



Schools Asthma Policy

Name of school:

Date of Asthma Friendly School accreditation:

Date of Asthma Friendly School review:

Name of Headteacher:

Name of Asthma champion:

Policy Name: Schools Asthma Policy

This document aims to provide nurseries, schools, and colleges with an example policy for the care of children and young people (CYP) who have asthma. This document can be adopted as a policy within schools, localised or used in part to supplement existing asthma policies or adopted in full where no policy previously existed. Every nursery, school and college should have a policy for supporting pupils with medical conditions. It is also a minimum standard of the Asthma Friendly Schools (AFS). For ease, throughout the remainder of this document when the word school(s) refers to all educational provisions (nurseries, schools, sixth forms, pupil referral units and colleges etc.

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Policy requirements:

Every school is required to have an asthma policy, this may be a standalone policy or part of a wider medical needs policy.

The policy must be:

- Be in date with regular review.
- Accessible by all staff
- Available for parents/carers

And include recommendations for:

- 1) A register of all children with asthma.
- 2) Individualised Health care plan, and a personal asthma action plan
- 3) School wide asthma training
- 4) What to do in the event of an asthma attack, including emergency plan and kit
- 5) A system in place for recording salbutamol use and absenteeism data due to asthma
- 6) Identify an asthma champion and their responsibilities.
- 7) Parents responsibilities
- 8) Storage and disposal of inhalers
- 9) School trips and School environment
- 10) Standards of asthma friendly school and accreditation.

For schools to attain asthma friendly status, the standards within the policy must be achieved.

a) A register of all children with asthma

An asthma register of children is held in the school and is updated yearly and when required, Parent/guardian of new child or young person will be required to complete a medical declaration form when joining school and at the start of each new school year. On average you would expect there to be 1-3 CYP per class who have asthma or suspected asthma, if the numbers of CYP on your asthma register does not equate to 1-3 per class, you may need to make further enquiries.

The asthma register is for any child who has been diagnosed with asthma and must:

- Have a named individual responsible for asthma
- Ensure school asthma register in place and updated regularly. Must state name and date of birth of pupil.

- Ensure consent obtained from parent to use and document on the register
- Register available to all staff – suggest displaying in school office/staff room with a photo board
- Ensure pupils have an individual health care plan, including a specific asthma management plan

b) Personalised asthma action plan (PAAP)

Research completed by Asthma UK shows that someone with asthma is four times less likely to be admitted to hospital due to their asthma if they use their PAAP. Therefore, all CYP with asthma should have a PAAP which should be completed and reviewed by a healthcare professional (GP, Practice Nurse, Asthma Clinic, A&E staff or hospital doctor). This should be reviewed at asthma related appointments when there are changes in a CYPs condition or treatment and annually as a minimum.

PAAPs support to ensure that CYPs asthma is managed effectively within school and to prevent hospital admissions. Whilst we maintain that all CYP should have a PAAP there are instances where they are not always completed in some healthcare settings or there is a delay in obtaining the PAAP or delay in bringing it into school.

Parent/guardians should contact their GP or asthma clinic to organise a PAAP and annually review this as a minimum or more frequently if required.

It is a requirement of asthma friendly schools for all children to have a PAAP. If a CYP has a PAAP in school this should be used in the first instance but where this is not available, the school wide asthma action plan can be utilised. Individual health care plan should be used for each individual child alongside a PAAP.

c) Training

Whole staff awareness training, aiming for 85% of staff to be trained in asthma care to be recognised as an AFS, training is available as a free online course by eLearning for health. <https://www.e-lfh.org.uk/programmes/children-and-young-peoples-asthma/> This training is approximately 45 minutes in length, addresses the core competencies expected for AFS and will cover:

- What is asthma, a basic understanding.
- Recognising poorly controlled asthma.
- Recognition of an acute asthma attack
- Management of an acute attack
- Environment impact on asthma: pets, air pollutions, internal air quality, influence of season.
- Socioeconomic aspects of asthma: able to demonstrate basic modifiable risk factors.

d) What to do in an asthma attack and emergency asthma kit

What to do in an asthma attack:

- Staff should be trained to recognise an asthma attack and know how to respond.
- If a child has an asthma attack in school a member of staff will remain with them throughout and administer their inhaler in accordance with the emergency procedure.
- No student should ever be sent to get their inhaler in this situation; the inhaler must be brought to the student.
- Posters should be identified and placed around the school building to follow during an attack.
- In an emergency situation 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 management should ensure that there are asthma emergency procedure posters on display in prominent places e.g., the staff rooms, the school office, reception and gymnasiums.

Emergency Kit:

As a school we are aware of the Department of Health guidance on and aware that we can purchase salbutamol inhalers and spacers.

This following document states:

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

- 3 emergency inhaler kits are purchased to keep in school as part of school asthma policy, conveniently located in key areas and accessibility during lesson time, PE, play/break time and emergency situations.
- Can only be used for pupils who have a diagnosis of asthma or suspected asthma and have been prescribed a salbutamol inhaler.
- Parental consent must have been given to use the emergency inhalers.
- An emergency kit should be taken out of school for offsite activities/residential trips.
- Each kit should consist of: - Asthma register (with parental consent) - 1 large volume spacer device - 1 salbutamol 100mcgs per puff inhaler - Information leaflet on how to administer - Asthma attack flow chart

- Inhaler actuation chart - Letter template to send to the parent informing them that the emergency inhaler/spacer has been used.

- Ongoing maintenance of kit, expiry dates, re-ordering when near expiry or running low
- Record of usage and informing parent/carer Advice about the management of asthma emergency kits can be found at:
- Asthma attack flow chart displayed in school – all staff to be familiar.
- Where a child has used the school emergency salbutamol inhaler, the parent must be informed the same day, by electronic letter or verbal.
- Where the child has used their own salbutamol inhaler in school, the parent must be informed the same day, by electronic letter or verbal.
- The school to have an emergency kit policy.

e) Recording salbutamol use and absences due to asthma

There is no reason for a child to miss out on education due to asthma. Poor asthma control should not be accepted as a reason for missing school or being late, and as such local policy around missing school and referral to educational welfare teams should not be delayed for this reason, however, it must also trigger referral to the school nursing team and the safeguarding lead at the school as per the school absence policy.

As a school recording SABA use and missed days is an important step in the identifying poorly controlled asthma.

We recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out)
- Excessive shortness of breath on exercise or when exposed to a trigger.
- Tight chest

A child using a salbutamol inhaler more than three times per week including PE, would indicate poor asthma control, where this is noted the school's asthma lead and parents must be informed and directed to primary care for a review of their asthma. Optimising asthma therapy will prevent children from missing days to school due to asthma.

For children who self-manage.

- If a pupil carries their own inhaler as part of their PAAP/ IHCP, a spacer and metered dose inhaler should be available for them to use in school – provided by the parent.
- Parents should be informed if a pupil who self manages appears to be using their inhaler more than usual.
- Encourage pupils who self-manage to carry a copy of their school plan in their bag.

The school should have a system for missed days for asthma, children who are reporting poorly controlled asthma should be organising a follow up with their practice nurse for a review of their asthma.

f) Identify an asthma champion in the school

The school should have an asthma lead who will ensure the eligibility criteria for AFS is maintained including:

- Review of the asthma policy
- Maintenance of the asthma register
- Management of emergency kits including consent processes
- Supporting CYP and their families to ensure their correct medication and spacer is in school with other key staff.
- Attended the asthma training, keep a register of staff who have completed their training.
- Ensuring the school is assessed against the eligibility criteria on an annual basis.

g) Parents or guardian responsibilities.

To include informing the school if their child has asthma or suspected asthma, to ensure their child has an up-to-date written self-management plan from their doctor or specialist healthcare professional and that they share this with the school.

- Inform the school about the medicines their child requires during school hours.

- Inform the school of any medicines the child requires while taking part in visits, outings, field trips and other out-of-school activities such as school sports events.
- Inform the school of any changes to their child's condition.
- Ensure their medicines and medical devices are labelled with their full name and date of birth, in the original pharmacy packaging.
- Ensure that their secondary school student takes their inhaler to school and is confident about telling others if they are feeling unwell and needs to use their inhaler.
- Ensure their child has regular reviews (at least annually and after each exacerbation) with their doctor or specialist healthcare professional.

h) Inhaler storage and disposal.

All inhalers are supplied and stored, wherever possible, in their original containers. All medication needs to be labelled with the student's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency. Medicines are stored in accordance with instructions at room temperature.

Ensure students who do not carry and administer their own medication know where their inhalers are stored. This should preferably be in the classroom and not in the main school office. This is likely to be for primary school students.

- Ensure all staff attending off site visits are aware of any students on the visit with asthma and have brought their medication. They should be trained what to do in an emergency.
- All inhalers and spacers are sent home with students at the end of the school year. Medications are not stored in school over the summer holidays.
- Emergency medications are readily available to students who require them at all times during the school day whether they are on or off site.
- Secondary school students who are self-managing are reminded to always carry their inhalers and spacers with them.
- All children should have their own inhaler available to them during PE.
- Parents are responsible for collecting out of date medication from school.

- A named member of staff is responsible for checking the dates of medication and arranging for the disposal of those that have expired.
- Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy.

i) School trips and School environment.

The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack. They should not keep warm blooded pets (for example dogs, rabbits or guinea pigs) inside the school premises.

Smoking is explicitly prohibited on the school site. There are other asthma triggers, for example house dust mites, viruses, damp, mould and air pollution. Idling in cars, which means keeping the engine running while stationary when waiting to drop off or pick-up children from school, increases the amount of toxic pollutants in the air which can trigger asthma symptoms. Exposure to these triggers should be limited wherever possible.

Students who are known to have specific triggers will not be excluded from any activities and alternative options will be sought if required. Cleaning and grass cutting should, where possible, be carried out at the end of the school day.

Ensure students with asthma are not excluded from activities in which they wish to take part. Ensure secondary school students have the appropriate medication with them during activity or exercise and are allowed to use them when needed.

j) Standards of asthma friendly school and accreditation.

For a school to attain asthma friendly status they must meet the Standards 1-6

- 1) A written asthma policy in place, identify an asthma champion and their responsibilities.
- 2) A register of all children with asthma
- 3) Individualised Health care plan, and a personal asthma action plan
- 4) Schools' wide asthma training
- 5) What to do in the event of an asthma attack, including emergency plan and Kit
- 6) A system in place for recording salbutamol use and absenteeism data due to asthma

Once the school has completed the Standards needed to meet asthma friendly school status and completed the check list it is shared with the CYP Community Asthma team. The school will then be awarded asthma friendly accreditation, with a logo and certificate.

For future accreditation, it is the asthma champions responsibility to complete an annual review to assure these standards have been continued, and the check list will need to be completed annually. Once every 3 years these check lists are reviewed by the CYP Community Asthma team, if a school is not meeting the standards following audit, refer back to the CYP Community Asthma team for support.

If at any point the school are unable to meet the standards, please contact CYP Community asthma team- ccs.cypasthma@nhs.net to discuss the best way to support the school.

Resources:

Key Documents have given schools more responsibility in looking after children with medical conditions.

1. Supporting Children with Medical Needs (2015)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf
2. Guidance on the use of Emergency Inhalers in Schools (2014)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf
3. Keeping children safe in schools (2022)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101454/Keeping_children_safe_in_education_2022.pdf
4. How To manage an asthma attack poster
<https://www.beatasthma.co.uk/wp-content/uploads/2022/07/How-to-manage-an-asthma-attack-2022.pdf>
5. How to recognise an asthma attack poster
<https://www.beatasthma.co.uk/wp-content/uploads/2017/10/1-HOW-TO-RECOGNISE-AN-ASTHMA-ATTACK-for-schools-1.pdf>
6. School-wide asthma plan
<https://www.beatasthma.co.uk/wp-content/uploads/2023/02/1-personalised-asthma-action-plan-for-schools.pdf>

Appendix 2 Template letter for parent – Introduction letter:
(Template letter to be used on school headed paper)

Dear Parent/Guardian

We are currently reviewing our asthma policy in partnership with NHS Cambridgeshire and Peterborough, to become an asthma friendly school. To do this, it is important that we update our records for all children who have a diagnosis of asthma or who are suspected to have asthma by the GP or hospital. Please would you update the information regarding your child so we can ensure our school records are accurate.

Our updated asthma policy means we will have an emergency salbutamol reliever inhaler on site. This is a precautionary measure, to be used in an emergency only. You still need to provide your child with their own inhaler and spacer prescribed. If you wish for us to use the school's inhaler in an emergency, please fill in the details below and return to school as soon as possible. If the emergency inhaler and spacer is used, you will need to organise a replacement.

Please note that 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 12months, please book an appointment with your GP as soon as possible.

Please complete the information below and return to school.

I confirm that my child has been diagnosed with asthma, or suspected asthma.

I confirm my child has been prescribed an inhaler.

My Child has a working in date inhaler and spacer clearly labelled with the name, which they will keep in school. (*Primary school*) Or have with them at school every day (*secondary school*)

Please Tick if you wish the school to use the school's inhaler in an emergency.

Name

Signed

Date

Yours sincerely,



Appendix 3 Template for Personalised action plan: (Template letter to be used on school headed paper)

Dear Parent/Guardian

We are currently reviewing our asthma policy in partnership with NHS Cambridgeshire and Peterborough, to become an asthma friendly school. To do this, it is important that we update our records for all children who have a diagnosis of asthma or who are suspected to have asthma by the GP or hospital.

Please note that 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). This should be labelled kept with the child or in school depending on age. 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 practice nurse as soon as possible

As a school we are required to keep a personalised asthma action (PAAP) plan for each child with asthma or suspected asthma. Most children are given a PAAP when they see the asthma nurse for review, you were not given one please contact your surgery to have this provided.

If you are having difficulty obtaining a PAAP please contactwho is our school's asthma champion.

Our updated asthma policy means we will have an emergency salbutamol reliever inhaler on site and our staff have been trained in its use. This is a precautionary measure to use in an emergency, we will only use this in an emergency and your child does not have her own inhaler at school. If the school emergency inhaler is used, you will be expected to replace the inhaler and spacer.

Yours sincerely,

Appendix 4 Template letter for parent – Use of school’s emergency salbutamol inhaler:

(Template letter to be used on school headed paper)

Name

Class

Date

Dear parent/carer

This is to inform you that _____ needed to use the school emergency salbutamol inhaler/spacer whilst at school today because

- His/her salbutamol inhaler was empty/did not work
- He/she did not have their own salbutamol inhaler in school
- He/she did not have a spacer in school
- Other (please specify): _____

Please ensure that a new salbutamol (blue) inhaler is sent into school as soon as possible.

The spacer will now be kept for your child to use at school. As this was the school’s emergency spacer, please can you make arrangements to replace this, as agreed, as soon as possible (your GP can prescribe this)

Yours sincerely,

Appendix 5 Template letter for salbutamol use and poorly controlled asthma:
(Template letter to be used on school headed paper)

Schools Name

Childs name

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.

It is recognised that a child using a salbutamol inhaler more than three times per week including PE, indicates poor control and we would encourage you to arrange an appointment with your GP or Practice nurse for a review.

Yours sincerely,



Appendix 6 Emergency Kit policy:

Schools Asthma Emergency Kit

How to obtain your Asthma Emergency Kit

Your Local Pharmacy can supply you with an emergency asthma Kit.

There is a cost to this supply which may vary between pharmacies.

In October 2014, new legislation was introduced to enable schools to legally hold spare emergency inhalers to use in the event of a potentially life-threatening asthma attack. Schools are therefore allowed to purchase a salbutamol inhaler **without a prescription** for use in emergencies.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

To comply with the new legislation Pharmacists must obtain a request signed by the head teacher on schools headed paper or by using the attached order form.

The letter should state:

- the name of the school for which the product is required.
- the purpose for which that product is required, and
- The total quantity required. (Pharmacists please note this will depend on the size and geography of each school).

Maintaining Your Emergency Kit

It is essential there is a clear procedure in place for maintaining this emergency kit. The following are suggested steps to take.

- Monthly visual check of kit to ascertain contents are present and correct – signature date and time of the check to be recorded in the kit bag.
- If anything is missing steps should be taken to replace missing contents immediately – this should be documented as well as action taken.
- Adequate (not excessive) Spares should be kept on school premises for this purpose.
- Inhaler Expiry dates should be recorded on the outside of the Kit bag and on the school register and replenished in advance of the expiry date.

- The Spacer Devices are single Patient use – they must not be used for more than one person due to the risk of cross infection. It is good practice to send the spacer device home with the child who used it.
- With any new inhaler shake well and Prime (spray) four times away from the face before use. Shake and Prime (Spray) Twice on a monthly basis to ensure it is in working order.
- Each salbutamol inhaler contains 200 actuations (puffs). It is important to record the actuations used to know when to replace the inhaler. Use the emergency Salbutamol Inhaler Actuation (puff) Record chart.

All inhaler devices should be stored in a cool, dry place and out of direct sunlight in accordance with manufacturer's instructions.

What's in the Kit...

An emergency asthma inhaler kit should include:	Yes	No
A salbutamol metered dose inhaler		
Manufacturer's instructions		
At least two single-use plastic spacers compatible with the inhaler. Volumatic spacer and/or – Yellow aero chamber (under 5's) and a Blue/green aero chamber (5 and over)		
Instructions on how to administer inhaler using spacer/plastic chamber		
Instructions on cleaning and storing the inhaler and spacer.		
Label for Expiry date – to be placed on the outside of the bag.		
Pharmacy contact details		
A record of administration template (i.e. when the inhaler has been used).		
Asthma Champions Details		



Appendix 7 Asthma Friendly School check list:

Asthma Friendly School Criteria Checklist		
School	Name of contact	Name Of School
Standard 1 Policy Schools policy should be available to view, all staff should be aware of where it is kept.	Details Amended the Template policy to reflect internal procedures. All staff and parents are aware of the policy. (please note evidence source) Date for review, to be set as annual. The school must identify an asthma champion who has responsibility for review of policy and annual audit for asthma freidnly schools.	Criteria Met Yes No Action
Standard 2 Asthma Register	Register Should clearly state name and DOB of student. Consent to administer emergency medication should also be recorded. If prevalence was low (less than 10%) at initial audit a sweep of whole school should have been undertaken and register updated with newly identified students. Consent for use of emergency inhaler recorded on register Must be displayed in School office and staffroom/common room with Emergency poster.	Yes No Action
Standard 3 Emergency Kits/Procedures	Emergency Kits (minimum of 2 in any school) conveniently located at key points throughout the school. Staff aware of where these are and have easy access to them. Emergency Kit for off - site activities/evacuation of building. Contains Checklist and clear procedures on monitoring use and contents. Parents are informed promptly if emergency kit is required and advised to bring child for review. Asthma Champion/ Leads are easily identified by staff members	Yes No Action

<p>Standard 4 Personalised Asthma Action Plan (PAAP) in addition to a IHCP</p> <p>Recording use of student's medications</p> <p>Students who self-manage.</p> <p>Storage of Inhalers/spacers</p>	<p>Students have a PAAP and know where it is kept – usually school office.</p> <p>Records kept of medication usage and parents informed promptly of any incidents/usage outside of the PAAP.</p> <p>Check that 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 1 record.</p> <p>Students should be encouraged to self-manage their condition where appropriate.</p> <p>Asthma medication and spacer is clearly labelled and stored in a cool</p> <p>Location</p> <p>Expiry dates are checked regularly by staff and Replaced when required.</p> <p>Inhaler is administered via a spacer.</p> <p>Spacers are single person use</p>	<p>Yes No Action</p>
<p>Standard 5 Whole School Training</p>	<p>Asthma training should be taken up by the whole school – a minimum of 85% is required to achieve Kite Mark status.</p>	<p>Yes No Action</p>
<p>Standard 6 Monitoring absences for missed school days</p>	<p>The school should have a system in place to record missed school days related to asthma.</p> <p>The school should have a have an awareness of CYP who show poor asthma controlled.</p> <p>The school should be able to communicate with parents/carers a CYP has poor asthma control and request a asthma review.</p>	<p>YES No Action</p>

Contact details for CYP community asthma team:

Please contact the children and young people (CYP) community asthma team at ccs.cypasthma@nhs.net if you have any queries about the contents of this document or the best way you would like to be supported as a school.

Acknowledgments:

- NHS Devon
- Healthy London Partnership