



ASTHMA FRIENDLY SCHOOLS GUIDE



Introduction

Asthma is the most common long-term medical condition in children. It is an inflammatory condition that affects the airways. It cannot be cured, but with appropriate management, quality of life can be improved. Having asthma has implications for a child's schooling and learning. It impacts on care given within schools and early years settings. Appropriate Asthma care is necessary for the child's immediate safety, long-term wellbeing and optimal academic performance.

Whilst some older children may be fully independent with their condition, younger children, children with learning difficulties or those newly diagnosed are likely to need support and assistance from school staff during the school day, to help them to manage their asthma in the absence of their parents.

The 2010 Children, Schools and Families Act and the Children and Families Act 2014 introduce a legal duty on schools to look after children and young people with medical conditions. This is inclusive of children with asthma. It is therefore essential that all school staff and those who support younger children have an awareness of this medical condition and the needs of pupils with asthma.

The Asthma Friendly Schools initiative enables a clear framework between Schools, Public Health and Primary/Secondary Healthcare to ensure children and young people living with asthma have safe and effective management across settings. The initiative was launched within the Cambridgeshire and Peterborough area in 2023.

It is hoped that many schools will want to partner to improve asthma care for children and young people and ultimately save lives. The initiative has run successfully over several years in London, helping to reduce unnecessary and distressing hospital admissions as well as reduce school absences.



**Asthma
Champion
Identified**

**Whole
School
Training**

**Evidence
Self
Checklist**

**Submit
Self
Checklist**

**Receive
Certification**

**Communicate
to
Parents**

**Asthma
Friendly
School
with 2 yearly
certification**





Standard	Checklist	Comments/evidence
Asthma champion	Asthma Champion identified and school staff made aware of role.	
Asthma Policy	<p>Asthma Policy in place, staff aware and have reviewed. Asthma Policy available for parents to review.</p> <p>Asthma inhalers are kept with the child or in an accessible place in school (with spacers). When kept in school the Asthma Champion checks expiry dates at least every 6 months and reminds parents to provide another inhaler prior to expiry.</p>	
Asthma Register	<p>An Asthma register is in place and accessible to staff. Parents/Carers are routinely contacted before starting school to ask about asthma. Parents/carers are reminded to inform school of any diagnosis of asthma.</p> <p>Posters or other forms of communication help inform staff of which children have asthma.</p>	
Emergency Medication kit	<p>School has an Emergency Medication Kit(s) consisting of an inhaler and a spacer. The kit is kept in an accessible space within school. Provision should be made for emergencies when on school trips/residentials/attending sports events.</p>	
Personalised Asthma Action Plan (PAAP)	<p>A copy of a child's Personalised Asthma Action Plan (PAAP) is requested from each child with Asthma.</p> <p>Each school should have a School Wide Asthma Emergency Plan that can be used in the absence of a PAAP.</p>	
Recording and Sharing information	<p>Staff should keep a register in school of all students who have asthma. Staff should inform the Asthma Champion when a child has used their inhaler within school (wherever possible). Staff/Asthma Champion should ensure that contact is made with parents/carers when an inhaler is used in school (whenever possible). Staff should encourage those self-managing asthma in school to inform them when they have used their inhaler.</p> <p>PE staff/Asthma Champion should take note of any children who wheeze or regularly require their inhaler post exercise and should ensure parents are informed to seek clinical review.</p>	



Communication and Record Keeping

It is the responsibility of parents on admission to school to inform of any health needs including asthma. Schools should make it clear to parents to inform the school of any changes such as a new diagnosis of Asthma.

The school will keep an accurate record of each occasion a student is given or supervised taking their inhaler. 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. Details of the supervising staff member, student, dose, date and time are recorded. Parents will be informed if a student uses their inhaler at any time unless there is routine use which is clearly stated in their Personal Asthma Action Plan (PAAP) such as prior to sports.

If a student refuses to use their inhaler, this is also recorded, parents are then to be informed as soon as possible. Schools keep an asthma register so that they can identify and safeguard students with asthma; this is held in the classroom and school office.

All children should have a Personal Asthma Action Plan (PAAP) to help them and others know what to do to manage their asthma and how to escalate care when their asthma is worsening. A Personal Asthma Action Plan should be completed by a healthcare professional in partnership with Children and Young People and their parents/carers. Children should have their PAAP's reviewed at their Annual Asthma Review, which usually happens at their GP practice.

A copy of their PAAP should be given to school so staff are aware of each child's needs. To ensure all children are safe, including those who do not have a PAAP in school for whatever reason, the school should have a School Wide Asthma Emergency Plan. It is highly recommended that this plan is kept easily accessible, including stored with the emergency inhaler and spacer within school.

If a student's inhaler is unavailable/not working the school will use the schools' emergency inhaler (if the parent/carer has consented) and inform the parent as soon as possible.

Consent to use emergency inhalers should be recorded.





Parents/Carers responsibilities

- Informing the school if their child has asthma.
- Ensure their child has an up-to-date Personal Asthma Action Plan (PAAP) that has been completed by the child's doctor/nurse with the child and family and a copy is kept in 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.
- Ensure that their child's inhaler and spacer is available in school and is within their expiry dates when given to school and plan for a replacement to be available before expiry.
- 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.
- If their child is off school, they catch up on any schoolwork they have missed.
- Ensure their child has regular reviews (at least annually, also when asthma is worsening and after any asthma attack) with their doctor or specialist healthcare professional.





School management and teachers' responsibilities

- School management team ensure that the school's asthma policy is read and understood by all members of staff including teachers, teaching assistants, support staff and catering staff. School management review the asthma policy annually and conduct an annual review of the safe management of asthma in the school.
- The school asthma policy will be shared and available to parents.
- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency. Know which students have asthma and be familiar with the content of their Personal Asthma Action Plan (PAAP).
- Allow all students to have immediate access to their emergency medicines.
- Inform parents if a child uses their inhaler at school wherever possible (including trips out, sports, residential etc).
- Encourage parents to seek a clinical review if a child regularly uses their inhaler at school. Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure students who carry their medicines with them, have them when they go on a school trip or out of the classroom. Ensure secondary school students have the appropriate medication with them during activity or exercise and are allowed to use them when needed.
- Be aware that asthma can affect a student's learning and provide extra help when needed. Be aware of children with asthma who may need extra social support.
- Liaise with parents, the student's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition.
- Use opportunities such as Science and Personal Social Health and Economic (PSHE) education to raise student awareness about asthma.
- Understand asthma and the impact it can have on students (students should not be forced to take part in an activity if they feel unwell). If school identify a pattern or are concerned about an individual student, they will inform their parent/carer and seek medical advice.
- Ensure students with asthma are not excluded from activities in which they wish to take part.



School Asthma Champion responsibilities

- Complete the Tier 1 training every 2 years and attend asthma training every other year.
- Know what the procedures are and which students have asthma, be familiar with their Personal Asthma Action Plans (PAAP).
- Communicate parental concerns and updates to the Asthma Champions.
- Inform the Asthma Champion if a school emergency inhaler has been used.
- 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.
- Record the usage in the main asthma register located in the school office if the school's emergency inhaler has been used.
- Ensure all students with asthma have easy access to their reliever inhaler and spacer.
- Encourage all students to carry and administer their own inhaler when their parents and health care provider determine they are able to start taking responsibility for their condition. This is likely to be only secondary school students.
- Ensure students who do not carry and administer their own emergency 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.
- Ensure that, if a student misuses medication, either their own or another student's, their parents are informed as soon as possible, and they are subject to the school's usual disciplinary procedures.



All staff responsibilities

Asthma Champions are delegated responsibility by the head teacher and school governors/trustees to ensure:

- Schools have an adequate supply of emergency kits and know how to obtain these from their local pharmacy.
- Procedures are followed.
- Asthma register is up-to date and accessible to all staff.
- All children on the register have consent status recorded, an inhaler, a spacer, and a Personal Asthma Action Plan (wherever possible).
- That medication use in school is monitored. Parents/carers should be informed of any salbutamol inhaler use during the school day apart from prior to sport (when clearly stated on the PAAP). If a pattern of regular use is emerging at school for example, if a child was using their rescue inhaler three times a week, then the linked Asthma Healthcare Professional should be informed after discussion with parents/carers.
- Expiry dates are checked at least every half term and impending expiry dates are communicated to parent/guardian.
- Replacement inhalers are obtained before the expiry date.
- Their own training is up to date.
- The school's policy in practice is audited annually using a 'self-checklist'. The Asthma Champion(s) enable the linked healthcare professional or nominated other to complete an annual audit within school for quality purposes.
- Ensure Inhalers and spacers are washed and checked regularly according to instructions; care should be taken not to muddle the components as this could pose a risk to the allergic child. 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 kits are checked regularly with contents sterilised immediately after use.
- Asthma Leads/Champions are trained and confident to support in an emergency.



Safe storage

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.

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 carry their inhalers and spacers with them at all times.

Safe disposal

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 a community pharmacy.

Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as pharmaceutical waste for disposal. Registration only takes a few minutes online, is free, and does not usually need to be renewed in future years:

Medicines are stored in accordance with instructions at room temperature.



Physical education and activities

The school management and governors need to ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to students with asthma.

Physical Education (PE) teachers will be sensitive to students who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents should be made aware so medical help may be sought.

This includes out of school visits, which schools ensure are accessible to all students.

Children and young people with asthma will have equal access to extended school activities, school productions, after school clubs and residential visits.

Staff will have training and be aware of the potential social problems that students with asthma may experience. This enables schools to prevent and deal with problems in accordance with the school's anti bullying and behaviour policies.

Staff use opportunities such as Personal, Social Health and Economic (PSHE) education lessons to raise awareness of asthma amongst students and to help create a positive social environment and eliminate stigma. School staff understand that students with asthma should not be forced to take part in an activity if they feel unwell.

Staff are trained to recognise potential triggers for asthma when exercising and are aware of ways to minimise exposure to these triggers.

PE teachers should make sure students have their inhalers with them during PE and take them when needed as stated in their plan.

Risk assessments will be carried out for any out of school visits. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency. Schools should recognise there may be additional medication, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.

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.



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 number of toxic pollutants in the air which can trigger asthma symptoms. Exposure to these triggers should be limited wherever possible.

School absence due to Asthma

The school management should monitor attendance and raise concerns where low attendance can be correlated to Asthma. Parents should be contacted, and a discussion had to ensure that support is being sought for the child's asthma. If the school remain concerned and/or the child does not appear to be improving, then a team around the child approach should be adopted to ensure safety and vital information sharing. 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.

Asthma attack

Staff should be trained to recognise an asthma attack and know how to respond. It is good practice to clearly display the procedure to be followed on posters in the staff room and office as a reminder.

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. Emergency services and parents will be informed. A member of staff will accompany the student to hospital until their parent/carer arrives. The Asthma Champion should be informed after the event so that they can liaise with the linked Asthma Healthcare Professional for support and advice. An asthma attack is a frightening experience for anyone involved in caring for the child or in the vicinity. Schools should consider how best to support staff and students following an asthma attack and use this as an opportunity to raise awareness amongst the school body.



Legislation

The Children and Families Act 2014

Section 100 of the Children and Families Act 2014 introduced a legal duty on schools to look after children with medical conditions. This is inclusive of children with asthma. Schools must make arrangements to support pupils at school with medical conditions and have regard to the statutory guidance: See Supporting Pupils at School with Medical Conditions.

The Education Act 2002

Sections 21 and 175 detail how governing bodies of maintained schools must promote the wellbeing of pupils and ensure the safeguarding of children at the school.

Section 3 of the Children Act 1989

This 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. With relation to a child with asthma, this will mean knowing what to do in the event of an emergency and doing it.

Legal duties on local authorities

Local authorities have legal responsibilities to help make sure 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 17 of the Children Act

This gives local authorities a general duty to safeguard and promote the welfare of children in need in their area. If a school is looking after a child with asthma so poorly that the child is put in danger, the local authority must step in.

Section 10 of the Children Act 2004

This is a particularly important piece of legislation if schools are struggling to get the support and training, they need to allow them to look after a child with asthma properly. Section 10 essentially means 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, integrated care systems and NHS England and Improvement. 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.



Legislation

Section 3 of the NHS Act 2006

This gives Integrated Care Systems (ICSs) 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 the people in its area need if these needs are reasonable. This section also provides for ICSs to arrange 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. 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

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'. A substantial adverse effect is a negative effect that is more than trivial, and the effect is long-term if it has lasted or is expected to last for more than twelve months. Whilst only a court or tribunal can decide whether a person with asthma is covered by the definition, 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, including maintained (non-fee paying) and fee-paying schools.

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Cambridgeshire Community Services NHS Trust: delivering excellence in children and young people's health services