Asthma Policy

Advisory Policy Guidance for the Management of Asthma in Schools in Shropshire and Telford & Wrekin

Name of Policy:	Advisory Policy Guidance for the Management of Asthma in Schools
Authors:	Asthma Education Sub-Group members **Additional info added by Emma Heeley, Headteacher**
Owner:	STW ICB Quality & Performance Committee
Other Contributors:	Asthma Clinical Network Members
Purpose:	The purpose of this document is to provide guidance to schools to enable them to support children and young people with asthma as set out in the statutory guidance "Supporting pupils at school with medical conditions".
Who is this policy for:	This policy applies to all local authority commissioned schools, Pupil Referral Units and school academies in Shropshire Telford & Wrekin
Approval Date:	**23rd September 2026 by governors**
Version:	2
Version Control:	Version 1 – 2017
Ratified by:	To be ratified by Quality Performance Committee
Date Issued: Sept 25. Reviewed Sept 26 **Review Date: Sept 27**	

Contents **Page Number**

1)	**Policy Statement**	**3**
2)	**Context**	**3**
3)	**Responsibilities**	**4**
	➢ School	**4**
	➢ The School Nursing Team	**5**
	➢ Pupils with Asthma	**5**
	➢ Parents and Carers	**5**
4)	**Asthma Medication in School**	**6**
5)	**Training**	**7**
6)	**Appendix 1 - Asthma awareness information and guidance**	**8**
7)	**Appendix 2 - School Asthma Champions**	**9**
8)	**Appendix 3 - Documentation**	**10**
9)	**Appendix 4 - Whole School Asthma Awareness**	**11**
10)	**Appendix 5 - Asthma Friendly Schools Scheme**	**12**
11)	**Appendix 6 – Safeguarding**	**13**
12)	**Appendix 7 – Our School Asthma Care Plan Form**	**14**

STW Asthma Policy

1. **Policy Statement**

To provide a guiding framework for the management of asthma in schools aligned to the statutory guidance for governing bodies of maintained schools and proprietors of academies in England "Supporting pupils at school with medical conditions". This advisory policy should be used alongside the school's own policy for managing medical conditions at school.

2. **Context**

Asthma is a common long-term condition; it affects the airways which carry air in and out of the lungs, and it can make it difficult to breathe.

- In the UK it is estimated that 5.4 million people have asthma: one in 11 children (1.1 million)
- Approximately 4,000 school age children living in Shropshire Telford and Wrekin have a diagnosis of asthma
- In addition, many children have suspected asthma and are prescribed asthma treatment
- The UK has among the highest prevalence rates of asthma symptoms in children worldwide
- On average there are two children with asthma in every classroom in the UK
- Every 10 seconds someone has a potentially life-threatening asthma attack
- Asthma is the most common long-term medical condition in children and the predominant reason for children to take medication at school
- Asthma causes more absences from school than any other medical condition
- Children living with difficult asthma are at increased risk of experiencing psychological symptoms

All children must be safe and able to fully participate in school life. Asthma is a long-term condition and if well controlled (with preventive medication taken at home) should not impact a child's quality of life or ability to participate in any activity.

Children with asthma must be supported to manage their own asthma at school by people that understand their condition.

A school environment must be sensitive to the needs of a child with asthma.

Children with asthma should not need to routinely take asthma medication at school but must always have access to their reliever medication.

Emergency treatment may be required by **ANY** child with asthma when they are having an asthma attack.

Further information about asthma in children can be found in Appendix 1

3. **Responsibilities**

The school should:

- recognise the needs of pupils with asthma
- have a named member of staff to act as a school asthma champion **(see appendix 2)**
- maintain and regularly update a register of pupils with asthma **(see appendix 3)**
- maintain a written record of treatment and emergency treatment, as per the Individual Health Care Plan (and Personalised Asthma Action Plan if available), for all pupils with asthma **(see appendix 3)**
- ensure that school staff are aware of and follow the guidance in each child's Individual Health Care Plan **(see appendix 3)**
- inform parents when their child has used their own inhaler or the school emergency inhaler whilst in the care of school
- understand that immediate access to **reliever medication** (usually an inhaler) is vital for the safety of all pupils with asthma
- ensure that all pupils with asthma have easy access to their reliever inhaler, and a spare/emergency inhaler if required
- encourage and help pupils with asthma to participate fully in all aspects of school life
- do all it can to ensure that the school environment is safe for all pupils with asthma
- ensure all school staff receive annual training on the basic awareness of asthma and the correct use of inhalers **(see appendix 4)**
- be aware of and participate in the Asthma Friendly School Scheme **(see appendix 5)**
- ensure all staff have a clear understanding of what procedures to follow if a child has an asthma attack (including the use of the emergency salbutamol inhaler)
- ensure that children with asthma have access to their reliever inhaler during off site activities or trips and this should be included in their risk assessment
- recognise and, in accordance with their safeguarding policies, act on any potential safeguarding concerns (**see appendix 6)** relating to asthma

The School Nursing Team should: (Public Health Nursing Service)

- ensure school nurses are up to date in asthma management and receive annual updates on guidance and developments in asthma and its management **(see appendix 4)**
- recommend asthma training to schools annually
- advise schools on the development of Individual Health Care Plans by signposting to relevant policy and templates

Pupils with asthma should:

- have a clear understanding of how to seek help if they have asthma symptoms or an asthma attack
- carry their own reliever inhaler or know how to access their reliever inhaler if they need it whilst in the care of the school

Parents/carers should:

- inform the school of their child's asthma diagnosis
- provide the school with a reliever inhaler (and spacer device if prescribed) that has been prescribed for their child at the beginning of each school year. The original prescription label must be on the inhaler
- ensure that their child's reliever inhaler/s (and spacer/s if prescribed) are maintained and replaced when expired or otherwise indicated
- notify school in the event of any changes to their child's asthma management plan as soon as possible and share a copy of their child's Personalised Asthma Action Plan with the school every time it is updated by the child's asthma health care provider
- complete all documentation required by school, including consent for the administration of medication
- support the school with the development of their child's Individualised Health Care Plan
- retrieve their child's inhaler from school at the end of the summer term

4. **Asthma Medication in School**

- All children with asthma should have their own reliever inhaler (and spacer device if prescribed) in school
- Asthma medication should be stored safely at school but must always be easily accessible. Tips for storing inhalers at school:
    - do not lock inhalers away, they must always be accessible
    - do not store inhalers in direct sunlight
    - Inhalers can be carried by the child or kept in a bag/container to protect from damage/dust
    - always store inhalers with each child's name/prescription label on

- The school will either: in accordance with statutory guidance, ensure that an emergency salbutamol inhaler and spacer device is available for emergency use **or** ensure a spare reliever inhaler for all children on the school asthma register, can be stored at school
- In exceptional circumstances a child may have access to the emergency inhaler and spacer following the guidance set out by the Department of Health **(see appendix 3)**
- The school will risk assess for the need to purchase a minimum of 1 emergency salbutamol inhaler and at least one spacer device from a pharmacy and complete appropriate documentation
- The school will (if applicable) replace the emergency salbutamol inhaler/s prior to the inhaler expiry date
- The school will take responsibility for the safekeeping of the emergency salbutamol inhaler **or** each child's spare reliever inhaler.
- If the emergency salbutamol inhaler is misplaced it is the responsibility of the school to purchase a replacement from a pharmacy
- Schools should follow advice on arrangements for the supply, storage, care and disposal of the inhaler as set out in the national guidance **(see appendix 3)**
- All inhalers will be returned to parents at the end of the summer term

5. **Training**

- All school staff should complete **Tier 1** (or equivalent accredited training) children's asthma training as recommended by NHS England **(see appendix 4)**

- Asthma Champions should have additional training to support them to implement the school asthma policy locally – this can be provided by

appropriately qualified members of the school nursing team, NHS Children's Asthma Specialist or ICB Clinical Lead for asthma

- All school staff should complete an annual update on asthma awareness and correct inhaler technique **(see Appendix 4)**
- All new school staff to complete **Tier 1** children's asthma training as soon as possible after appointment
- Additional/alternative asthma training may be delivered to school staff by a recognised and accredited **Tier 1** provider

6. Newport Infant School and Nursery Procedures:

- Inhalers are stored in the classrooms, out of reach of children. Each class displays a poster stating who the children and staff are with asthma, and where the inhalers are kept.
- Each parent needs to complete our asthma care plan, and bring a copy of the PAAP (Personal Asthma Action Plan) from the medical professionals. The care plans will be kept in the school office asthma folder, and a copy with the inhaler. The care plan will state whether the parent gives consent for us to use the emergency salbutamol inhaler in an emergency.
- Inhalers for each child are stored in a box for that child, with photo and name on the front of the box, and expiry date of the inhaler. Inside the box, should be a copy of the asthma care plans, an administration record and Information slips to send home to parents, informing them the date/ time and dose given, along with the effectiveness and who administered the medication.
- As a school, we have chosen to have an emergency inhaler in school. If the emergency salbutamol inhaler needs to be used, parents will be informed in writing, stating time/date/dose/effectiveness/who administered the medication.
- The asthma register is kept up to date and copies given to staff.

Our Asthma Champions are Ann Cotterill, Stacie Magnier and Emma Heeley. They will check the inhaler dates each term, and ensure parents are informed when we need a new one. They will also check the emergency salbutamol on a monthly basis to ensure it is in working order. They will inform the School Business Manager a month before the expiry date so she can organise replacements from the pharmacy.

(A copy of our asthma care plan is in appendix 7)

Appendix 1 - Asthma awareness information and guidance

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. Asthma is not the same in all children; there are different types of asthma, and the condition ranges in severity. Asthma is a chronic but variable condition which means that children can seem quite well much of the time but have periods where they are affected by asthma symptoms.

The symptoms of asthma are:

- Cough
- Wheeze
- Chest tightness
- Shortness of breath

When a child with asthma is exposed to something that irritates their airways **(a trigger)**, the muscles around the walls of the airways tighten so that the airways become narrow and inflamed. These processes within the airways cannot be seen but will lead to asthma symptoms that can worsen (over time or suddenly) if not managed correctly.

Asthma attacks, **which can be life-threatening**, develop over a period of hours/days **or** can occur quite suddenly; this may depend on several factors' individual to each child.

Asthma can usually be controlled, and asthma attacks can be avoided if asthma is managed well. **To control asthma**, medication is needed to reduce inflammation in the airways – this medication is usually prescribed to be taken regularly, once or twice daily, and is taken in the home setting.

In the event of asthma symptoms or an asthma attack occurring, **reliever medication** is needed to open the tightened airways. Generally, reliever medication should only be needed occasionally, **not on a regular basis**.

Traditionally, reliever inhalers were blue and therefore were easily recognisable.

Other reliever inhalers, **which are not blue in colour,** are now available. Children with these inhalers have an asthma treatment plan called Maintenance and Reliever Therapy **MART** or Anti-inflammatory Reliever **AIR** – they have one inhaler that both reduces inflammation in the airways **and** relieves symptoms.

If necessary, the school emergency inhaler can still be used by children with a MART or AIR inhaler – the child's Individual Health Care Plan (and Personalised Asthma Action Plan) should always be followed.

Appendix 2 - School Asthma Champions

A school Asthma Champion is a member of school staff who takes an active role supporting the school with the practical implementation of their asthma policy. They should work closely with their school nurse and link with others within and outside the school for support as needed e.g. Asthma Nurse Specialist, local community asthma team, school safeguarding lead, SEND lead.

The school's asthma champion will have responsibility to ensure that:

- They have a clear understanding of the school asthma policy
- The school asthma policy is accessible to all staff and parents
- The school asthma register is kept up-to date and accessible to all staff
- All children on the school asthma register have a Personal Asthma Care Plan
- All children on the asthma register have consent status recorded for use of emergency salbutamol inhaler and their own reliever inhaler, and their personal asthma plan has been shared with the school
- Procedures for the management of asthma attacks in school are in place
- Children with asthma always have access to their own reliever inhaler and the school emergency inhaler (or their own spare reliever inhaler)
- All school staff asthma training is up to date
- Whole school awareness of asthma is promoted via adopting the Asthma Friendly School Scheme and other methods such as school assemblies, awareness events and curriculum activity,
- Asthma medication in school is monitored to ensure it is accessible and within expiry dates
- School has an adequate supply of emergency asthma kits, each containing a salbutamol inhaler and spacer devices for emergency use, as set out in the Department of Health guidance
- Emergency asthma kits are checked regularly and contents replenished immediately after use
- Parents/carers are informed if a child has needed to use their own reliever inhaler or the school's emergency inhaler whilst at school
- Safeguarding policies and procedures are followed

Appendix 3 – Legislation and documentation

Supporting pupils with medical conditions:

All schools have a statutory duty to support pupils with medical conditions.

This duty is set out in **guidance from the Department for Education** about the support that all pupils with medical conditions should receive whilst at school.

The **detailed guidance document** includes both statutory and non-statutory advice.

The statutory guidance applies to any 'appropriate authority' as defined in **section 100 of the Children and Families Act 2014.** That means governing bodies in the case of maintained schools, proprietors in the case of academies, and management committees in the case of pupil referral units (PRUs).

'Appropriate authorities' must have regard to the guidance when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The guidance also applies to activities taking place off-site as part of normal educational activities. In this document, references to schools are taken to include academies and PRUs and references to governing bodies include proprietors in academies and management committees of PRUs. Further advice, where provided, is based on good practice but is non-statutory.

- A full set of **supporting template documents** is available for schools to adopt and use to implement the guidance
- Links to a **range of supporting resources** have also been provided
- Early years settings should continue to apply the **Statutory Framework for the Early Years Foundation Stage**.

Emergency salbutamol inhalers for schools:

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. This applies to all primary and secondary schools in the UK. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on this guidance.

Guidance for schools in England on using emergency salbutamol inhalers from the Department of Health and Social Care sets out the legislation and the process for schools to follow.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Appendix 4 - Whole School Asthma Awareness

Asthma Training for School Staff

The NHS National bundle of care for children and young people with asthma sets out a capability framework detailing the skills and capability required for all health and non-healthcare professionals involved in the care of children with asthma. There are 5 Tiers in the framework.

The level of skills and capability for school staff is set out in **Tier 1** of the framework as follows:

Level of care: Signposting

Example profession: School staff, social care staff, leaders of children's clubs

Knowledge and skills: Basic awareness of asthma, its management, inhaler use and basic modifiable risk factors. Able to signpost families to appropriate support and resources.

A free online Tier 1 course is available. This course is accredited by the Royal College of Paediatrics and Child Health is recommended for all school staff in Shropshire, Telford and Wrekin.

Additional local supplementary training will also be available but does not replace the need for completion of the recommended Tier 1 training. Information about this will be shared via local authority communication and the school nursing team.

Asthma awareness and education for pupils and parents

Whole school asthma awareness offers many benefits for the school community:

- Supports school inclusivity for children with asthma
- Helps parents of children with asthma to be confident that their child will be safe at school
- Improves awareness and understanding of the most common medical condition experienced by children across the whole school community
- Provides opportunities for relevant curriculum activities

The Asthma Friendly School Scheme **(see Appendix 5)** provides schools in Shropshire, Telford and Wrekin with access to a range of resources to support whole school asthma awareness and a straightforward process to achieve Asthma Friendly School status and accreditation.

Appendix 5 - Asthma Friendly Schools Scheme

The Asthma Friendly Schools Scheme in Shropshire, Telford & Wrekin is a partnership initiative between health and the local authority that encourages all schools to welcome children with asthma and put simple strategies in place to ensure they can fully participate in school life.

An Asthma Friendly School is one where children with asthma are safe and can fully participate in all elements of school life. By signing up, schools are committed to ensuring that all school staff know what to do if a child has an asthma attack.

An Asthma Friendly School

- Adopts their local authority recommended school asthma policy or equivalent
- Has a named asthma lead/champion amongst its staff
- Maintains an up-to-date asthma register of the children in its care
- Ensures staff complete baseline asthma training and annual updates
- Ensures staff can recognise when a child is having an asthma attack and know what to do if this happens
- Ensures children always have easy access to their reliever inhaler
- Provides a school emergency inhaler and spacer device within the allowable legislation **or** ensures every child with asthma has a spare inhaler for emergency use stored safely on site.

Details of the Asthma Friendly School Scheme will be communicated to all schools via their local authority and school nursing teams.

Appendix 6 - Safeguarding

Safeguarding Children with asthma is everyone's responsibility – see information and poster below.

A child should not miss out on education due to asthma. The school's safeguarding policy should be followed.

Telford and Wrekin Local Authority

Safeguarding children with asthma poster

Child protection Information - Family Connect

Shropshire Local Authority

Safeguarding Children with Asthma poster

Shropshire Safeguarding Community Partnership

Appendix 7 – Asthma Care Plan

Newport Infant School Asthma Care Plan

Child's name	
Date of birth	
Class	
Child's address	
Date Asthma Diagnosed	

Family Contact Information

Parents / Guardians Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Phone no. (work)	
(home)	

(mobile)	

G.P.

Name	
Surgery	
Phone no.	

Clinic/Hospital Contact

Name	
Phone no.	

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers '

Tick usual symptoms:

- Cough
- Shortness of breath
- Wheeze
- Chest Tightness

What can be the triggers?

Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose (including preventor inhalers that are taken at home)

All medication for asthma:

Medication that will be used in school:

Describe what an asthma attack looks like for your child and the action to be taken if this occurs

Who is to be contacted in an emergency?

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER NEWPORT INFANT SCHOOL

Child showing symptoms of asthma/having asthma attack

- I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate) Yes / No

- In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Print name:

Child's name: Class:

I consent to photo ID being used on the asthma register Yes/No (delete as appropriate)

ADVICE FOR PARENTS

Remember:

1. **It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medications**
2. **It is your responsibility to ensure that your child has their 'reliever' medication with them in school and that it is clearly labelled with their name. You should confirm this with your child's class teacher**
3. **It is your responsibility to ensure that your child's asthma medication has not expired**
4. **If your child has an asthma attack, we will contact you if they require medical attention. If we can't get their breathing under control, we will phone 999 for an ambulance and 2 members of staff will accompany the child to hospital if you haven't arrived at school.**