London Asthma Friendly Schools Guide

Contents

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 the same as for everyone else.

Having asthma has implications for a child's schooling and learning. Appropriate asthma care is necessary for the child's immediate safety, long-term well-being and optimal academic performance. Whilst some older children may be fully independent with their condition, younger children, children with learning disabilities or those newly diagnosed may 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 **Children and Families Act 2014** introduced a legal duty on schools to make arrangements for supporting pupils at the school with medical conditions. This is inclusive of children with asthma, and 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 (AFS) programme** sets out clear, effective partnership arrangements between health, education and local authorities for managing children and young people with asthma at primary and secondary schools. For more information about the AFS programme, see the link in Appendix 1 or contact the school nurse.

Purpose and summary of this document

The purpose of this document is to enable schools to manage children and young people with asthma effectively in a school setting.

The following is a summary of the recommendations contained within this document and is based on guidelines derived from clinical practice at Whittington Health, London Borough of Islington and from contributions from key stakeholders from across London. It is endorsed by the London Asthma Leadership and Implementation Group for Children and Young People.

- Each school should have an up-to-date medical conditions /asthma policy.
- The school should maintain a register of children and young people with asthma.
- Staff will have access to appropriate training and annual updates.
- Schools should request individual or personalised asthma action plans as well as having a school-wide plan for what to do in the event of an asthma attack.
- Children and young people should have appropriate supervision depending on their individual needs.
- Children and young people should have immediate access to their inhalers and spacers, ideally in the classroom. It is the school's responsibility to make sure staff know where the inhalers and spacers are kept. [Note, some inhalers are breath-actuated and do not require a spacer. These will mainly be used by secondary school students.]
- In the event of an asthma attack, the inhaler and spacer should always be taken to the child.

- Schools should ensure they have at least two emergency asthma kits available. Larger or multi-site schools may need more.
- Primary schools: Children may require support to manage their asthma in school in line with the Children and Families Act 2014.
- Secondary school: The student will be largely independent but may require intermittent support.
- Schools should recognise the impact of exposure to air pollution inside and outside the school building on children and young people, and work with local authorities to reduce exposure to air pollution.

This policy reflects the requirements of key legislation **(Appendix 2)** and in particular two documents:

1. Supporting pupils at school with medical conditions (2014)[1] and
2. Guidance on the use of emergency salbutamol inhalers in schools (2015)[2]

It references guidance from NHS England (October 2024) on the duties of health commissioners when supporting children and young people in education with medical conditions, which encourages health, education and local authorities to work together to fulfil their responsibility to ensure all children and young people can access education. It also takes account of guidance from the Royal College of Nursing on Meeting the Health Needs of Children and Young People in Educational and Community Settings (December 2024) and commentary from Unison on Supporting pupils at school with medical conditions (January 2025).

This policy sets out how a school can support students with asthma. The school works closely with students, parents and health colleagues to ensure it has robust procedures in place for the administration, management and storage of asthma inhalers and spacers at school. Parents/carers are kept informed if their child has used their inhaler during the school day.

Parents are required to ensure the school is aware of their child's needs **(Appendix 3).** Parents should ensure the school has a copy of their child's asthma action plan. They should provide the school with one named inhaler and spacer in the original packaging, detailing the prescription.

For primary school children, the inhaler and spacer should be kept in the classroom whilst secondary school students should carry their inhaler (and associated spacer, if one is required) themselves.

School management and governors should ensure that an Asthma Champion (see **Appendix 4** for definition of roles) will check the expiry dates of inhalers every half term and advise parents if a new inhaler is required. It is the responsibility of parents/carers to ensure all inhalers are in date as advised by the school Asthma Champion and that the school is kept informed of any changes to children's medication or care needs throughout their time at school.

School staff are not obliged to help students administer their inhalers, however some will be happy to do so.

[1] https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Students with asthma should be fully integrated into school life and able to participate fully in all activities including physical education (PE). Students always require open and immediate access to their inhalers and spacers for all school activities; schools should have clear procedures in place that facilitate this.

Record keeping

It is the responsibility of parents/carers to inform the school on admission of their child's medical condition and needs **(Appendix 3).** It is also important that the school is informed by parents of any changes. 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 (eg. classroom and office), the record is amalgamated to clearly reflect frequency of use. Ideally there should be one record **(Appendix 5)**. 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 **(Appendix 6)**. Where schools use an electronic medical tracker, this can be used to inform parents and carers of inhaler use.

If a pupil refuses to use their inhaler, this is also recorded and parents are informed as soon as possible. Schools keep an asthma register **(Appendix 7)** so that they can identify and safeguard students with asthma; this is held in the classroom and school office.

Schools should request a copy of the student's personalised asthma action plan, developed with their GP or asthma healthcare specialist, and should have a school-wide emergency asthma plan **(Appendix 8)** that is familiar to all staff and visible in school.

In the event a student's inhaler is unavailable/ not working, the school will use its emergency inhaler and spacer, inform the parent/carer as soon as possible **(Appendix 9)** and record this use **(Appendix 10)**. The school nurse should be informed as well. Consent to use emergency inhalers should be recorded on the asthma register and the pupil's personalised asthma action plan.

Parents' responsibilities

- Inform the school if their child has asthma.
- Ensure their child has an up-to-date written personalised asthma action plan from their doctor or specialist healthcare professional and that they share this with the school.
- Inform the school about the inhaler/s and spacer/s their child requires during school hours.
- Inform the school of any inhaler/s and spacer/s the child may require while taking part in visits, outings, field trips and other out-of-school activities such as sports events. Inform the school of any changes to their child's condition.
- Ensure their child's inhaler/s and spacer/s are labelled with their full name, and are in the original pharmacy packaging.

- Ensure that their child's inhaler/s are within their expiry dates as advised by the school Asthma Champion.
- Ensure that their secondary school student takes their inhaler and spacer (if one is required) to school and is confident about telling others if they are feeling unwell and need to use them.
- Ensure their child has regular reviews (at least annually and after every asthma attack) with their doctor or specialist asthma healthcare professional.
- Ensure in-date inhalers come into school on the first day of the new academic year.
- Spacers need to be replaced annually if used regularly.

School management and teachers' responsibilities

- Ensure that the school's asthma policy (link to an example) is read and understood by all members of staff including class teachers, physical education teachers, teaching assistants, support staff and catering staff.
- Share the school asthma policy and make it available to parents.
- Ensure 85% of school staff undertake National Capability Framework tier 1 training as provided by e-Learning for Healthcare or equivalent local and/or face to face training. Schools should contact the school nursing service for the local offer in the first instance.
- 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 school's asthma policy/processes. This is particularly important for staff accompanying students on trips.
- Allow all students to have immediate access to their emergency inhalers.
- Inform parents if a child uses their inhaler.
- 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 inhalers and spacers with them have them when they go on a school trip or out of the classroom.
- Be aware of children and young people with asthma who may need extra social support.
- Be aware that asthma can affect a student's learning and provide extra help when needed.
- Liaise with parents, the student's healthcare professional/s, special educational needs coordinator and welfare officers if they are falling behind with their work because of their condition.
- Use opportunities such as Personal Social Health & Economic (PSHE) education to raise pupil awareness about asthma (link to useful resources).

- Understand asthma and the impact it can have on students. If schools 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 due to their condition (although they should not be forced to take part in an activity if they feel unwell).
- Ensure secondary school students have the appropriate inhaler/s and spacer/s (if required) with them during activity or exercise and are allowed to use them when needed.
- Review the asthma policy annually and conduct an annual review of the safe management of asthma in the school.

School Asthma Leads' / Champions' responsibilities

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

- Schools have an adequate supply of emergency kits and know how to obtain supplies from their local pharmacy.
- Procedures are followed.
- The asthma register is up-to-date and accessible to all staff.
- All children on the register have consent status recorded, an inhaler, a spacer (unless they use a breath-actuated device) and a personalised asthma action plan provided by the child's parents.
- That inhaler use in school is monitored. For any emergency salbutamol inhaler use during the school day, parents and whoever collects the child from school that day should be informed **(Appendix 9).** If a pattern of regular use emerges at school – for example, if a child uses their reliever inhaler more than once a month – the school nurse (or asthma clinical nurse specialist (CNS) if links are in place) should be informed. The school nurse should then liaise with the child's GP/practice nurse or specialist.
- Expiry dates are checked at least every half term and impending expiry dates are communicated to parents/carers.
- Replacement inhalers are obtained before the expiry date.
- Empty/out of date inhalers are disposed of appropriately (see Safe Disposal section).
- Their own training is up to date.
- The school's policy in practice is audited annually. The Asthma Champions/Leads enable the school nurse or CNS to undertake the annual audit (**Appendix 11 and Appendix 12).**
- Individual students' 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 an allergic child. Plastic spacers and inhalers should be washed as follows:
    - Take aerosol out of inhaler and take spacer apart.
    - Wash inhaler housing and spacer with warm soapy water for 15 minutes.
    - Shake off excess water and leave to air dry.
    - Once dry, put back together and place in a material bag or box.

- 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 and contents replenished immediately after use.
- Asthma Leads/ Champions are trained and confident to support in an emergency situation.

All staff responsibilities

All staff working in an Asthma Friendly School are expected to:

- Attend asthma training yearly.
- Know which students have asthma and be familiar with the emergency asthma procedures.
- Communicate parental concerns and updates to the Asthma Lead/Champions.
- Inform the Asthma Lead/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 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 if the inhaler requires one).
- Encourage all students to carry and administer their own inhaler (and spacer if the inhaler requires one) when their parents and healthcare 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 only.
- Ensure all staff attending off-site visits are aware of any students on the visit with asthma and have brought their inhaler/s and spacer/s. They should be trained in what to do in an emergency.
- Ensure that, if a student misuses inhaler/s, 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.
  Note: if any staff member does not want the responsibility of helping a child take their inhaler, an alternative staff member should be defined.

Safe storage

General

- All inhalers and spacers are supplied and stored, wherever possible, in their original

containers. All inhalers and spacers need 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.

- Inhalers and spacers 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. They are not kept in school over the summer holidays.

Emergency medicine

- Emergency inhalers and spacers 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 inhaler (and spacer if the inhaler requires one) with them at all times.
- If the school's emergency inhaler and spacer are used, the plastic spacer should be sent home with the child, with a request that it be replaced as soon as possible. It should not be washed and reused. The school should replace the spacer. The inhaler casing should be washed and dried as per manufacturer instructions and can be used again.[3] Disposable spacers should be thrown away after use and, due to risk of infection, inhalers used with such spacers also disposed of (see Safe Disposal section), once a replacement has been sourced.[4]

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 the school's inhalers and arranging for the disposal of those that have expired.
- Manufacturers' guidelines usually recommend that spent inhalers are returned to a community pharmacy for safe disposal.

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

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.

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

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

[4] It is suggested that schools have two inhalers and spacers in stock so that there is always a new one ready for any emergency situation. If there is only one in stock, the used one should not be disposed of until a replacement is available. In the unusual situation of a queue of people needing emergency bronchodilation (for example in thunderstorm asthma) it is safer to use the same used inhaler than to withhold treatment.

accordance with the school's anti-bullying and behaviour policies.

Staff may use opportunities such as Personal, Social Health & 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 pupils 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, including elevated air pollution[5], and are aware of ways to minimise exposure to these triggers.

PE teachers should make sure students have their inhalers and spacers with them during PE. For primary school children this will be the school-held inhaler and for secondary school students, their own.

In the past, some children and young people have been advised to take their reliever inhaler before taking part in PE or other strenuous activity. This is no longer considered necessary. A letter to families of children who may have received this advice, giving more up to date information, can be found in **Appendix 13**.

Risk assessments will be carried out for any out of school visits. Factors considered include how routine and emergency inhalers and spacers will be stored and administered and where/how 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 inhalers, spacers, facilities and healthcare plans that are normally available in school.

In an emergency situation, school staff are required under common law duty of care to act like any reasonable parent. This may include administering medication (i.e. helping a student to take their inhaler), by staff who are happy to do so. 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.

Air pollution

Indoor and outdoor pollution can trigger asthma.

Outdoors, particulate matter from car exhausts is a key cause of air pollution. Reducing the number of vehicles around the school site can therefore help protect the health of children and staff. There are many ways to do this, from introducing behaviour-based initiatives such as active travel campaigns, to working with the local authority to implement a school street. A common issue many schools face is idling in cars, which means keeping the engine running while stationary when waiting to drop off or pick up children from school. This increases the amount of toxic pollutants in the air, which can trigger asthma symptoms. Schools should take action to limit idling and other vehicle related issues relevant to the school's circumstances, as well as encouraging children, young people and families to walk, cycle or scoot to school whenever possible. Smoking should be explicitly prohibited throughout the school site.

External asthma triggers also include specific types of tree pollen (particularly birch, hazel and alder, which are not recommended to be planted by schools), and grass pollen in the warmer months.

[5] Schools may wish to use a forecasting service such as airTEXT, the Mayor of London's air pollution alerts, or UK-AIR

The indoor school environment, as far as possible, should be kept free of the most common allergens and dust that may trigger an asthma attack. Internal asthma triggers include house dust mites, viruses, damp and mould.

Rooms should be well ventilated, and air filtering or other cleaning devices should be regularly serviced/maintained and selected in line with Department for Education advice, to ensure they are safe and suitable for school settings. Warm blooded animals (for example dogs, rabbits or guinea pigs) should not be kept inside the school premises.

Vacuum cleaners can release and resuspend dust and allergens in the air. Schools may wish to consider sourcing vacuum cleaners which have been certified as removing 99.97% of the smallest particulate (S class with hepa filter and sealed bag). Some local authorities may be able to support schools with the cost of such devices.

Chemicals used throughout the school (e.g. for cleaning) as well as those used in science, cookery and art have the potential to trigger an asthma response and teachers and support staff should be aware of any students who may be at risk from these activities. Schools can also look to purchase low volatile organic compound (VOC) and unscented products (e.g. fragrance-free liquid or gel cleaning products) and avoid the use of aerosol sprays wherever possible, to reduce levels of indoor air pollution.

Kitchens may be a source of air pollution in the school environment, depending on the type of food preparation and the ventilation set-up. Schools should ensure kitchen areas have sufficient and well-maintained extraction and ventilation systems, and could consider the replacement of gas hobs with induction hobs to remove indoor nitrogen dioxide formation.

Cleaning and grass cutting should, where possible, be carried out at the end of the school day.

Students who are known to have specific triggers should not be excluded from any activities and alternative options should be sought if required. For example, dust mite allergic children may need to sleep at the top of bunk beds and require anti dust mite bedding on residential trips.

See **Appendix 14** and Action for Clean Air for resources and information about reducing air pollution at school.

Students who miss school due to asthma

School management should monitor students' absence. For example, if a student is regularly off school due to their asthma, or the student is identified as being constantly tired in school, staff should make contact with the parent/carer to work out how they can be supported. The school may need to speak with the school nurse or other health professional to ensure the student has an asthma review to ensure their asthma control is optimal.

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.

Asthma attacks

Staff should be trained to recognise an asthma attack and know how to respond. All school staff should undertake the Tier 1 asthma training module provided by e-Learning for Healthcare or the equivalent face to face or local training. For more information on training please contact the school nursing team.

It is good practice to clearly display the emergency asthma procedure to be followed on posters in the staff room and office as a reminder. Please see **Appendix 8** for a sample poster detailing the emergency procedure, and **Appendix 15** for example emergency kit.

If a child has an asthma attack in school, a member of staff will remain with them through-out and administer their inhaler in accordance with the emergency procedure. **No student should ever be sent to get their inhaler and spacer in this situation; the inhaler and spacer must be brought to the student**. Emergency services and parents/carers will be informed, with particular care taken to pass on information about the attack if the child is collected by a different person to normal. Post attack the school nurse will be informed. S/he should then ensure that others in primary and community care are informed so that a post attack review can be triggered.

A member of staff will accompany the student to hospital until their parent/carer arrives.

More information and resources, including what an asthma attack looks and sounds like, can be found in **Appendix 16**. A template for recording useful local contact information can be found in **Appendix 17.**

APPENDIX 1

Asthma Friendly School status example parent information

The asthma friendly schools (AFS) programme sets out clear, effective partnership arrangements between health, education and local authorities for managing children and young people with asthma at primary and secondary schools.

We are an asthma friendly school and have gained asthma friendly status for our care of students with asthma.

This means we advocate inclusion, are clear on our procedures and have designated Asthma Leads to ensure these are adhered to. We commit to the audit of our procedures yearly.

This policy will be reviewed annually by.....

We welcome parents' and students' views on how we can continue to improve and build on our standards.

The school recognises that asthma is a prevalent, serious but manageable condition and we welcome all students with asthma. This policy was drawn up in consultation with parents, students, School Nurses, Local Authority, School Governors and health colleagues.

We ensure all staff are aware of their duty of care to students. We have a "whole school" approach to regular training so staff are confident in carrying out their duty of care. We have two Asthma Leads, they are called:

1.....

2.....

Asthma Leads ensure procedures are followed and a "whole school" approach to training is delivered.

APPENDIX 2

Legislation

The Children and Families Act 2014

Section 100 of the Children and Families Act 2014 introduced a legal duty on schools to make arrangements for supporting pupils at the school with medical conditions. This is inclusive of children with asthma. 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 ensure schools can meet their duties relating to children with asthma. These duties refer to all children in the borough and they do not depend on the kind of school the child attends.

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 council must make arrangements to promote cooperation between itself and relevant partners. Relevant partners include the governing body of a maintained school, the proprietor of an academy, Integrated Care Boards (ICBs) and NHS England. They must make arrangements with a view to improving the wellbeing of children and young people, including their physical and mental health, protection from harm and neglect, and education.

Section 17 of the Children Act

This gives local authorities a general duty to safeguard and promote the welfare of children and young people 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.

Legal duties on the NHS

Section 3 of the NHS Act 2006

This gives Integrated Care Boards (ICBs) 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 ICBs should provide the healthcare the people in its area need, if these needs are reasonable.

This section also provides for ICBs 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 and young people with asthma, this means that an ICB should, within reason, make sure support and healthcare is in place to improve their health or at least keep them healthy. Poor management of asthma at school will obviously 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 council and the local ICB have a responsibility in relation to the child's health and welfare.

Equality Act (2010)

This 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'. 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 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 including maintained (non-fee paying) and fee-paying schools.

APPENDIX 3a

Specimen parent/carer asthma letter for primary schools

Dear Parent/Carer,

We are currently reviewing our asthma policy. Please could you update the information below regarding your child so we can ensure our school records are accurate.

Our updated asthma policy means we will have an **emergency** salbutamol reliever (rescue) inhaler on site. This is a precautionary measure. You still need to provide your child with their own inhaler and spacer (if one is required) as prescribed for use to keep at school. If you **do not** 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.

Please supply a copy of your child's personalised asthma action plan to the school.

Please note that everyone with asthma should use a spacer with their inhaler in order to deliver maximum benefit of medication to the lungs (unless they use a breath-actuated inhaler, which is unlikely in primary school aged children). 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, practice nurse or asthma healthcare specialist as soon as possible. For more information on reasons for and how to use a spacer see Asthma + Lung UK: https://www.asthmaandlung.org.uk/living-with/inhaler-videos.

Please complete the information below and return to the school.

Yours sincerely

- ☐ I confirm that my child has been diagnosed with asthma
- ☐ I confirm my child has been prescribed an inhaler
- ☐ I will provide a working, in-date inhaler and spacer clearly labelled with their name, to be kept in school
- ☐ I will provide a copy of my child's personalised asthma action plan
- ☐ I consent to the school using the school's inhaler in an emergency

Signed:
Date:
Print name:
Child's name:
Class:

APPENDIX 3b

Specimen parent/carer asthma letter for secondary schools

Dear Parent/Carer,

We are currently reviewing our asthma policy. Please could you update the information below regarding your child so we can ensure our school records are accurate.

Our updated asthma policy means we will have an **emergency** salbutamol reliever (rescue) inhaler on site. This is a precautionary measure. You still need to provide your child with their own inhaler and spacer (if one is required) as prescribed. If you **do not** 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.

Please supply a copy of your child's personalised asthma action plan to the school.

Please note that everyone with asthma should use a spacer with their inhaler in order to deliver maximum benefit of medication to the lungs (unless they use 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, practice nurse or asthma healthcare specialist as soon as possible. For more information on inhalers and spacers and how to use them see Asthma + Lung UK: https://www.asthmaandlung.org.uk/living-with/inhaler-videos.

Please complete the information below and return to the school.

Yours sincerely

- ☐ I confirm that my child has been diagnosed with asthma
- ☐ I confirm my child has been prescribed an inhaler
- ☐ I will provide a working, in-date inhaler (and spacer if necessary) clearly labelled with their name, to be kept in school OR I will ensure that my child carries their own inhaler (and spare if necessary) with them during school hours.
- ☐ I will provide a copy of my child's personalised asthma action plan
- ☐ I consent to the school using the school's inhaler in an emergency

Signed:
Date:
Print name:
Child's name:
Class:

APPENDIX 4

Definition of roles

Asthma Champion – A school Asthma Champion is a non-clinical member of staff who takes an active role supporting the school with the practical implementation of their asthma policy. They should link with others outside the school for support e.g. school nurse, asthma clinical nurse specialist (CNS), local GP and local community asthma team. An Asthma Champion is usually a member of staff at the school – the welfare officer or a staff member with an interest in children's asthma is ideally placed and they may be part of a local asthma network. The Asthma Champion should liaise with the school safeguarding lead and school nurse if there are concerns around a child's asthma control.

Asthma CNS (clinical nurse specialist) – Asthma CNSs are healthcare professionals trained in paediatric respiratory medicine who specialise in helping children who have breathing conditions or problems with their lungs including asthma. Their skills, knowledge and expertise are particularly geared towards helping children and their families from childhood through to young adulthood when they move into adult services. A close working relationship between the school nursing team and asthma CNS should be developed.

Asthma Lead – The Asthma Lead is a member of school staff who takes a lead role within the school to ensure the asthma policy is implemented. They should be part of the Senior Leadership Team within the school and support the Asthma Champion's role.

School nurse – A school nurse is a registered nurse who has experience and training in public and child health. A school will not normally have a full-time nurse but may share a nurse with a number of other local schools. School nurses may provide health promotion services in schools and weekly drop-in sessions or one-to-one appointments for students or parents to discuss any concerns they may have. The school nurse has a pivotal role to play in asthma care with children and young people at school. This should include liaising and signposting to the appropriate asthma services in their locality. A close working relationship between the school nursing team and asthma CNS should be developed.

School support staff – There are many types of support staff that help children learn and help the school run smoothly. They include: teaching and classroom assistants; learning support assistants; learning mentors; librarians; science technicians; ICT technicians; food technicians; design and technology technicians; school business managers; cover supervisors; examination officers; school attendance officers; admin assistants; finance officers; and secretaries.

APPENDIX 5

Record of inhaler administered to children in primary school

Name of school/setting

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

Parents should be notified on every occasion if a student is using their inhaler.

Please be aware of those students 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 6

Specimen parent/carer letter of salbutamol inhaler use

This should be passed to whoever is collecting the primary school child that day, or emailed to secondary school students' families

School name here

Child'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 ..... <insert time and date>.

If your child has been using their reliever (rescue) inhaler at home, or needs it again today, we **strongly encourage** you to contact your doctor's surgery to make an appointment for an urgent review – this should take place within 24-48 hours.

Yours sincerely,

APPENDIX 7

School asthma register template

The NHS England London website includes an excel spreadsheet which red flags when medication is out of date.

Name	Class	Date of Birth	Consent to use emergency inhaler

Specimen school-wide emergency asthma plan for primary and secondary schools

Schools may wish to display in common areas

North Central London Integrated Care System

NHS

Child having an asthma attack?
It's TIME to act now

T

Think

Does the child have any of the following signs?

- Coughing
- Wheezing
- Hard to breathe
- A tight chest
- Cannot walk
- Cannot talk
- Drowsy or tired

They could be having an asthma attack and need urgent treatment.

I

Intervene

- Stay with the child. Send someone else to get their inhaler and spacer.
- Keep calm and reassure the child. Sit them up and slightly forward.
- When you administer the inhaler, note down the time.

Which inhaler should I use? Salbutamol (blue inhaler) is the most common reliever inhaler. It acts quickly to treat asthma symptoms and attacks. Some children may use alternatives (e.g. Symbicort) – instructions can be found in the child's personalised asthma plan.

M

Medicine

- Shake the inhaler, then place inside the spacer's adapter.
- Spray 1 puff. The child then takes 5 breaths using the spacer's mouthpiece.
- Repeat the above steps for up to 10 puffs if needed.

If salbutamol inhaler doesn't relieve symptoms, or if the effect doesn't last more than 4 hours, **this is a medical emergency** – **follow the 'Emergency' steps below.** Inform parents and emergency services that this is an asthma attack and how many puffs you have given.

E

Emergency

- Call the child's parent or guardian. If the child has improved, the family should collect them and take them **directly to the GP or A&E** for an urgent check-up.
- If the child isn't improving, or if you're worried or unsure in any way, **call 999 for an ambulance and say: "child asthma attack".**
- If the ambulance takes longer than 10 minutes and the child hasn't improved, **repeat the 'Medicine' steps above.** Give up to 10 more puffs if needed.

Note: Other areas may have specific local standard asthma plans – schools may wish to check.

APPENDIX 9

Specimen parent/carer letter – to inform parents of school's emergency salbutamol inhaler use

School name here

Child's name .....

Class .....

Date .....

Dear .....

This letter is to formally notify you that..... has had problems with their breathing today.

This happened when …….

They did not have their own asthma inhaler, so a member of staff helped them to use the school emergency asthma inhaler containing salbutamol. They were given .....puffs.

Although they soon felt better, we would **strongly advise** that your child is seen by their own doctor or asthma healthcare specialist as soon as possible. As they did not have their own spacer in school, they used the school's emergency spacer and have been given it to take home for personal use. Please bring in a replacement spacer for the school's emergency kit as soon as possible.

Please can you ensure your child brings in a working in-date inhaler and spacer for their use in school: both should be clearly labelled with your child's name and date of birth.

Yours sincerely

APPENDIX 10

Record of emergency inhaler administered to pupils

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Spacer given to child	Signature of staff	Print name

APPENDIX 11

Suggested audit checklist

Standard 1 **Policy** School's 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 Named contact that has responsibility for review of policy.
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. Must be displayed in school office and staffroom/ common room with Emergency poster.
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

APPENDIX 11 continued

Standard 4 **Asthma plans** **Recording use of students' medications** **Students who self-manage** **Storage of inhalers/spacers**	The school should hold a school-wide emergency asthma plan and request a copy of the student's personalised asthma action plan. Records kept of medication usage and parents informed promptly of any emergency use. 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 one record. Students should be encouraged to self-manage their condition where appropriate (secondary school students). Asthma inhalers and spacers are clearly labelled and stored in a cool location. Expiry dates are regularly checked by staff and replaced when required. Inhalers are administered via a spacer, unless the student uses a breath-actuated device. Spacers are single use only.
Standard 5 **Whole school training**	Asthma training should be taken up by the whole school – a minimum of 85% is required to achieve AFS status

Management of children with asthma in school audit (2023/24): Example from North West London

The North West Londor
health and care partnershi

Management of Children with Asthma in School Audit (2023/24)

Asthma Policy? Yes ☐ No ☐

Date of last policy(MM/YY): _____

Please complete this form by entering 'X' in the required box and writing clearly

Date of Visit: _____

Completed by:(please print) _____

1. About the School:

1.1 Name of School: _____

1.2 Is this a...

Infants ☐ Juniors ☐ Primary ☐ Secondary ☐

Other (please state:) _____

1.3 Head teacher: _____

1.4 Welfare Assistant(s): _____

1.5 Asthma Lead _____

1.6 Name of Asthma Champion _____

1.7 Asthma Champion training attended: Yes ☐ No ☐

If **yes**, date attended? _____

1.8 School roll _____

1.9 Number of children with asthma: _____

1.10 Display of emergency plan? Yes ☐ No ☐

2.0 Locality of inhaled medicine:

Primary School

Medical Room; Locked ☐ Unlocked ☐ N/a ☐

Classroom: Locked ☐ Unlocked ☐ N/a ☐

Secondary School

Medical Room; Locked ☐ Unlocked ☐ N/a ☐

Person: Yes ☐ No ☐

Are students spot checked? Yes ☐ No ☐

3.0 Type of medication in school:

3.1 Blue Bronchodilators: Yes ☐ No ☐ Not known ☐

3.2 Preventers: Yes ☐ No ☐ Not known ☐

3.3 Are there plastic spacers available for use? Yes ☐ No ☐

3.4 Emergency kits in school? Yes ☐ No ☐

3.5 Does the Welfare assistant have an asthma register? Yes ☐ No ☐

3.6 Are expiry dates checked every term? Yes ☐ No ☐

4.0 Training:

4.1 Whole school training? Yes ☐ No ☐

4.2 If yes, date of training: ☐

4.3 If yes, did 85% of staff attend? Yes ☐ No ☐

4.4 Letter of recommendation sent following audit? Yes ☐ No ☐

4.5 Next review (MM/YY): ☐

5.0 Key issues identified and recommendations:

6.0 Actions:

End of Audit Sheet

APPENDIX 13

Sample letter for families regarding inhaler use before sport or PE

Dear……

It has been brought to my attention that children with asthma have been taking their reliever (rescue) inhaler before PE and/or the Daily Mile as a matter of routine. If this occurs without first assessing whether they develop specific asthma symptoms during exercise, then we lose the ability to assess whether their asthma is well controlled.

Children should only receive their reliever inhaler ***routinely*** before exercise if their asthma has been observed to stop them from participating fully in exercise activities, and this decision should be made by a healthcare professional. Please note that most children will get out of breath with exercise, especially if they are unfit (this is the point of exercise). The reliever inhaler should only be used if they develop wheeze, cough or breathlessness and take longer to recover than other children. In such cases, salbutamol should be given according to their personalised asthma action plan or the school wide plan.

Children who have been observed to be routinely limited in exercise due to asthma should have their asthma reviewed by their doctor or asthma healthcare specialist. Similarly, children who require their reliever inhaler at school more than once a month or who miss school due to asthma should have an asthma review with their GP or asthma healthcare specialist.

Here is some more information on exercise and asthma.

APPENDIX 14

Air pollution information and resources

Mitigating exposure to traffic pollution in and around schools, from the University of Surrey

Information about house dust mite allergy from Allergy UK

Pollen calendar and Impact of birch pollen from Allergy UK

The Inside Story: Health effects of indoor air quality on children and young people, from the Royal College of Paediatrics and Child Health

Resources for children, young people, teachers and schools, from the creators of the above report.

APPENDIX 15

Emergency Kit

An emergency asthma inhaler kit should include:	**Yes**	**No**	**Checked by/date**
At least one salbutamol metered dose inhaler			
At least two plastic reusable spacers or two disposable spacers compatible with the inhaler. Once used, the plastic spacer should be sent home with the child with a request that the family replace it. It should not be used by another child. In the meantime, the school should replace the spacer. An inhaler used with a disposable spacer should also be disposed of due to risk of infection, **but not until another has been sourced**.			
Instructions on using the inhaler and spacer/plastic chamber			
Advice that the disposable spacers must be thrown away after use and replaced, and the inhaler used with them disposed of as well. Advice that plastic spacers should be sent home with the child who has used them and replaced; the inhaler/s that has been used with the plastic spacer can be cleaned and reused in accordance with this guidance			
Manufacturer's information			
A checklist of inhalers, identified by their batch number and expiry date, with half termly checks recorded			
A note of the arrangements for replacing the inhaler and spacers			
A record of administration (i.e. when the inhaler has been used).			
Pen			
Asthma Champions' details 1. 2.			

APPENDIX 16

Useful resources: Where to find more information online

- Gov.uk: Emergency asthma inhalers in schools PDF
- Gov.uk: Supporting pupils at school with medical conditions
- Asthma + Lung UK: schools advice
- NHS England London: Personalised asthma action plans
- Breathe London
- Education for Health: Educational resources for staff

Useful videos

- What is Asthma? – Pathophysiology of Asthma
- Operation Ouch and asthma
- Inhaler and spacer advice from Asthma4children
- Using a spacer device: Information on spacer use can be accessed through NHS England London's asthma toolkit, Asthma + Lung UK's videos on inhalers and spacers and from Rightbreathe.
- The International Primary Care Respiratory Group (IPCRG) has developed a gallery to offer free downloadable images that can be used to encourage the correct use of medicines and devices such as inhalers and spacers.
- Reassurance on the use of steroids for asthma from Asthma + Lung UK
- Parents talk to Asthma + Lung UK about their experiences
- How asthma sounds

APPENDIX 17

Useful local contact information

Insert local details below

School nurse contact details:

Asthma clinical nurse specialist:

Children's community nurses team:

Health and wellbeing team:

Smoking cessation team:

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