers allow for better deposition of the inhaled medication into the airways, rather than the medicine remaining at the back of the throat and being ineffective.

Detailed information on good inhaler technique in children and young people is available through, [Asthma + Lung UK](#) on [inhalers](#) and [inhaler technique videos](#).

There is also a type of inhaler with both preventer and reliever combined. This is known as Maintenance and Reliever Therapy ([MART](#)).

Ideally, each child or young person should have a personalised asthma action plan in school which guides both every day and emergency responses.

For further information, [Beat Asthma](#) provides useful resources for schools including [asthma friendly schools accreditation](#).

Purpose And Summary Of This Document

The school encourages children and young people with asthma to achieve their full potential in all aspects of school life by having a clear, inclusive policy that is understood by school staff, families, and children and young people. This policy enables children and young people with asthma to be supported effectively in a school setting.

The policy will be reviewed, and procedures audited annually. We welcome staff, parent, and children and young people's views on how we can continue to improve and build upon our standards.

The following provides guidelines on how Norfolk and Waveney Schools / Academies can support children and young people with asthma:

- Each school will hold an up-to-date asthma **policy**.
- The school will maintain a **register** of children and young people with asthma.
- All staff (including supply teachers and new staff) will have access to this policy and appropriate **training** to ensure all are aware of what to do in an asthma attack. All staff are provided with training on asthma either face to face or via [e-learning](#) endorsed by NHS England. Training is updated annually.
- Every child or young person with asthma should ideally have a Personal Asthma Action Plan (**PAAP**). Personal asthma action plans have been shown to dramatically reduce the chances of a child or young person requiring hospitalisation. It should be the gold standard that schools have a copy for each child or young person that has asthma. Where this is not possible some schools have opted for a whole school asthma action plan, however this may not always be appropriate, e.g. MART regime, dry powder inhalers, etc.
- Children and young people should have appropriate supervision with their inhalers depending on their individual needs. Whilst some older children or young people may be fully independent with their condition, younger children, or those with complex needs, are likely to need support and assistance from school staff during the school day, to help them to manage their asthma.
- Children and young people should have **immediate access** to their inhalers ideally in the classroom. It is the school's responsibility to make sure all staff (including lunch time supervisors, etc) know where the inhalers are kept.
- During an asthma attack the inhaler should always be taken to the child.
- Schools should ensure they have at least **two or three emergency asthma inhaler kits** available, (including valved spacers).
- The school understands that children and young people with asthma may experience bullying and has procedures in place to prevent this.
- The school understands that asthma attacks may be very frightening for the child or young person and will calmly support throughout an attack.

Schools and families have joint responsibilities to ensure robust procedures are in place.

School staff are not obliged to administer medication however some may be happy to do so.

School staff are insured to administer medication under the school's or local education authority's public liability insurance policy.

School, parent / guardian, and child or young person responsibilities are described below.

Record Keeping

On admission to the school, parents /guardians are responsible for informing the school of their child's medical condition, medication and needs and this should be updated regularly by parents with any changes. Parents / guardians should assist in the completion of their child's school asthma plan and are required to provide the school with one named new inhaler in the original packaging with the correct prescription and the appropriate spacer.

Schools should keep an asthma register (Appendix 2), so that they can identify children or young people with asthma. This register is held in the classroom and school office. Schools should have clear procedures in place to ensure children and young people always have immediate access to their reliever inhalers for all school activities. For primary school children the inhaler and spacer should be kept in the classroom whilst secondary school young people should carry the inhaler (and spacer) themselves.

The school should ensure that an Asthma Champion is appointed to check the expiry dates of medications every month (see excel sheet Appendix 2) and advise parents if new medication is required. It is the responsibility of parents/guardians to ensure new in date medication is provided to the school, once advised by the school Asthma Champion. Parents should notify the school of any changes to children's medication/care needs throughout their time at school.

The school needs to maintain a record of the child's medications, and each time a child or young person takes their inhaler. (Record of administration template Appendix 3). The blue reliever inhalers do not have a counter and therefore it is impossible to know how many doses are left unless a manual count completed each time. (A gas remains after the medicine is completed and therefore there is the potential to be administering an inhaler that does not contain medication). Details of the child, dose, date and time and staff member should be documented. Parents will be informed if their child uses their inhaler at any time unless taken pre-sport as agreed (Appendix 4).

A record of a child refusing to take their inhaler should also be kept and parents notified as soon as possible.

As previously noted, children or young people with asthma should have a personal asthma action plan (PAAP)

<https://www.asthmaandlung.org.uk/conditions/asthma/child/manage/action-plan>

(Appendix 5 provides a template letter to request from parents). An alternative to a personal asthma action plan is for a school-wide emergency asthma plan (example Appendix 8). Any child or young person with severe or complex asthma should have a personal asthma action plan.

In the event a child or young person's inhaler and spare inhaler are unavailable/ not working the school will use the **schools' emergency inhaler** (if the parent/guardian has consented) and inform the parent as soon as possible. Prior consent to use emergency inhalers should

be recorded on the asthma register (See Appendix 6 for letter template) Please see asthma champions/ emergency school inhalers for more details.

Parents / Carers' Responsibilities

- Advise the school if their child has asthma or uses an inhaler (they may not yet have been diagnosed).
- Ensure their child and the school has an up-to-date personal asthma action plan from their doctor or nurse. If the school's policy is a school-wide emergency asthma plan an individual plan may not be required (Appendix 9) however any child or young person with severe / complex asthma should have an individual asthma plan.
- Ensure their child has regular reviews (at least annually and after each asthma attack) with their specialist healthcare professional. It is recommended that if a child is using their reliever inhaler 3 or more times a week, they should have an asthma review with their doctor or asthma nurse.
- Advise the school of any changes to their child's condition e.g., symptoms worsening or sleep disturbances due to symptoms and potential triggers.
- Advise the school about the medicines their child requires during school hours. Ensure these medicines and medical devices are labelled with their full name and date of birth, in the original pharmacy packaging and that, in date, new medicines come into school on the first day of the new academic year. If used regularly, spacers should be replaced annually.
- Inform the school of any medicines the child requires while taking part in visits, particularly overnight, and other out-of-school activities such as school sports events.
- Ensure that their child's medicines are within their expiry dates once advised by the school Asthma Champion.
- Ensure that young people at secondary schools take their inhaler and spacer to school and are confident about telling others if they are feeling unwell.
- If their child is off school, they catch up on any work they have missed.

The link from Asthma and Lung U.K. gives further advice for parents supporting their child with asthma at [nursery or school](#).

Child or Young Person's Responsibilities

Children and young people have a responsibility to:

- Respect and treat other children and young people with and without asthma equally
- Support any child or young person having an asthma attack to take their reliever inhaler (usually blue) and ensure a member of staff is called.

Children and young people with asthma, should tell their parents/carers, or staff member when they are not feeling well and:

- Treat asthma medicines with respect
- Know how to gain access to their medicine in an emergency
- Know how to take their own asthma medicines and attempt to take regularly their preventer medications and consider other factors e.g. hay fever during exams, see details from [Beat Asthma](#) which includes advice on exams.

School Management And Teachers' Responsibilities

Head teachers and principals have a responsibility to:

- Ensure the plan is put into action, with good communication of the policy to everyone
- Ensure every aspect of the policy is maintained
- Assess the training and development needs of staff and arrange for them to be access appropriate [training](#).
- Ensure all supply teachers and new staff know the school asthma policy
- Regularly monitor the policy and assess how well it is working, with regular updates.
- Delegate a staff member (asthma champion) to check the expiry date of spare reliever inhalers and maintain the school asthma register
- Report back to their employers and their local education authority about the school asthma policy
- Provide indemnity for teachers who volunteer to administer medicine to children or young people with asthma.

All Staff Responsibilities

- Have read and understood the school asthma policy
 - Attend annual asthma training.
 - Know how to respond when a child is having an asthma attack.
 - Be knowledgeable of the correct inhaler technique including use of appropriate spacer, (e.g. use of spacer with mouthpiece usually preferable rather than mask after reception age, unless difficulty getting seal around lips).
 - Be aware of **when the reliever inhaler** should be used, i.e. **this is to relieve symptoms**, not as a routine medicine used every day before going outside to play etc. Discussions with families on obtaining a plan from their asthma nurse may be of

benefit if this is considered a trigger, with a focus on promoting preventor medications.

- Know which children or young people have asthma and be familiar with their asthma action plans being aware of specific signs and symptoms and potential triggers.
- Ensure all children and young people with asthma have immediate access to their reliever inhaler and spacer
- Staff to be aware of which children or young people may require their reliever inhaler prior to exercise.
- With children and young people who do not carry and administer their own emergency medication staff to be aware where their inhalers are stored. This should preferably be in the classroom and not in the main school office.
- Where it has been determined to be appropriate by parents, the school and health care providers, the children and young people can carry and administer their inhaler and spacer. This is more likely to be secondary school young people.
- Ensure children and young people who carry their medicines with them, have them when they go on a school trip or out of the classroom. Ensure secondary school young people have the appropriate medication with them during activity or exercise and are allowed to use them when needed.
- In the event of an asthma attack the school follows the procedure outlined in the personal asthma action plan or general emergency action plan. This procedure is displayed in all key areas including the staffroom and every classroom.
- If a child uses their reliever inhaler 3 or more times a week it is recommended to have an asthma review at their surgery therefore it is important the school informs parents if a child uses their inhaler and encourage parents to seek a clinical review especially following an asthma attack.
- Record inhaler usage as per their school system for recording. If recording takes place in more than one location i.e. classroom and office – the record is amalgamated to clearly reflect frequency of use. Ideally there should be one record.
- If the schools' emergency inhaler has been used record the usage in the main asthma register located in the school office. Inform the Asthma Lead/Champion if a school emergency inhaler has been used.
- Ensure all staff attending off site visits are aware of any children or young people on the visit with asthma and have brought their medication. They should be trained on emergency procedures.
- Ensure those who have been unwell are supported to catch up on missed schoolwork. A child or young person may be tired or struggle to concentrate due to night-time symptoms.
- Monitor children and young people with asthma experiencing bullying.

- Be aware that asthma can affect a child or young person's learning and provide extra help when needed or may need additional social support.
- Use opportunities such as Personal Social Health & Economic (PSHE) education to raise children and young people's awareness about asthma.
- Understand asthma and the impact it can have on children and young people (children and young people should not be forced to take part in an activity if they feel unwell). If school are concerned about an individual child or young person, they will inform their parent/guardian and seek medical advice. Children may feel anxious about asking for their inhaler or using it in front of their peers. In addition, asthma attacks can be very frightening. School staff to be aware of these factors, responding sensitively to anxieties the child or young person may be experiencing.
- Ensure children or young people are not excluded from activities in which they wish to take part.
- Ensure the asthma policy is reviewed annually with all supply teachers and new staff being familiar with the asthma policy and training needs met.

Schools' Asthma Lead / Champions / Emergency School Inhalers

The school asthma lead and Asthma Champions are delegated responsibility by the head teacher and school governors to ensure:

- Asthma register is up-to date and accessible to all staff (Appendix 2).
- All children on the register have consent status recorded, an inhaler, a spacer, and a care plan.
- Medication use in school is monitored (Appendix 3). For any reliever (e.g. Salbutamol, Ventolin, Salamol) inhaler use during the school day other than pre-agreed sport use, parents should be informed (Appendix 4). If a pattern of regular use is emerging at school for example, if a child was using their rescue inhaler three times a week - the parent should be informed and advised to notify the GP surgery to book an asthma review.
- Expiry dates (Appendix 2) are checked monthly with parents/ guardian notified of impending expiry dates. Staff should be aware that an aerosol propellant will still be present once medication completed and therefore will need to keep a tally of use (a full reliever will generally have 200 actuations but read cannister for confirmation).
- Replacement inhalers are obtained before the expiry date with empty/out of date inhalers returned to parent who should dispose of through pharmacy.
- Ensure asthma leads / champions own training is up-to-date and they feel confident to support during an asthma attack.
- The school's policy is audited annually.

- Ensure spacers are washed and inhalers checked regularly according to these [instructions](#). If the inhaler and spacer have not been used and have been stored correctly in their own sealed packaging there is no need for them to be washed.

Emergency Inhalers

The asthma lead / champion should also ensure the school has an adequate supply of emergency asthma kits and know how to obtain these from their local pharmacy: [Guidance on the use of emergency salbutamol](#).

Please note above guidance was updated in 2020 during the pandemic to make emergency inhalers and spacers single use, however in May 2023 this has changed again, and inhalers and spacers are no longer single use, if the spacer has a valve (e.g. aerochamber) as per [new guidelines](#).

Specifically it states: *“Since May 2023, the advice states that if a valved spacer is used (for example an Aerochamber), it should be washed in soapy water and allowed to dry naturally. The outer casing of the inhaler must also be wiped. Both the inhaler and spacer can then be re-used by the school in an emergency kit.*

The advice is different if the spacer used is disposable. As disposable spacers are not valved, and tidal breathing would mean breath goes back into the aerosol inhaler (thereby contaminating it) both inhalers and disposable spacers should not be reused. The spacer should be given to the child to take home for future personal use”.

To obtain an emergency inhaler and spacer the school should write a letter to a local pharmacy, on headed notepaper requesting the purchase of 2 or 3 Salbutamol / Salamol pressurised metered dose inhalers and at least 3 valved spacers. This letter should be signed by the Headteacher. See above guidelines for further details.

Emergency kits are checked regularly, and contents replenished immediately after use and conveniently located in key areas. These can only be used for children or young people who have a diagnosis of asthma or have been prescribed a salbutamol inhaler and previous parental consent gained. (Appendix 6) Details of what an emergency asthma inhaler kit should contain are included in Appendix 7.

Safe Storage

Inhalers should NEVER be locked away. Both children’s own and emergency inhalers should be easily accessed whether on or off site and taken with the child when moving out of the classroom for lessons or activities.

Inhalers should remain in original boxes with the child or young person's details clearly labelled, particularly directions for use. They should be stored at room temperature in accordance with instructions.

Medications should not remain in school over the summer holidays, being sent home at the end of the summer term. New relievers at the beginning of the school year will allow an accurate tally of how much medication is present, (if the child hardly ever uses their reliever, a discussion can be had between the school and parent whether a new inhaler needed).

Secondary school young people, who are self-managing, are reminded to always carry their inhalers and spacers with them.

Safe Disposal

The asthma champion is responsible for checking the dates for expiry of medication with parents being responsible for collecting medication from school that is out of date.

PE / Out Of School Activities

The whole school environment, which includes social, sporting, and educational activities, should be inclusive to children and young people with asthma.

All PE teachers should be aware of which children or young people have asthma, encouraging full participation in PE lessons, but being sensitive to those who may struggle, and not being forced to take part if feeling unwell. Minimising exposure to triggers and encouraging children and young people to warm up and down before exercise may reduce symptoms occurring, ensuring children and young people always have their inhalers with them during PE. Parents should be made aware if their child is having increased symptoms, with advice to attend an asthma review. The same should apply to out of hours school sport coaches who should also receive the [national asthma training](#).

Staff will be aware of the potential social difficulties that children with asthma may experience and incorporate asthma awareness into lessons such as PSHE to create a positive social environment and eliminate stigma. The school will seek to prevent and tackle problems in accordance with the school's anti bullying and behaviour policies.

School Trips / Residential Visits

Prior to any school trip, risk assessments will be carried out including storage of medicines and emergency protocols. Additional preventer/controller medicines that usually remain at home will need to be incorporated into overnight residentials. The child or young person's reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the supervising adult. For residential visits, staff will need to

familiarise themselves on the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip in the form of a Personal Asthma Action Plan (PAAP). Parents must be responsible for ensuring an adequate supply of labelled medication is provided. Group leaders will ensure appropriate contact details are available.

In an emergency all members of school staff are required under common law duty of care, to act like any reasonable parent. This may include administering medication.

The school should ensure that there are asthma emergency procedure posters on display in prominent places.

School Environment

The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack. A no-smoking policy is strictly adhered to. Triggers will be recorded in the personal asthma action plans (PAAP). Furry or feathery pets should not be kept inside the school premises. Chemicals in science, cookery and art have the potential to trigger an asthma response and teachers and support staff should be aware of any children or young people who may be at risk from these activities.

Mould and damp may be triggers. Classrooms should be ventilated. Any evidence of damp/mould within the school should receive prompt attention. Autumn leaves, forming piles should be kept away from areas that children or young people use and regularly removed as the mould from these can be a trigger to asthma. Children or young people triggered by grass and pollen may need to use their reliever regularly if the pollen count is known to be high or if they are having troublesome hay fever symptoms. Hay fever medication may help, and families advised to seek medical opinion. Children or young people may need to be given an option to do indoor PE if the pollen count is high. Cleaning and grass cutting should, where possible, be carried out at the end of the school day, especially at exam time. (See page 10 for Beat Asthma exam guidance [hyperlink](#)).

Strong odours and aerosols can trigger attacks. Changing rooms should be well ventilated and the use of roll-on deodorants and unscented products encouraged. Consideration should be given to allowing children or young people with this trigger to have alternative changing facilities.

Children or young people may be triggered by changing weather and may need to use their blue inhaler before outside play depending on the weather. Cold, damp, weather can be a trigger. However, this should be considered daily and usually in response to symptoms rather than routinely given every day. Discussion with the child's asthma nurse may aid a joint plan. Thunderstorms can also trigger asthma attacks.

Air pollution can also be a trigger and interventions to reduce this around the school such as discouraging idling in cars, and more greener approaches should be promoted and discussed as lesson plans.

Children or young people who are known to have specific triggers will not be excluded from any activities and alternative options will be sought if required.

Children Or Young People Who Miss School Due To Asthma

Where a child or young person is noted as being constantly tired or having a lot of time off school due to their asthma, staff will contact the parent to identify how they can be supported. The school may need to speak with the school nurse or other health professional to ensure the child or young person's asthma control is optimal.

All schools should be trained in how to manage asthma ensuring the child, family and staff feel confident to safely respond with the child not missing out on education due to asthma. [Adapting the Asthma Friendly Schools Initiative](#) may promote confidence and therefore attendance.

Poor asthma control should not be accepted as a reason for frequently missing school, and as such local policy on attendance should still apply, however, it must also trigger a strong recommendation to parents to attend an asthma review where a joint plan can be instigated.

Asthma Attacks

Staff should be trained to recognise an asthma attack and know how to respond.

If a child or young person has an asthma attack a member of staff will remain with them throughout and administer their inhaler in accordance with the emergency procedure. No children or young people should ever be sent to get their inhaler in this situation; the inhaler must be brought to the child or young person. If a school nurse is present, they can guide care. Where no school nurse is present, the emergency response incorporates the personal asthma action plan (where available) and the general school guidelines. Parents to be informed and emergency services if necessary. If an ambulance is called, a member of staff will accompany the child or young person to hospital until their parent/care giver arrives.

A flow chart was presented at the beginning of this policy outlining the action to be taken in an emergency. Copies of this or the steps presented in Appendix 8 should be displayed in all key areas including the staff room, the school office, the gymnasium, toilets, and classrooms in addition to accompanying the inhalers. Where a child, who is a known asthmatic, is experiencing significant symptoms and has not got their own blue inhaler with them or it is found to be empty, the school's emergency inhaler and spacer should be used. This emergency inhaler will be kept centrally, in a place where staff can access it with ease and will be used as per the asthma flow chart.

The child's **GP and asthma nurse**, have a responsibility to:

- Invite children and young people to (at a minimum) annual asthma reviews, where asthma control should be optimised. In addition to advising on medicines, and triggers, the health practitioner should:
 - Ensure the child or young person knows how to use their asthma inhaler (and spacer) effectively
 - Provide the school with information and advice (with the consent of the child or young person and their parents/carers)
 - Provide a written personal asthma action plan to share with the school.

Role of School Nurse

The school nurse would be in an ideal position to work with the asthma champion, school management, health professionals, school staff, families and children or young people, to promote the policies aims, however due to the current availability and capacity of school nurses a specific role in asthma care has not been stipulated here. Where there is school nurse availability their role will be invaluable in promoting the school's proactive asthma management.

Appendix 1

Legislation

(adapted from <https://www.transformationpartners.nhs.uk/london-schools-guide-for-the-care-of-children-and-young-people-with-asthma-pre-school-primary-and-secondary-school-years/>)

Schools have a legal duty to look after children with medical conditions including those with asthma, as per The Children and Families Act 2014 Section 100. Schools must make arrangements to support children or young people at school with medical conditions and have regard to the [statutory guidance](#).

Governing bodies must ensure the safeguarding of children and promote the wellbeing as per The Education Act 2002 Sections 21 and 175.

In addition, Section 3 of the Children Act 1989 places a duty on a person with the care of a child to do all that is reasonable in the circumstances for the purposes of safeguarding and promoting the child's wellbeing.

Local authorities have legal responsibilities to ensure schools can meet the duties relating to children with asthma. These duties refer to all children in the local authority and they do not depend on the kind of school the child attends.

Section 10 of the Children Act 2004 is important if schools are struggling to get the support and training they need to allow them to look after a child with asthma properly. It states the local authority must make arrangements to promote cooperation between the authority and relevant partners. Relevant partners include the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board. They must make arrangements with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education.

Section 17 of the Children Act gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Legal duties on the NHS Section 3 of the NHS Act 2006 state that Integrated Care Systems (ICSs) have a duty to arrange for the provision of health services to the extent they consider it necessary to meet the reasonable needs of the people for whom it is responsible. This means ICSs should provide the healthcare to the people in its area including arranging such services as it considers appropriate to secure improvements in physical and mental health, and in the prevention, diagnosis, and treatment of illness, in people for whom it is responsible.

In relation to children with asthma, this means that an ICS should, within reason, make sure support and health care is in place to improve their health or at least keep them healthy.

Poor management of asthma at school will affect the health of a child. If a school is unable to get the support, it needs to help manage a child's asthma successfully then both the local authority and the local ICS have a responsibility to the child's health and welfare.

[Equality Act \(2010\)](#) states that types of discrimination are illegal, defining discrimination as when a person with a disability is treated less favourably, because of his or her disability, than a person who does not have a disability. The Equality Act 2010 defines a disability as a 'physical or mental impairment' that has 'a substantial and long-term adverse effect' on an individual's ability to carry out 'normal day-to-day activities'. In many cases asthma is covered by the definition of the Act. Education and early years providers have a duty to make reasonable adjustment for people with disabilities and failure to make reasonable adjustments is a form of discrimination. The Act covers all schools and providers of early years settings that are covered by the early years framework in England.

Appendix 2

School asthma register template with excel spreadsheet to red flag expiry dates

(adapted from Healthy London Partnership, London schools' guide for the care of children and young people with asthma, 2022)



Example-asthma-register-for-schools (2).xls

Name of child or young person	Date of Birth	Class	Consent to use emergency Inhaler and Spacer

Appendix 3

Record of inhaler administered to children in primary school

Name of school/setting

Child / young person's name	Date /Time	Name of medicine	Dose given	Spacer cleaned	Signature of staff	Print name

Parents should be notified on every occasion if their child is using their inhaler except for agreed pre-sport use. Please be aware of those children or young people who carry their own inhaler and self-medicate. A record of such use should be kept.

Under the Data Protection Act 1998 (DPA), schools are responsible for ensuring that the collation, retention, storage, and security of all personal information they produce and hold meets the provisions of the DPA.

Appendix 4

Example parent letter of salbutamol inhaler use except for pre-agreed sport use

School's name:

Child / Young person's name:

Class:

Date:

Dear

This letter is to formally notify you that.....has had problems with their breathing today and required their reliever (rescue) inhaler. (number of puffs) were given at

If your child has been using their rescue inhaler at home as well, we encourage you to contact your doctor's surgery for a clinical review.

Yours sincerely

Appendix 5

Template letter for requesting Personal Asthma Action Plan

Dear Parent/Carer

Thank you for informing us of your child's asthma on his/her registration form.

We are asking all parents and carers of children with asthma to help us by completing a personal asthma action plan for their child. It is recommended that children have reviews of their asthma at least every year or more frequently if necessary.

When having a review please could a personal asthma action plan be completed with your asthma nurse or doctor and returned to the school. The plan will store helpful details about your child's current medicines, triggers, individual symptoms, and emergency contact numbers and can help school staff to better understand your child's individual condition. Please make sure the plan is regularly checked and updated by your child's doctor or asthma nurse and the school is kept informed about changes to your child's medicines, including how much they take and when.

I look forward to receiving your child's completed personal asthma action plan.

Appendix 6

Example parent asthma letter re consent for using emergency inhaler

This may need to be adapted according to primary / secondary school.

Dear Parent/Guardian

We are currently updating our asthma records. Please would you update the information regarding your child so we can ensure our school records are accurate.

As part of the school's asthma policy, the school does have an emergency salbutamol reliever inhaler and spacers on site. This is a precautionary measure. You still need to provide your child with their own inhaler and spacer as prescribed. If you do not wish for us to use the schools' inhaler in an emergency, please fill in the details below and return to school as soon as possible.

Please note that unless otherwise stated, everyone with asthma should use a spacer with their inhaler to deliver maximum benefit to the lungs (unless your child has a breath actuated inhaler). If your child does not have a spacer or has not had an asthma review in the past 12 months, please book an appointment with your GP surgery as soon as possible. For more information on reasons for and how to use a spacer see Asthma UK www.asthma.org.uk.

Please complete the information below and return to school.

Yours sincerely

1. I confirm that my child has been diagnosed with asthma and / or
2. I confirm my child has been prescribed an inhaler
3. My child has a working, in-date inhaler, and spacer clearly labelled with their name, which they will have with them at school every day.
4. Please tick if you DO NOT wish the school to use the schools' inhaler in an emergency

Signed:

Date:

Print name:

Child's name:

Class:

Appendix 7

Emergency inhaler kit

An emergency asthma inhaler kit should include:

- Two or three salbutamol metered dose inhalers (MDIs)
- At least three valved spacers compatible with the inhaler (type will vary according to age range at school)
- Instructions on using the inhaler and spacer.
- Manufacturers' information.
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded. A note of the arrangements for replacing the inhaler and spacers.
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans and on the asthma register with parental consent.
- A record of administration (i.e., when the inhaler has been used)
- Asthma attack flow chart
- Reminder to notify parents/ carers.

Appendix 8

Example of a General Primary School Asthma Action Plan

Use in conjunction with child or young person's personal asthma action plan. Alternatively, the flow chart on page 5 of the policy can be used.

Do I have signs of:

Wheeze / Shortness of breath / Coughing / Saying my chest or tummy hurts?

Stay with me and call for help.

Give me 2-4 puffs of my 'rescue' (blue) inhaler with my spacer using guidance from the orange box below.

How?

Keep calm and reassure me. Sit me up.

Shake my blue rescue inhaler, remove the cap and place in my spacer.

I need to place the mouthpiece of the spacer between my teeth and lips to make a good seal.

I need to spray one puff and then take 10 breaths.

I will repeat the above steps for each puff of the rescue (blue) inhaler (I may need help with this).

If I feel better but this has happened a few times (including at home), I need to see my GP.

If my rescue (blue) inhaler has had little or no effect.

I am struggling to talk in complete sentences. I am coughing and wheezing a lot more. I am breathing hard and fast. I may go very quiet; my nostrils may flare.

Give me up to 10 puffs of the rescue (blue) inhaler with my spacer using the guidance in the orange box above.

You do not have to give the full 10 puffs before you ring 999 if you are worried.

Call 999

Call 999 for an ambulance if there is little or no improvement and you are worried...**OR...if I am exhausted, going blue or have collapsed.**

Call my parent / carer.

Continue to give me 10 puffs every 15 minutes until the ambulance arrives or symptoms improve.

If I am feeling better (my symptoms have resolved), inform my parent / carer.

Advise that I need to see my GP for an asthma review.

Appendix 9

Acknowledgements and suggestions for auditing

This policy is intended for schools to use as a template according to need. It has been adapted from (and with huge thanks to) the excellent <https://www.transformationpartners.nhs.uk/london-schools-guide-for-the-care-of-children-and-young-people-with-asthma-pre-school-primary-and-secondary-school-years/>

And incorporates invaluable guidance from <https://www.beatasthma.co.uk/> and <https://www.asthmaandlung.org.uk/> and <https://www.transformationpartners.nhs.uk/>

This asthma policy can stand alone or be incorporated into the Asthma Friendly Schools Initiative <https://www.healthylondon.org/resource/london-asthma-toolkit/schools/asthma-friendly-schools/>.