

Greater Manchester schools' guide for the care of children and young people with asthma

– preschool, primary
and secondary years



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We would like to thank the Healthy London Partnership and North East and North Cumbria Child Health and Wellbeing Network for their kind permission to allow us to adapt and use their toolkits for schools in Greater Manchester.

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Introduction

Asthma is a common lung condition that causes occasional breathing difficulties. People of all ages can live with it and it is the most common chronic childhood condition in the UK, affecting one in 11 children.

That means on average there are between one and three children with asthma in every classroom in the UK.

In Greater Manchester, more than 36,500 children and young people under 16 have been diagnosed with asthma.

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 well-being 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 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 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 this condition.

NHS England's ambition is to reduce avoidable harm to children and young people from asthma and improve their quality of life. This will be achieved by taking a wider approach to asthma management with the inclusion of schools. **<https://www.england.nhs.uk/>**



[wp-content/uploads/2021/09/B0606-National-bundle-of-care-for-children-and-young-people-with-asthma-phase-one-September-2021.pdf](#)

The Asthma Friendly Schools (AFS) programme (Appendix 1) 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 contact Greater Manchester and Eastern Cheshire Strategic Clinical Networks' Children and Young People's Network via **england.gmec-scn@nhs.net**.

Purpose and summary of this document

The purpose of this document is to enable schools to care for children and young people with asthma effectively.

Here is a summary of the guide's recommendations:

- Every child with asthma should have an individual health care plan (IHCP).
- Each school has a school asthma policy (see separate school asthma policy document)
- The school will maintain an up-to-date register of children and young people with asthma.
- Children and young people should have immediate access to their inhalers, ideally in the classroom. It is the school's responsibility to make sure staff know where the inhalers are kept.
- During an asthma attack, the inhaler should always be taken to the child.
- Schools should ensure they have at least one emergency asthma inhaler kit available.
- Early years settings and 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.
- Staff will access and undertake the appropriate training.



This guide reflects the requirements of key legislation [\(Appendix 2\)](#), and two key documents in particular:

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

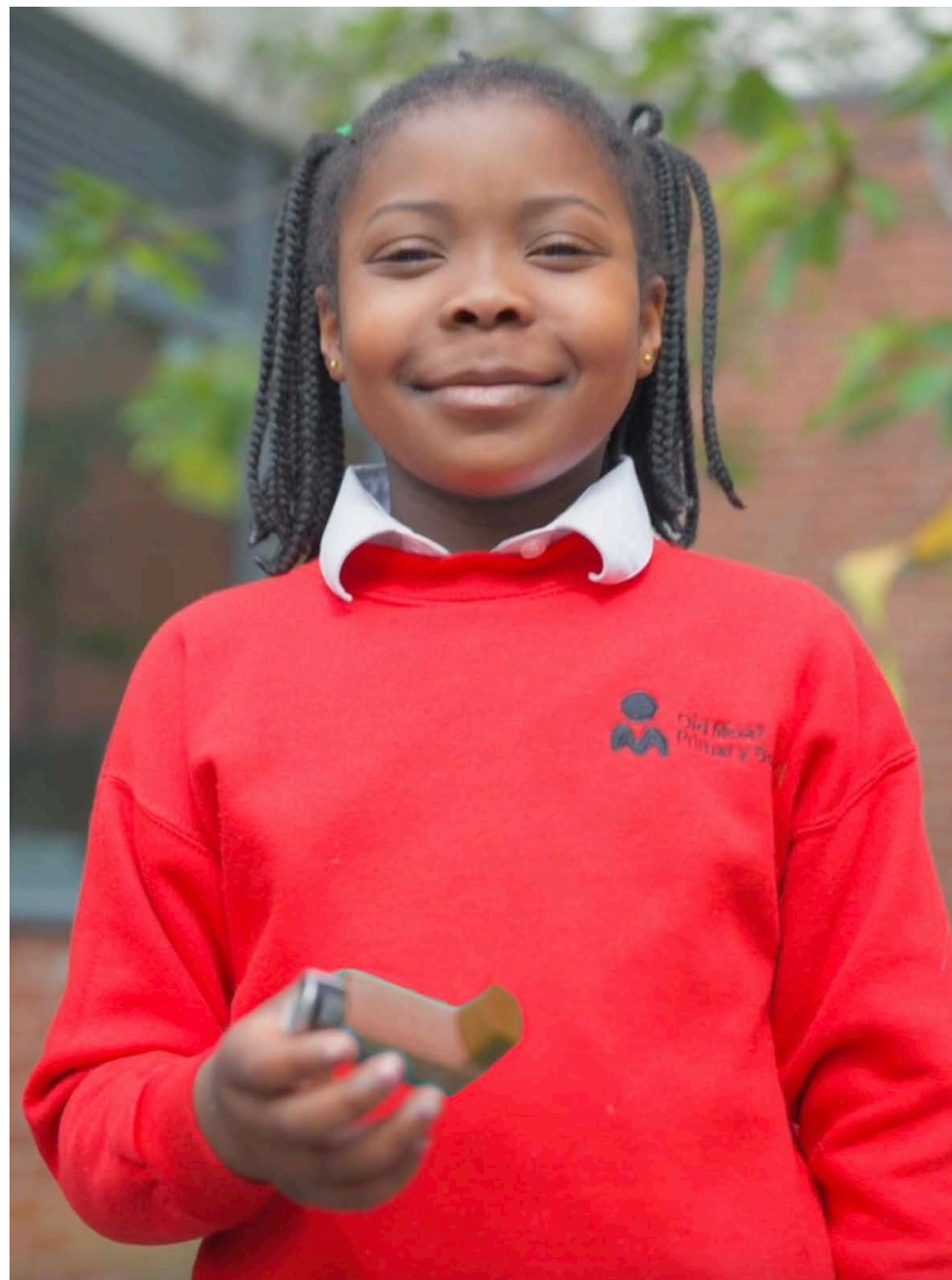
This guide sets out how a school can support students with asthma. The school will work closely with students, parents and health colleagues to ensure it has robust procedures in place for the administration, management and storage of asthma inhalers at school. Parents/guardians are kept informed if their child has had medication during the school day.

Parents are required to ensure the school is aware of their child's needs ([Appendix 3](#)). Parents should assist in the completion of their child's school asthma plan and 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 the inhaler (and associated spacer) themselves.

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

School staff are not obliged to administer medication, however, some will be happy to do so. School staff are insured to administer medication under the school's or local education authority's public liability insurance policy.

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 reliever medication (inhaler) for all activities and schools should have clear procedures in place that facilitate this.



Record keeping

It is the responsibility of parents/guardians to inform 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 i.e., classroom and office – the record is combined 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 unless taken pre-sport as agreed [\(Appendix 6\)](#).

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.

Students with asthma should have been provided with a Personalised Asthma Action Plan (PAAP – example [Appendix 8](#)) by their health care professional, which is to be shared with school. This toolkit also includes a template (example [Appendix 8](#)) which can be used if parents are unable to provide the PAAP. Any child or young person with complex asthma should have an individual asthma plan.

In the event a student's inhaler and spare inhaler are unavailable/ not working the school will use its emergency inhaler, if the parent/ guardian has consented, and inform the parent as soon as possible [\(Appendix 10\)](#). Consent to use emergency inhalers should be recorded on the asthma register and the pupil's Individual Health Care Plan (IHCP).

Parents' responsibilities

- Informing the school if their child has asthma.
- 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 ([example – Appendix 8](#)).
- Inform the school about the medicines their child requires during school hours
- Inform the school about the medicines their 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 child's medicines are within their expiry dates once advised by the school Asthma Champion.
- Ensure that their secondary school student takes their inhaler to school and is confident about telling others if they are feeling unwell and need to use their inhaler.
- If their child is off school, they catch up on any school work they have missed.
- Ensure their child has regular reviews (at least annually and after serious symptoms) with their doctor or specialist healthcare professional.
- Ensure in-date medicines 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

- School management team ensures that the school's asthma policy is read and understood by all members of staff including teachers, teaching assistants, support staff and catering staff.
- 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 individual health plan.
- Allow all students to have immediate access to their emergency medicines.
- Inform parents if a child uses their inhaler after an exacerbation in the playground.
- Encourage parents to seek a clinical review if a child regularly uses their inhaler in 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.
- 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 Personal Social Health & Economic (PSHE) education to raise pupil awareness about asthma.
- Understand asthma and the impact it can have on students (they 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/guardian and seek medical advice.
- 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.
- School management 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 how to obtain these from their local pharmacy.
- Procedures are followed.
- 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 care plan.
- That medication use in school is monitored. For any salbutamol inhaler use during the school day, apart from pre-agreed sport use, parents should be informed ([Appendix 6](#)). If a pattern of regular use is emerging at school for example, if a child was using their rescue inhaler three times a week – the school nurse (or asthma specialist nurse – if family already has links) 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 parent/guardian.
- Replacement inhalers are obtained before the expiry date.
- Empty/out of date inhalers are disposed of appropriately ([see page 12](#)).
- Their own training is up to date.
- The school's policy in practice is audited annually. The Asthma Champions/Leads to undertake the annual audit ([Appendix 12](#)).



- Ensure inhalers and spacers are washed and checked regularly according to manufacturers. 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. [Cleaning and maintaining your inhaler | Asthma + Lung UK](#).
- Emergency kits are checked regularly and contents replenished immediately after use.
- Asthma Leads/Champions are trained and confident to support in an emergency.
- 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.

All staff responsibilities

- NHS partners in Greater Manchester recommend that all staff working with children and young people who have asthma undertake the e-learning for health supporting children and young people's health: improving asthma care together Tier 1 Training Course – <https://www.e-lfh.org.uk/programmes/children-and-young-peoples-asthma/>
- Know what the procedures are and which students have asthma. Be familiar with their care plans.
- 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 combined 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.



Safe storage

General

- 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 medicine

- Emergency medications are readily available to students who require them, always, 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.

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.
- The disposal of emergency inhalers should be in line with national [guidance on the use of emergency salbutamol inhalers](#) which recommends that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, is free, and does not usually need to be renewed in future years: <https://www.gov.uk/register-renew-waste-carrier-broker-dealer-england>.



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.

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 & 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 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; before, during or after PE. For primary school children this will be the school held inhaler and for secondary school students, their own.

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

Chemicals 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.

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.

Students who miss school due to asthma

The school management should be monitoring absences. For example, if a student is having a lot of time off school due to their asthma, or the student is identified as being constantly tired in school, staff will contact the parent 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's asthma control is optimal.

There is no reason for a child to miss out on education due to asthma. For more information on training, contact your local school nursing team. 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. For more information on training please contact your school nursing team who will signpost you to your local Children's Community Nursing Team (CCNT) or Community Asthma Team. It is good practice to clearly display the procedure to be followed on posters in the staff room and office as a reminder. Please see [Appendix 9](#) for a sample poster and [Appendix 13](#) for example emergency kit.

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.

Post attack, the school nurse will be informed and they will 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/care giver arrives.

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/Champions 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 upon our standards.

The school recognises that asthma is a prevalent, serious, but manageable, condition and we welcome all students with asthma.

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. Our Asthma Leads/Champions are called:

1.
2.

They 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 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 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. They must make arrangements with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education.

Section 17 of the Children Act

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.

Appendix 2 **Legislation** (continued)

Legal duties on the NHS

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. 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 local authority and the local ICS have a responsibility 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 12 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.

Appendix 3 Parent information form and opt out use of Emergency inhaler in school

Dear Parent/Guardian

We are currently reviewing our asthma policy.

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 if your child does not have one with them at the time.

You still need to provide your child with their own inhaler and spacer as prescribed. If you **do not** wish for us to use the school's inhaler in an emergency, please fill in the details below and return to school as soon as possible.

Please note that everyone with asthma should use a spacer with their inhaler in order to deliver maximum benefit to the lungs (unless your child has a breath actuated inhaler).

If your child does not have a spacer or has not had an asthma review in the past 12 months, please book an appointment with your GP as soon as possible.

For more information on reasons for and how to use a spacer see Asthma UK: www.asthma.org.uk or Beat Asthma's guidance www.beatasthma.co.uk

Please complete the information opposite and return to school.

1. I confirm that my child has been diagnosed with asthma ☐
2. I can confirm that my child has been given a reliever inhaler ☐
3. I can confirm that I have supplied a reliever inhaler and spacer which is clearly labelled with my child's name/dose and expiry date ☐
4. Please tick if you **DO NOT** wish the school to use the school's inhaler in an emergency. ☐
5. I confirm that I will provide my child's Personalised Asthma Action Plan (PAAP). This should be provided by your child's health care professional. If this has not been provided, please contact your child's GP. ☐

Signed:

Date:

Print name:

Child's name and 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. a local GP and local community asthma team. An Asthma Champion is usually a member of staff at the school - the welfare officer is ideally placed or a staff member with an interest in children's asthma and they may be part of a local asthma network.

The Asthma Champion should liaise with the school safeguarding lead and identified school nurse if there are concerns around a child's asthma control.

Asthma Nurse Specialist – are healthcare professionals trained in paediatric respiratory medicine who specialise in helping children who have breathing conditions or problems with their lungs.

These nurses specialise in supporting children with a range of conditions, including asthma. Their skills, knowledge and expertise are particularly geared towards helping children and their families from childhood through to young adulthood.

Asthma Lead – A school Asthma Lead is a member of school staff who takes a lead role within the school to ensure the asthma policy is implemented.

School nurse – A school nurse is a registered nurse who has experience and training in public and child health.

A school won't normally have a full-time nurse but may share a nurse with a number of other local schools. School nurses 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.

School support staff – There are many types of support staff that help children learn: teaching and classroom assistants; learning support assistants; learning mentors; librarians; science technicians; ICT technicians; food technicians; and design and technology technicians.

They help the school run smoothly and also include 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/time	Child's name	Name of medicine	Dose given	Spacer cleaned	Signature of staff	Print name	Notes

Parents should be notified on every occasion if a student is using their inhaler except for agreed pre-sport use.

Please contact parent/carer to discuss if a child/young person is using their inhaler more than stated on their Personal Asthma Action Plan – some children/young people may require their inhaler for PE session and activities.

If a child requires their reliever inhaler more than 2-3 days per week other than for exercise this might indicate poor asthma control.

Please be aware that a record should be kept of those students who carry their own inhaler and self-medicate.

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 DPA³.

³ <https://dera.ioe.ac.uk/22630/8/Keeping%20and%20maintaining%20records%20-%20GOV>

Appendix 6 Specimen parent letter of salbutamol inhaler use except for pre-agreed sport 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 and required their reliever (rescue) inhaler number of puffs were given at <insert time and date>. If your child has been using their rescue inhaler at home as well, we encourage you to contact your doctor's surgery for a clinical review.

Yours sincerely,

Appendix 7 School asthma register template

Name	Class	Date of birth	Healthcare professional in charge e.g GP, asthma nurse, consultant	Medication	Inhaler expiry date	Consent to use emergency inhaler

Appendix 8 Sample personalised asthma action plan (PAAP)

www.beatasthma.co.uk/wp-content/uploads/2022/09/no-logo-PAAP.pdf

beat
asthma

Remember: take your blue inhaler **before** you come into contact with any of your triggers if needed and regularly in response to symptoms if you have a cold.

My triggers are:

Common triggers are:

- Viruses
- Changes in weather
- House dust mites
- Animal fur, feathers and their bedding
- Foods
- Exercise
- Upset, distress, and emotions
- Smoke – cigarettes and fires

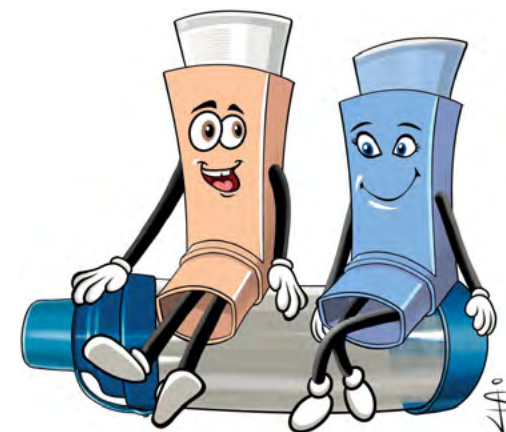
Your Asthma Nurse's name
and telephone number is:

Your doctor's name
and telephone number is:

Asthma Management Plan For

Best peak flow

Date



Recommended websites:
www.beatasthma.co.uk

Asthma+LungUK at:
www.asthma.org.uk

<https://uk-air.defra.gov.uk/forecasting/>

Please take this with you when you visit your
doctor or asthma nurse.

Green Zone – Good

Your asthma is under control if:

- your breathing feels good
- you have no cough or wheeze
- your sleeping is not disturbed by coughing
- you are able to do your usual activities
- you are not missing school
- if you check your Peak Flow, it is around your best



BEST PEAK FLOW

Green Zone Action – take your normal medications

Your preventer inhaler is a

colour and is called

You take puffs/sucks every morning and every night even when you are well.

Other asthma medications you take are:

Your reliever inhaler is a

colour and is called

You take puffs/sucks every morning and every night even when you are well.

If you are needing to use your reliever inhaler more than 3 times per week for symptoms,

Move to the **Amber Zone**

Amber Zone – Warning

If you are using your blue inhaler more than 3 times per week for symptoms or you often wake at night with cough or wheeze, arrange a review with your asthma nurse or GP.



Warning signs that your asthma is getting worse:

- you have symptoms (cough, wheeze, 'tight chest' or feel out of breath)
- you need your reliever inhaler more than usual
- your reliever is not lasting **four hours**.
- your peak flow is down by about a third

PEAK FLOW 1/3 DOWN

Amber Zone Action – continue your normal medicines AND

- Take **2 puffs** of the BLUE inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes if you still have symptoms up to a total of 6 puffs.
- You can do this every 4 hours but **must** make an appointment at your GP surgery within the next 24hrs even if you feel better.
- If you need to do this more than every 4hrs, you must see your GP today or go to A & E
- Start keeping a record of your symptoms and peak flow readings to take to the Doctor

IMPORTANT:

- If after your **6 puffs** you still have increasing wheeze or chest tightness

Move to the **RED ZONE**

Red Zone – Severe

- you are still breathing hard and fast
- you still feel tight and wheezy
- you are too breathless to talk in a sentence
- you are feeling frightened and exhausted



Other serious symptoms are:

- colour changes - very pale/grey/blue
- using rib and neck muscles to breath, nose flaring

Red Zone Action – Take 10 puffs of the blue inhaler via a spacer and call 999

- Asthma can be life threatening
- Do not attempt to do a peak flow
- Whilst waiting for the ambulance and using your spacer, take 1 puff at a time of your blue inhaler, breathing at a normal rate for 4-5 breaths, every 30 seconds.
- Stay where you are and keep calm
- If your child becomes unresponsive and has an adrenaline pen for allergies-use it now.

Additional comments or information:

Appendix 8 (continued) Sample school asthma plan

www.beatasthma.co.uk/wp-content/uploads/2023/05/3-personalised-asthma-action-plan-for-schools.pdf

Remember: if you have a cold, you may be more sensitive to your triggers and may need to use your blue inhaler more often.

Your triggers are:

Common triggers are:

- Viruses
- Changes in weather
- House dust mites
- Animal fur, feathers and their bedding
- Foods
- Exercise
- Upset, distress, and emotions
- Smoke – cigarettes and fires

Emergency contact numbers:

Your GP's name and telephone number is:

Dr

Telephone

Additional comments or information:

Recommended websites:
www.beatasthma.co.uk
www.asthmaandlung.org.uk

*Pupil
photograph*



Name

Best peak flow

Date

Keep this with you at all times in school

Green Zone – Good



Your asthma is under control if:

- your breathing feels good
- you have no cough or wheeze
- your sleeping is not disturbed by coughing
- you are able to do your usual activities
- you are not missing school
- if you check your Peak Flow, it is around your best

BEST PEAK FLOW

Green Zone Action

Take your normal medications

Preventer (taken at home)

Reliever (to use in school **before exercise** if needed)

Others (taken at home)

Amber Zone – Warning



Warning signs that your asthma is getting worse:

- You had a bad night with cough or wheeze and might be tired in class
- You have a cough, wheeze or 'tight' chest and feel out of breath
- You need to use your reliever more than usual

Tell a member of staff or ask a friend to get help

Amber Zone Action

Use your spacer with the blue reliever puffer and do the following

- Take 2 puffs of the BLUE inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes if you still have symptoms up to a total of 6 puffs
- Sit quietly where an adult can see you for 10 minutes, until you are feeling better and can go back into class
- If you feel like this again after 3-4hrs, tell a member of staff, repeat above and school should phone your parent to collect you
- School need to write how much inhaler you have used in your diary or tell your parent

IMPORTANT: If **6 puffs** of the BLUE inhaler via the spacer is not working or its effect is lasting less than **4hrs** and you have increasing wheeze or chest tightness, move to the **Red Zone**

Red Zone – Warning



If after 6 puffs of reliever you experience any of the following symptoms:

- You are still breathing hard and fast
- You still feel tight and wheezy
- You are too breathless to talk in a sentence
- You feel frightened and exhausted

Other serious symptoms are:

- Colour changes – very pale/grey/blue
- Using rib and neck muscles to breathe, nose flaring

Red Zone Action CALL 999

- Using your spacer, keep taking 1 puff of reliever inhaler, breathing at a normal rate for 4-5 breaths, every 30 seconds until the ambulance arrives
- Stay where you are and keep calm
- If pupil becomes unresponsive and has an adrenaline pen for allergies – use it now

Additional comments or information

My spacer/inhaler is kept

Appendix 9 How to recognise an asthma attack

See below the **primary school example** from Beat Asthma:

www.beatasthma.co.uk/wp-content/uploads/2017/10/1-HOW-TO-RECOGNISE-AN-ASTHMA-ATTACK-for-schools-1.pdf

HOW TO RECOGNISE AN ASTHMA ATTACK

It is important to recognise the signs and symptoms of an asthma attack in a child/young person (CYP). The onset of an asthma attack can gradually appear over days. Early recognition can reduce the risk of a hospital admission.

A CYP may have one or more of these symptoms during an asthma attack

BREATHING HARD AND FAST

You may notice faster breathing or pulling in of muscles in between the ribs or underneath the ribs. (recession)

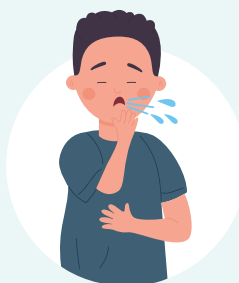
WHEEZING

This is typically a high-pitched whistling noise heard on breathing in and out, a sound produced by inflamed and narrowed airways that occur in asthma.



COUGHING

A cough may become worse, particularly at night preventing your child from having restful sleep and making them seem more tired in class.



BREATHLESSNESS

A child may become less active and reluctant to join in activities. Lack of interest in food or restlessness can be a sign that the child is too breathless to exercise or eat.

TUMMY OR CHEST ACHE

Be aware that younger children often complain of tummy ache when it is actually their chest that is causing them discomfort.



INCREASED USE OF THE RELIEVER INHALER

If the CYP is old enough, he/she may ask for the reliever inhaler more frequently during an attack. It is important that you follow the asthma action plan and recognise that if the reliever inhaler is not helping that it is time to seek medical help.



www.beatasthma.co.uk

Appendix 9 How to recognise an asthma attack (continued)

See below **secondary school example** from Beat Asthma:

www.beatasthma.co.uk/wp-content/uploads/2023/06/YP-schools-how-to-recognise-an-asthma-attack.pdf

HOW TO RECOGNISE AN ASTHMA ATTACK

It is important that you recognise the signs and symptoms of an asthma attack in children and young people. Be aware that the onset of an asthma attack can gradually appear over days. Early recognition will help prevent a child or young person from getting worse and needing to go into hospital.



A child or young person may have one or more of these symptoms during an asthma attack:

BREATHING HARD AND FAST

You may notice they breathe faster or have shorter breaths.

WHEEZING

This is typically a high-pitched whistling noise heard on breathing in and out, a sound produced by inflamed and narrowed airways that occur in asthma.



COUGHING

They may have a worsening cough, particularly at night, preventing your child from having restful sleep and making them seem more tired in class.



BREATHLESSNESS

They may appear to be less active, or may seem reluctant to join in activities. Breathlessness can also cause lack of interest in food or restlessness.

CHEST TIGHTNESS

They may describe a tight feeling or squeezing within the chest.



INCREASED USE OF THE RELIEVER INHALER

The child or young person will use their reliever inhaler more frequently during an attack. It is important that their asthma action plan is followed and that medical help is called if they are not improving.



www.beatasthma.co.uk

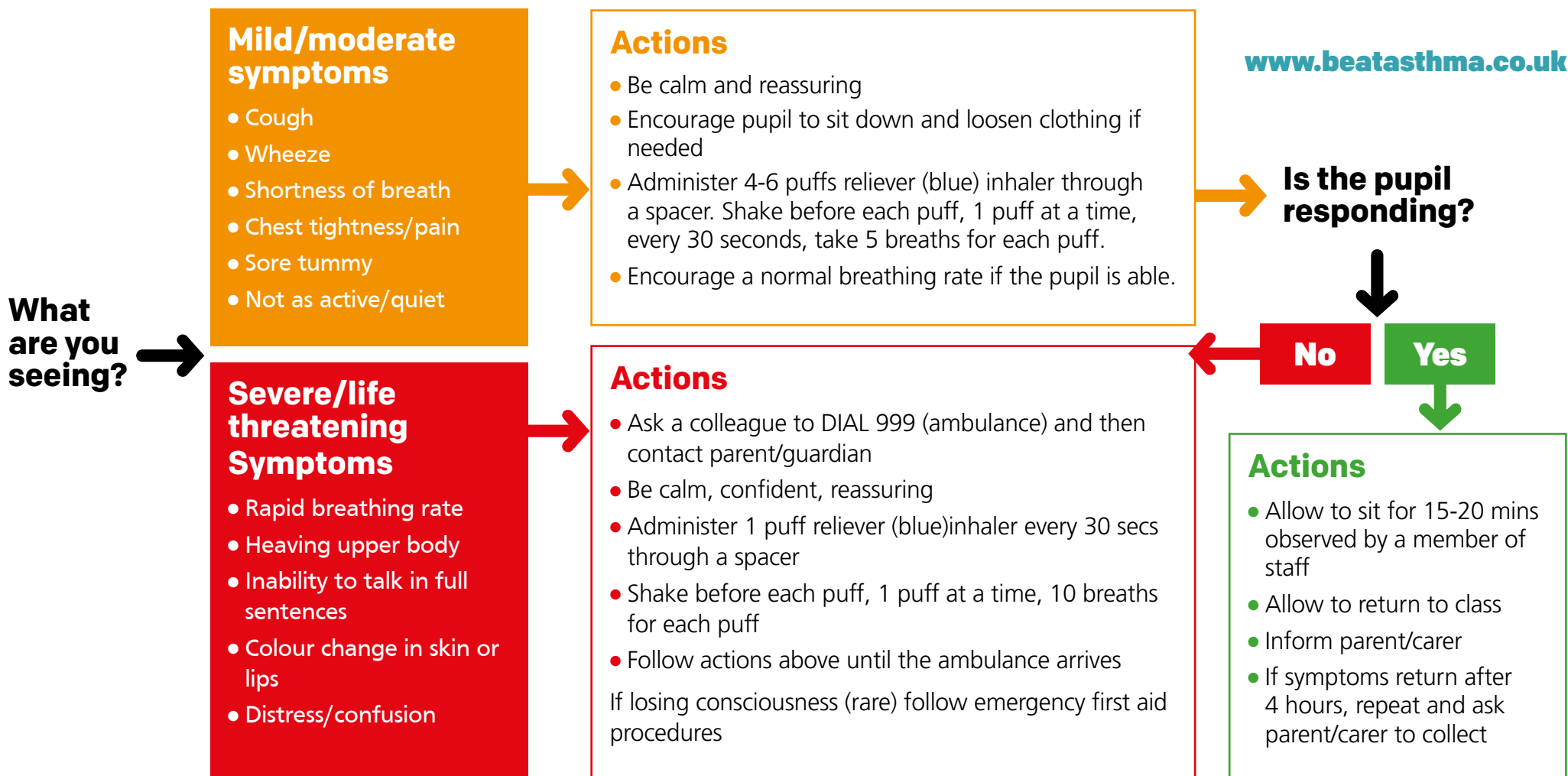
Appendix 9 (continued) How to recognise an asthma attack

See below an example from Beat Asthma:

www.beatasthma.co.uk/wp-content/uploads/2022/07/How-to-manage-an-asthma-attack-2022.pdf



How do I manage a pupil having an asthma attack?



Appendix 10 Specimen parent letter – to inform parents of 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 with them, 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 nurse 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 11 Record of emergency inhaler administered to pupils

Name of school/setting

Date/time	Child's name	Time	Name of medicine	Dose given	Spacer given to child as single use only	New spacer obtained	Signature of staff	Print name

Parents should be notified on every occasion if a student is using their inhaler except for agreed pre-sport use.

Please contact parent/carer to discuss if a child/young person is using their inhaler more than stated on their Personal Asthma Action Plan – some children/young people may require their inhaler for PE session and activities.

If a child requires their reliever inhaler more than 2-3 days per week other than for exercise this might indicate poor asthma control.

Please be aware that a record should be kept of those students who carry their own inhaler and self-medicate.

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 DPA³.

³ <https://dera.ioe.ac.uk/22630/8/Keeping%20and%20maintaining%20records%20-%20GOV>

Appendix 12 Suggested audit checklist

Tick once completed

Standard 1: School Asthma policy

Awareness of – Supporting pupils in school with medical condition (Department for Education 2015) available for all staff to read and to use as guidance when developing policies.

☐

Awareness of – Guidance on the use of Emergency Salbutamol Inhalers in schools (Department of Health, Sept 2014).

☐

School asthma policy in place, developed using guidance from above and updated regularly – all staff to be made aware of the policy and where to access it.

System in place to identify CYP who have frequent absences from school due to asthma.

☐

Standard 2: Asthma register

Have a named individual asthma champion or leads.

☐

Ensure school asthma register in place and updated regularly.

☐

Ensure that any opt out consents are documented for emergency inhalers/spacers.

☐

Register available to all staff – suggest displaying in school office/staff room with a photo board.

☐

Ensure each child has an individual healthcare plan (IHCP) completed. School asthma care detailed on the IHCP and supported where needed with a specific asthma management plan (PAAP).

☐

Appendix 12 Suggested audit checklist (continued)

Tick once
completed

Standard 3: **Emergency inhaler kits. To use if CYP own not available and emergency kit content**

Suggest minimum of two emergency inhaler kits are purchased to keep in school conveniently located in key areas. Can only be used for pupils who have a diagnosis of asthma or have been prescribed a salbutamol inhaler with the exception where parents have submitted the opt out consent. An emergency kit should be taken out of school for offsite activities/residential trips.

☐

Each kit should consist of:

- Asthma register
- 1 large volume spacer device
- 1 salbutamol 100mcgs per puff inhaler Information leaflet on how to administer Asthma attack flow chart
- Record of inhaler use.
- Letter template to send to the parent informing them that the emergency inhaler/spacer has been used
- All spent inhalers following use should be returned to the pharmacy for safe disposal
- Each spacer used for a single child only could be retained and labelled for that child / given to the parent for home use / returned to pharmacy for safe disposal.

☐

Standard 4: **Individual Health Care Plan (IHCP)**

Students to have a Personalised Asthma Action Plan/School Asthma Plan or IHCP and know where it is kept – usually in the school office. For more information about all the different plans, please see appendix 8 for more detail.

☐

Appendix 12 Suggested audit checklist (continued)

Tick once
completed

Standard 5: Recording use of students' medications and students who self-manage. Including storage of inhalers/spacers

Asthma medication is provided by the parent for school use with instructions of when and how to use, in keeping with their IHCP/PAAP.	<input type="checkbox"/>
The use of reliever medication must be recorded, and parents informed if used outside of the pupil's management plan.	<input type="checkbox"/>
A system is in place to check the expiry dates of any medication and a system to replace when expired or almost empty.	<input type="checkbox"/>
School staff and CYP know where their inhaler and spacer are kept – must always be accessible.	<input type="checkbox"/>
Inhalers should be kept in a cool environment.	<input type="checkbox"/>
A spacer device must also be provided by the parent. If a child has a dry powdered inhaler (DPI) they will not require a spacer.	<input type="checkbox"/>
Medication must be clearly labelled with a pharmacy label displaying name/dose/instructions.	<input type="checkbox"/>
If a CYP carries their own inhaler as part of their IHCP, a spacer and metered dose inhaler should be available for them to use in school – provided by the parent.	<input type="checkbox"/>
Parents should be informed if a CYP appears to be using their reliever inhaler more frequently than usual in school.	<input type="checkbox"/>
Encourage CYP who self-manage to carry a copy of their PAAP in their school personal planner.	<input type="checkbox"/>

Appendix 12 Suggested audit checklist (continued)

Tick once
completed

Standard 6: Staff Training

All school staff (not just first aiders) to undertake the e-learning for health supporting children and young people's health: improving asthma care together Tier 1 Training Course –

<https://www.e-lfh.org.uk/programmes/children-and-young-peoples-asthma/>.

☐

How do I manage a CYP having an asthma attack flow chart displayed in school – see appendix.

☐

Staff administering inhalers should be knowledgeable of the correct technique. Information available on inhaler devices and how to use <https://www.beatasthma.co.uk> video section. Asthma + Lung UK [Asthma at school and nursery | Asthma + Lung UK](#) and [Moving on asthma Home – Moving on Asthma](#).

☐

Date completed:

Signature:

Appendix 13 Checklist: Emergency kit

An emergency asthma inhaler kit should include:	Yes	No	Checked by/date
Two salbutamol metered dose inhalers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
At least two single-use plastic or disposable spacers compatible with the inhaler; Once used the plastic spacer should be sent home with the child who has used it. It cannot be used for another child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Instructions on using the inhaler and spacer/plastic chamber.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Advice that the salbutamol inhaler and spacer are single patient use only because of the risk of infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Manufacturer's information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
A checklist of inhalers, identified by their batch number and expiry date, with half termly monthly checks recorded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
A note of the arrangements for replacing the inhaler and spacers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans (asthma register with consent recorded).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
A record of administration (i.e. when the inhaler has been used).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Asthma Champion's details

Appendix 14 Using a spacer device

Information on spacer use in children and young people can be accessed through [Beat Asthma](#) in the resources section.

The International Primary Care Respiratory Group (IPCRG) has developed a [gallery](#) to offer free downloadable images that can be used by healthcare professionals, journalists and others who influence public and professional knowledge about respiratory (breathing) diseases, including the correct use of medicines and devices such as inhalers and spacers.

[Asthma + Lung UK](#)

[Moving on asthma](#)



Examples of inhaler and spacer devices for children and young people

Appendix 15 Useful resources

Where to find more information online

Gov.uk Emergency asthma inhalers in schools PDF <https://bit.ly/3kiw3da>

Gov.uk Supporting pupils at school with medical conditions and how to complete an IHCP <https://bit.ly/3pQ0yZa>

Asthma UK schools' advice <https://bit.ly/2MkeCwj>

Asthma action plan and resources

Child Asthma Action Plan – Asthma + Lung UK (asthmaandlung.org.uk)

Medical conditions at school – Schools Health Alliance

<http://medicalconditionsatschool.org.uk/>

Education for Health educational resources for staff

Asthma (Children and young people) – elearning for healthcare (e-lfh.org.uk)

Beat asthma – supporting schools with pupils with asthma

Schools – Beat Asthma

Moving on asthma – Helping young people with asthma to live independently [Home – Moving on Asthma](#)

Digital Health Passport – <https://digitalhealthpassport.co/>

Useful videos

What is Asthma? – Pathophysiology of Asthma <https://bit.ly/3klIJjO>

Dr Ranj and Peppa Pig, the unsung hero of paediatric medicine <https://bit.ly/2ZZzY5D>

Operation Ouch and asthma <https://bit.ly/2ZNOM8Y>

How to use your inhaler [How to use your inhaler | Asthma + Lung UK](#)

Asthma4children <https://bit.ly/37JBTPR>

Steroids for asthma and their side effects – Asthma UK <https://bit.ly/37Kh86x>

Parents talk to Asthma UK <https://bit.ly/3bEg9Wy>

GMEC-SCN Asthma friendly schools guide

Acknowledgements

Healthy London Partnership

North East and North Cumbria Child Health and Wellbeing Network

References

<https://www.beatasthma.co.uk>

[Report template – NHSI website \(england.nhs.uk\)](#)

[National bundle of care for children and young people with asthma resource pack September 2021.pdf \(england.nhs.uk\)](#)

[Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](#)

[Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](#)

<https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>

[About Air Pollution – Defra, UK](#)

[Home:: North East and North Cumbria Healthier Together \(nenc-healthiertogether.nhs.uk\)](#)

[Asthma friendly schools – Transformation Partners in Health and Care](#)



**Greater Manchester
and Eastern Cheshire**
Strategic Clinical Networks

The Asthma Friendly Schools Programme is led by the Children and Young People Network, which is part of the Greater Manchester and Eastern Cheshire Strategic Clinical Networks.

If you have any questions about the Asthma Friendly Schools programme, or anything contained within this toolkit, please do not hesitate to contact the team via england.gmec-scn@nhs.net.