Trinity St Mary's Church of England Primary School

Asthma Friendly School's Policy

Autumn Term 2026

"Many Hearts Make A School"

We work together to teach and inspire our children so that they have the confidence to flourish in our community and in the world.
Like the wise man who built his house upon the rock (Matthew 7:24-25), we embrace our Christian values to build strong foundations for their future.

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. asthma clinical nurse specialist (CNS), 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 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. 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 when they move into adult services. A close working relationship between the school nursing team and asthma CNS should be developed.

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. They should be part of the Senior Leadership Team within the school and support the Asthma Champion's role within the school.

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. 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: 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.

Introduction

What is asthma?

Asthma is a very common long-term lung condition. It affects the airways that carry air in and out of your lungs. People with asthma often have sensitive, inflamed airways. They can get symptoms like coughing, wheezing, feeling breathless or a tight chest.

Asthma symptoms can come and1 go. Sometimes people may not have symptoms for weeks or months at a time. Asthma needs to be treated every day, even if you feel well, to lower the risk of symptoms and asthma attacks.

What triggers asthma symptoms?

There are lots of things that can make asthma worse, but not everyone will be affected by the same things. Things that set off your asthma symptoms are called triggers. Finding out what sets off your symptoms - whether it is colds and viruses, pets, pollen, pollution, house dust mites or stress - means you can work out ways to avoid your triggers if possible.

There are certain stages in your life that might affect your asthma too. For example, some women find that hormonal changes at puberty, pregnancy, or menopause can affect their asthma.

The best way to cope with your asthma triggers is to always take your preventer medicine as prescribed, even when you feel well. And if you notice symptoms getting worse always see your GP or asthma nurse.

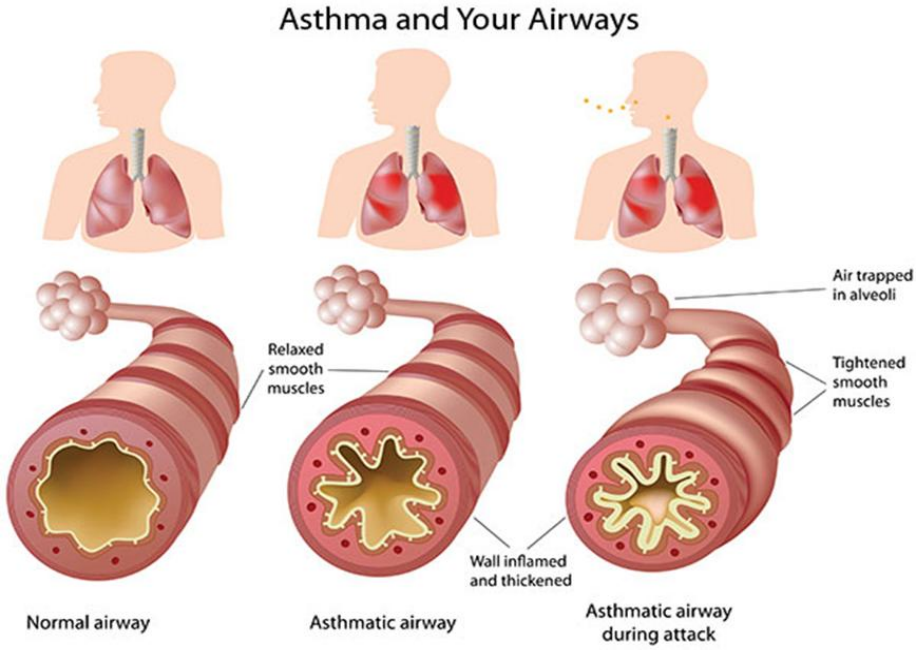
How serious is asthma?

How serious asthma is varies from person to person. There are different types of asthma too. Someone with severe asthma (which affects around 5% of all people with asthma) can have symptoms most of the time and find them very hard to control.

But most people with asthma can manage it well by using a preventer inhaler every day, and a reliever inhaler if their symptoms flare up.

For every type of asthma though, there's the risk of an asthma attack. Asthma attacks can be life-threatening, so it's important to take action if you notice any signs that your asthma is getting worse.

(Source: Asthma UK)



Purpose of this document

This policy sets out how our school will support students with asthma. We work closely with students, parents/carers and health colleagues to ensure we have robust procedures in place to support asthma management.

This policy reflects the requirements of key legislation and in particular two key documents:

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

To enable schools to effectively manage children and young people with asthma in a school setting and be an Asthma Friendly School:

- The schools should have an up to date asthma policy that is self-audited regularly.
- The schools should have two designated asthma leads.
- The schools will maintain a register of children and young people with asthma that will be shared with each school, staff and the School Nursing Service.
- Every child with asthma should have personal asthma plan (where required), from their doctor or specialist healthcare professional, which is shared with school, staff and School Nursing Service.
- There will be whole schools training around asthma, signs and symptoms and what to do in an emergency as part of medicines management training.
- Children and young people should have easy access to their inhalers and spacers. These may be kept by the child, in the classroom or in the main office as deemed appropriate by the child, parent/carer and school.

Asthma Friendly School Statement

We are an Asthma Friendly School and have audited our school practices and procedures in line with the recommendations in this policy. This means we advocate inclusion, are clear on our procedures and have designated Asthma Leads to ensure these are adhered to.

We welcome parents/carers' 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, and students know what to do if a child with asthma feels unwell.

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register;
- an up-to-date asthma policy;
- an asthma lead/champion;
- all pupils have immediate access to their reliever inhaler at all times;
- all pupils with asthma have an up-to-date asthma action plan;
- an emergency salbutamol inhaler and spacer;
- ensure all staff have regular asthma training; and
- promote asthma awareness with pupils, parents and staff.

Asthma Register

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- An up-to-date copy of their personal asthma action plan.
- Their reliever (salbutamol/terbutaline) inhaler and spacer in school.
- Permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

Asthma Lead/Champion

The school has an asthma lead/champion. It is the responsibility of the asthma lead/champion to:

- Manage the asthma register.
- Update the school asthma policy.
- Share the asthma register with staff and the School Nursing Service.
- Ensure all children on the register have opt out consent status recorded for use of emergency salbutamol inhaler, their own inhaler and spacer and personal asthma plan shared with the school.
- Manage the school's emergency salbutamol inhalers (refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015).
- Ensure measures are in place so that children have immediate access to their inhalers.
- Ensure that medication in school is monitored and check 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 asthma lead/champion.
- Ensure that empty out of date inhalers are disposed of appropriately.
- Ensure that all school staff training is up to date (including their own).
- Ensure parents/carers are notified if a student is using their inhaler an additional 3 times per week, over what is stated on their care plan.
- Ensure parents/carers are informed if a student refuses to use their inhaler or spacer.
- Arrange school-based asthma support sessions, these can be through assemblies, parent updates, form time or PSHE time.
- Arrange annual asthma training for staff via the local school nursing service.

- Ensure emergency kits are checked regularly and contents replenished immediately after use;
- Ensure that procedures are followed.
- Be confident to support in an emergency situation.
- School staff are not obliged to administer medication at school, however, some may be happy to do so. School staff are insured to administer medication under the school's or location educations authority's public liability insurance policy.

School asthma lead/champions are detailed below

Headteacher	Miss Hoy
Asthma Lead	Mrs Barnett
Asthma Champion	Mrs Wood

Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK).

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should **not** bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse **at home**. However, if the pupil is going on a residential trip, we are aware that they will need to take their preventer inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

Reliever inhalers are kept in the child's classroom.

School staff are not required to administer asthma medicines to pupils however many children have poor inhaler technique, or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential for the wellbeing of the child. If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse and advise parents/carers to arrange an urgent review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines. (Source: Asthma UK)

Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses a personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK)

Staff training

Staff will need regular asthma updates. This training can be provided by Essex Partnership University NHS Foundation Trust Specialist Asthma & Allergy Service – email: epunft.caa@nhs.net

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke (Source: Asthma UK)

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register. (Source: Asthma UK)

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE. (Source: Asthma UK)

When asthma is affecting a pupil's education

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we identify that asthma is impacting on the life a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated personal Asthma Action Plan, to improve their symptoms. However, the school recognises that pupils with asthma could be classed as having a disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Emergency Salbutamol Inhaler in school

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March, 2015). We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We have 3 emergency kit(s), which are kept in the office (x2) and Year 1/2 toilets so it is easy to access. Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instruction on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers;
- A list of children permitted to use the emergency inhaler; and
- A record of administration of the inhaler.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

The school's asthma lead/champion will ensure that:

- Replacement inhalers are obtained when expiry dates approach.
- Replacement spacers are available following use.
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary. Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air.
- Ensure that all spacers are cleaned, dried and returned to storage following use or replacements are ordered or requested, as necessary.
- Any spacer in the emergency kit cannot be reused. We will replace spacers following use. The emergency kit inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.
- Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler **AND** for whom written parental consent for use of the emergency inhaler has been given.

- The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

Common 'day to day' symptoms of asthma

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. We will also send home our own

information and consent form for every child with asthma each school year. This needs to be returned immediately and kept with our asthma register.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough;
- Wheeze (a 'whistle' heard on breathing out) often when exercising;
- Shortness of breath when exposed to a trigger or exercising; and/or
- Tight chest.

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per DOH document; they would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition guidance will be displayed in the staff room.

The Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest).
- A wheezing sound coming from the chest (when at rest).
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body).
- Nasal flaring.
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

If the child is showing these symptoms we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- appears exhausted;
- has a blue/white tinge around lips;
- is going blue;
- has collapsed.

It goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler.
- Remain with the child while the inhaler and spacer are brought to them.
- Shake the inhaler and remove the cap.
- Place the place the mask securely over the nose and mouth ensuring a good seal.
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths).
- If there is no improvement, repeat these steps 5 to 7 above up to a maximum of 10 puffs.

- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP.
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.

References

Asthma UK website (2022)
Asthma UK – Asthma at School and Nursery Guidelines
BTS/SIGN asthma Guideline
Department of Health (2014) Guidance on the use of emergency salbutamol inhalers in schools

Appendices

Appendix 1 – Sample Asthma register *(example at Appendix 6 of EPUT AFS policy)*
Appendix 2 – Sample School Action Plan *(example Appendix 9 of EPUT AFS policy)*
Appendix 3 – Specimen letter to parents requesting pupil asthma update with Consent form for Use of Emergency Salbutamol Inhaler *(example Appendix 11 of EPUT AFS policy)*
Appendix 4 – Specimen letter to parents (increased inhaler use) *(example at Appendix 14 of EPUT AFS policy)*
Appendix 5 – Specimen letter (refusal to use inhaler/spacer) *(example at Appendix 15 of EPUT AFS policy)*
Appendix 6 – School self-audit checklist *(example at Appendix 16 of EPUT AFS policy)*
Appendix 7 – Sample School Asthma poster *(example at Appendix 17 of EPUT AFS policy)*

APPENDIX 1

Example School Asthma Register

Asthma Register with expiry flag (or could be used for other condition)				
insert name of school				
Name	Class	DOB	Consent to use emergency Inhaler	Expiry date of inhaler
	9K	29/07/2001	Yes	01/02/2016
	10E	16/09/1999	Yes	20/02/2016
	7W	18/09/2000	Yes	31/12/2016

APPENDIX 2

Example Standard Asthma Kit for Schools

Schools Standard Asthma Emergency Kit

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

How to obtain your Asthma Emergency Kit

Your Local Pharmacy can supply you with an emergency asthma Kit.
There is a cost to this supply which may vary between pharmacies
In October 2014, new legislation was introduced to enable schools to legally hold spare emergency inhalers to use in the event of a potentially life-threatening asthma attack. Schools are therefore allowed to purchase a salbutamol inhaler ***without a prescription*** for use in emergencies.

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

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

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

Maintaining Your Emergency Kit

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

(**Asthma Lead/Champion**) - Monthly visual check of kit to ascertain contents are present and correct – signature date and time of the check to be recorded in the kit bag.

If anything is missing steps should be taken to replace missing contents immediately – this should be documented as well as action taken.

Adequate (not excessive) Spares should be kept on school premises for this purpose.

Inhaler Expiry dates should be recorded on the outside of the Kit bag and on the school register and replenished in advance of the expiry date.

The Spacer Devices are single Patient use – they must not be used for more than one person due to the risk of cross infection. It is good practice to send the spacer device home with the child who used it and request the parent /guardian to replace it.

Shake and Prime (spray) the Pump (once) on a monthly basis to ensure it is in working order.

Remove the canister from the blue housing and check how heavy it is (most metered dose inhalers ***do not*** have a counter) if the canister is feeling light – replace it.

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

FAQ's Pharmacies

Your Local Pharmacy –

Is a Prescription Required?

No. New legislation was passed in 2014 which permits the sale of Salbutamol inhalers to schools for emergency purposes.

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

How many Emergency Kits can we sell to any one school?

This depends on the size of the school; however schools will require a minimum number of 3 Kits –

1. For Evacuation
2. School Trips
3. Reception

Additional Kits will be required depending on the size of the school e.g. Upper Schools can have in excess of 1000 students, over several sites – their risk assessment will identify the need for many Emergency Kits.

What should the pharmacy record?

Batch number and expiry date of the inhaler and spacer devices
Brand/manufacturer
Quantity supplied

Need to check retention requirements for the signed order from the Head Teacher
Does the pharmacy need to label the device?
Pharmacies can provide advice on how to use an inhaler and spacer devices and also how to clean inhalers.

If you are unsure where to find the Batch Number and expiry date on the packaging and devices

School Emergency Asthma Kit Order Form

Please complete the form below

ITEM	QUANT\ITY	COST	TOTAL
Asthma Emergency Kit*			
School kit: Salbutamol MDI One of each (total of 2 spacer devices in each kit) Yellow aero chamber or volumatic with mask (Under 5's) Blue aero chamber or Volumatic without mask (over 5's). Instruction leaflets on how to use them.			
Salbutamol MDI			
Yellow aero chamber (under 5's)			
Blue aero chamber (over 5's)			
Volumatic with mask (under 5's)			
Volumatic without mask (over 5's)			

School Details:

Email address	
Name of School	
School postal address	
Head Teacher's Details	
Title	
First Name	
Last Name	
Signature	
Date	

APPENDIX 3

Example school record of inhaler administered to pupil at school

Name of school/setting	

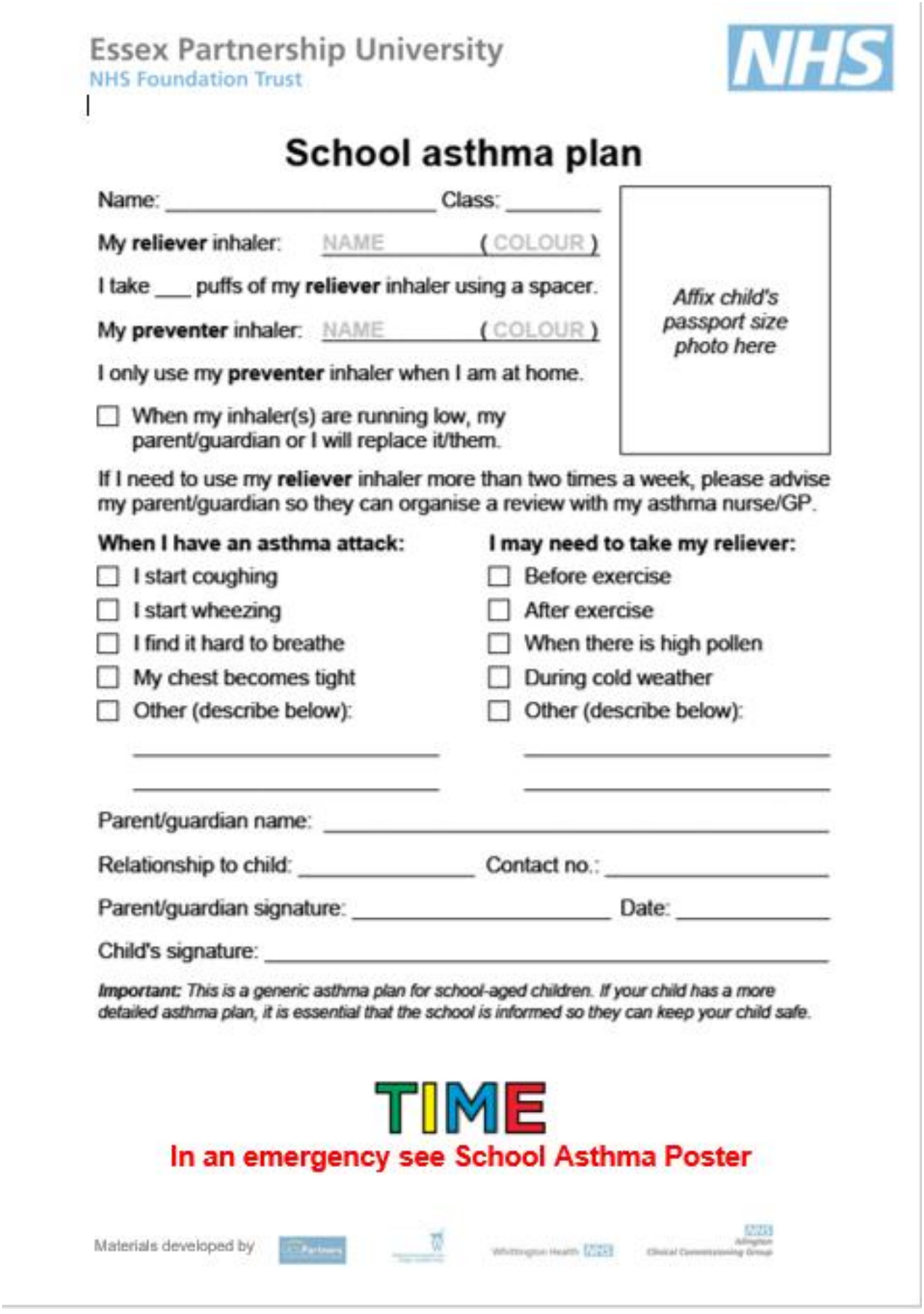
Date	Pupil name	Time	Name of Medication administered	Dose given	Spacer cleaned	Staff signature	Print name

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

The school should 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 2018 ('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 https://www.gov.uk/government/publications/data-protection-toolkit-for-schools.

APPENDIX 4

Example School Asthma Plan



Essex Partnership University
NHS Foundation Trust

NHS

School asthma plan

Name: _____ Class: _____

My **reliever** inhaler: NAME (COLOUR)

I take ___ puffs of my **reliever** inhaler using a spacer.

My **preventer** inhaler: NAME (COLOUR)

I only use my **preventer** inhaler when I am at home.

☐ When my inhaler(s) are running low, my parent/guardian or I will replace it/them.

Affix child's passport size photo here

If I need to use my **reliever** inhaler more than two times a week, please advise my parent/guardian so they can organise a review with my asthma nurse/GP.

When I have an asthma attack:

- ☐ I start coughing
- ☐ I start wheezing
- ☐ I find it hard to breathe
- ☐ My chest becomes tight
- ☐ Other (describe below):

_____

_____

I may need to take my reliever:

- ☐ Before exercise
- ☐ After exercise
- ☐ When there is high pollen
- ☐ During cold weather
- ☐ Other (describe below):

_____

_____

Parent/guardian name: _____

Relationship to child: _____ Contact no.: _____

Parent/guardian signature: _____ Date: _____

Child's signature: _____

Important: *This is a generic asthma plan for school-aged children. If your child has a more detailed asthma plan, it is essential that the school is informed so they can keep your child safe.*

TIME

In an emergency see School Asthma Poster

Materials developed by

APPENDIX 5

Specimen school letter to parents on Asthma Friendly School status

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 upon 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:

1. _____

2. _____

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

APPENDIX 6

Specimen parent asthma letter for schools

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

Please note that 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 Asthma + Lung UK | Asthma home

Please complete the information below and return to school

Yours sincerely

Parental Consent Form

Child's name	
Class	

1. I confirm that my child has been diagnosed with asthma ☐
2. I confirm my child has been prescribed an inhaler ☐
3. My child has a working, in-date inhaler and spacer clearly labelled with their name, which they will have with them at school every day ☐
4. Please tick to confirm consent to use of **School's own emergency inhaler kit** in an emergency ☐

Signed	
Date	
Print name	
Relationship to Child	

APPENDIX 7

Specimen letter to parent advising of salbutamol administration at school of pupil's own inhaler except for pre-agreed sport use

School Name	

Dear Parent/Guardian

Child's name	
Class	
Date	

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 _____ (time) on _____ (date).

If your child has been using their rescue inhaler at home as well, we encourage you to contact your doctor or asthma nurse for an urgent asthma review.

Yours sincerely

Signed	
Date	
Print name	

APPENDIX 8

Specimen letter to parent advising of administration of School's emergency salbutamol inhaler to pupil

School Name	

Dear Parent/Guardian

Child's name	
Class	
Date	

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's emergency asthma inhaler containing salbutamol. They were given ____ (number of puffs) at _____ (time).

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 that your child brings in a working in-date inhaler and spacer for their use in school: both must be clearly labelled with your child's name and date of birth?

Yours sincerely

Signed	
Date	
Print name	

APPENDIX 9

Specimen school letter to parents (increased inhaler use)

School Name	

Dear Parent/Guardian

Child's name	
Class	
Date	

This letter is to formally notify you that [child named above] has required their reliever inhaler on the following occasions this week (3 x more than stated on their personal Asthma Action Plan).

Day	Date	Time	Time
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

We are therefore obliged to advise that you seek an urgent asthma review for your child with their GP or asthma nurse as soon as possible.

Yours sincerely

Signed	
Date	
Print name	

APPENDIX 10

Specimen school letter to parents (refusal to use inhaler/spacer)

School Name	

Dear Parent/Guardian

Child's name	
Class	
Date	

This letter is to formally notify you that [child named above] has required their reliever inhaler on the following occasions this week (3 x more than stated on their personal Asthma Action Plan).

Day	Date	Time	Time
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

We are therefore obliged to advise that you seek an urgent asthma review for your child with their GP or asthma nurse as soon as possible.

Yours sincerely

Signed	
Date	
Print name	

APPENDIX 11

School asthma poster

Essex Partnership University
NHS Foundation Trust

NHS

How to manage an asthma attack in children

T – Think

?

Any of these signs:

- Coughing
- Wheezing
- Hard to breathe
- Tight chest
- Cannot walk
- Cannot talk

Are they having an asthma attack?

Remember: stay with the child at all times

I – Intervene

+

- Keep calm
- Reassure child
- Sit them up and slightly forward
- Ask someone to get blue inhaler and spacer
- Administer inhaler (see blue box)
- Note time of using inhaler

M – Medicine



- Use blue inhaler
- Shake inhaler
- Place in spacer
- Spray one puff
- Take five breaths
- Repeat the above up to 10 times if needed
- If no improvement, it is safe to repeat the above 10 more times

E – Emergency

999

- If no improvement, or if you are worried or unsure, call 999
- If ambulance takes longer than 15 mins, repeat Medicine steps
- Note time of calling 999

Postcode

Has child taken their inhaler?



When asthma strikes, it's TIME to act

Materials developed by UCLPartners · Whittington Health NHS · NHS Islington Clinical Commissioning Group

APPENDIX 12

Using a spacer device

Asthma UK has 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 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.

Examples of inhaler and spacer devices for children and young people