



School Asthma Policy

Informed by Salford schools guide for the care of children and young people with asthma

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Date	February 2024
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Medication Storage Location <i>(if located in classrooms list individually)</i>	
All Classrooms	
Emergency Asthma Inhaler Storage Location <i>(if applicable)</i>	
School Office EYFS Kitchen medical cabinet	
Asthma Register Storage Location	
School Office	



CONTENTS

1. Introduction	3
2. Record Keeping	4
3. Asthma Management Responsibilities	5
3.1 Parents responsibilities.....	5
3.2 School Management & Teachers' Responsibilities.....	5
3.3 School Asthma Leads and Champions Responsibilities	6
3.4 All Staff Responsibilities	7
4. Medication.....	7
4.1 Safe Storage – General.....	7
4.2 Safe Storage - Emergency Medication	8
4.3 Safe Disposal	8
5. Physical Education/Activities.....	8
6. School Environment	9
7. Pupils Who Miss School Due to Asthma.....	9
8. Asthma Attacks	9
9. Appendices	10
9.1 Legislation	10
9.2 Legal duties on the NHS.....	11
9.3 Definition of roles	11
9.4 Asthma Letter Templates	12
9.5 Other Asthma Templates.....	12
9.6 Emergency Kit Checklist.....	13
9.7 Spacer Device User Guides	13
9.8 Posters.....	13
9.9 Useful resources: Where to find more information online	13



1. Introduction

Asthma is the most common long-term medical condition in children. It is an inflammatory condition that affects the airways. It cannot be cured, but with appropriate management, quality of life can be improved.

Having asthma has implications for a child's schooling and learning. It impacts on care given within schools and early years settings. Appropriate asthma care is necessary for the child's immediate safety, long-term 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 school day, to help them to manage their asthma in the absence of their parents. If having an asthma attack, all children and young people, regardless of age, will need support from a supervising adult.

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.

In Salford, there are approximately 1,800 children and young people between the ages of 5 – 18 years diagnosed with asthma. Data from the NHS highlights that childhood hospital admissions due to asthma related emergencies remain a challenge for Salford, with figures showing Salford's admission numbers being above the England average. This highlights the need for improved preventative measures, education, and management to effectively address the impact of asthma on the young population in Salford. This can only be achieved through better multi-agency community support for children to ensure that every opportunity is taken to support the young person to manage their condition.

Purpose and summary of this document

The purpose of this document is to enable school to manage children and young people with asthma effectively. Below is a summary of recommendations based on national guidelines and contributions from key health professionals in Salford:

- School will maintain a register of children and young people with asthma.
- Every child with asthma will have an individual health care plan (IHCP) and/or Asthma Action Plan
- School will keep this Asthma Policy up to date.
- Early years and primary school age children may require support to manage their asthma in school in line with the Children and Families Act 2014.
- Children and young people will have appropriate supervision and assistance, as required.
- 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.
- Schools should log the use of inhalers for children on their respective log and inform parents. Where a blue inhaler has been used more than 3 times per week in school (unplanned), school should highlight this to the parent and advise them to take their child for a review. If the same use of the blue inhaler continues during three consecutive weeks, school can then make a referral to the Salford Asthma Nurse



(currently Una O’Hea) via email. This can be done by the class teacher, with support from the school SENDCo, if needed. This referral should then trigger the child and parent being invited to an asthma review. Teachers should let parents know they are making the referral. If a parent expresses that they do not wish for the referral to be made, a log of this should be made on CPOMS. If the teacher has concerns that the child’s health is at risk, they should phone the asthma nurse to inform of the situation and the refusal to be referred.

- **In an asthma attack the respective named inhaler should always be taken to the child.** In no circumstance, should inhalers belonging to other children be used.
- Schools will keep two emergency asthma inhalers and spacers on the school premises. (One in the main office and one in the EYFS kitchen)
- Staff will have access to appropriate training and updates – this can be provided by school nurses who deliver long term condition training to schools (a copy of their training presentation is available at all times on the staff drive. In addition, specific asthma related training can be accessed free of charge on the e-learning for health webpage - [Asthma \(Children and young people\) - elearning for healthcare \(e-lfh.org.uk\)](http://e-lfh.org.uk).
- New staff should be directed to training materials during induction.

This policy reflects the requirements of key legislation ([Appendix 9.1](#)) and two key documents:

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

This policy sets out how a school can support pupils with asthma and how a school can work closely with pupils, 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 9.4.3](#)). 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 at the beginning of each school year. For primary school children the inhaler and spacer should be kept in the classroom. The school management and governors should ensure that an Asthma Champion (see [Appendix 9.3](#) 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 should inform senior leaders if they do not feel comfortable administering medication, so that they can ensure there are other staff available, as needed. School staff are insured to administer medication under the school’s or local education authority’s public liability insurance policy. Pupils with asthma should be fully integrated into school life and able to participate fully in all activities including Physical Education (PE). Pupils always require open and immediate access to their reliever medication (inhaler) for all school activities; schools should have clear procedures in place that facilitate this.

2. Record Keeping

It is the responsibility of parents/guardians to inform school, on admission, of their child’s medical condition and needs ([Appendix 9.4.3](#)). 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 pupil is given or supervised taking their inhaler. If recording takes place in more than one location i.e., classroom and office the record is amalgamated to clearly reflect frequency of use. Ideally there should be one record which details the supervising staff member, pupil, dose, date, and time (see [Appendix 9.5.1](#) for an example). Parents will be informed if a pupil uses their inhaler at any time, unless taken pre-sport as agreed (Appendix 9.4.1). If a pupil refuses to use their inhaler, this is also recorded, and parents are informed as soon as possible. If staff are concerned, they may ask the parent to collect or to arrive at school to administer the inhaler. If a pupil refuses their inhaler during a perceived asthma attack, this is a medical emergency and staff are likely to need to phone 999.

Schools will keep an asthma register (9.5.3) so that they can identify and safeguard pupils with asthma; this is held centrally in the school office and is the responsibility of the Asthma Champion to maintain. Teachers should check this register at the start of every school year and ensure all staff working with the pupil are aware of their medical condition. They should also ensure medication and record books are stored safely and accessibly within their classroom. Pupils with asthma will have a personalised asthma plan (example Appendix 9.5.5) This is shared jointly between health, education, and parent/pupil. Parents will first complete with the child's GP/Asthma nurse and then share with school staff.

In the event a pupil's inhaler and spare inhaler are unavailable, the school emergency inhaler should be used (if the parent/guardian has consented) and inform the parent as soon as possible ([Appendix 9.4.2](#)). Consent to use emergency inhalers should be recorded on the asthma register and the pupil's Individual Health Care Plan (IHCP) and/or within their Asthma Management book. In circumstances where an emergency inhaler is not available the school should contact emergency services for guidance and inform the parents as soon as possible.

3. Asthma Management Responsibilities

3.1 Parents responsibilities

- Informing the school if their child has asthma.
- Ensure their child has an up-to-date written Personalised Asthma Action Plan (PAAP) from their doctor or specialist healthcare professional and that they share this with the school. There will be some children and young people who will need their own individualised plan, relating to specific medication.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines the child requires while taking part in visits, outings, field trips and other out-of-school activities such as school sports events.
- Inform the school of any changes to their child's condition, including long or short term changes e.g. suffering with asthma symptoms during the night.
- Ensure their medicines and medical devices are labelled with the child's full name and date of birth and in the original pharmacy packaging.
- Ensure that their child's medicines are within their expiry dates once advised by the school Asthma Champion.
- Talk to their child about their condition and remind them to speak to school staff if they are feeling unwell and/or need to use their inhaler.
- If their child is off school, help them to catch up on any schoolwork they have missed, if appropriate.
- Ensure their child has regular reviews (at least annually and after each exacerbation) 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.



3.2 School Management & Teachers' Responsibilities

- School management team should ensure that the school's asthma policy is read and understood by all members of staff including teachers, teaching assistants, support staff and catering staff.
- The school asthma policy will be shared and available to parents on the school website
- Teachers should check this register at the start of every school year and ensure all staff working with the pupil are aware of their medical condition. They should also ensure medication and record books are stored safely and accessibly within their classroom.
- Ensure all staff access training and refresh this each year.
- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- Teachers, support staff and welfare must know which pupils have asthma and be familiar with the content of their individual health plan.
- All pupils must have easy access to their emergency medicines/inhalers.
- Inform parents if a child uses their inhaler after an exacerbation.
- Encourage parents to seek a clinical review if a child regularly uses their inhaler at school. If used three times in school (unplanned) an email can be sent to the school nurse to make them aware.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure Inhalers and spacers are washed and checked regularly according to instructions (support staff can be asked to do this); care should be taken not to muddle the components as this could pose a risk to any 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.
- Ensure pupils have their medication with them if out of school e.g. church, trips etc and also during PE lessons.
- Be aware that asthma can affect a pupil's learning and provide extra help when needed.
- Be aware of children with asthma who may need extra social support.
- Liaise with parents, the pupil's healthcare professionals, special educational needs co-ordinator 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 pupils (pupils 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 pupil, they will inform their parent/guardian and make the school nurses aware.
- Ensure pupils with asthma are not excluded from activities in which they wish to take part.
- School management review the asthma policy annually and conduct an annual review of the safe management of asthma in the school.
- Ensure that pupils with asthma don't use materials or, where possible, do not come into contact with any materials that may trigger asthma symptoms such as perfumes, dust, moulds, smoke, air fresheners etc



3.3 School Asthma Leads and Champions Responsibilities

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

The school Asthma Champion have delegated responsibility by the head teacher and school governors to ensure:

- Where applicable, schools have an adequate supply of emergency kits and know how to obtain these from their local pharmacy.
- Procedures are followed.
- The asthma register is up-to date and accessible to all staff.
- All children on the register have consent status recorded, an inhaler, a spacer, and a care plan.
- New pupils with Asthma added on to the Asthma register and an inhaler, spacer and care plan requested from their parent. Consent obtained for emergency inhaler use. Inform new teacher of child's condition, ensure that an Asthma Management book is set up for them and that their medication is added to the class medication box. Notify also any support staff or welfare staff who will be working with the child. Add the child to the Pupils with asthma sheet (to be kept by welfare and senior leaders)
- Monitor medication use in school. For any salbutamol inhaler use during the school day apart from pre-agreed sport use, parents should be informed ([Appendix 9.4.1](#)). 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 nurse specialist 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 section 4](#)).
- Their own training is up to date.
- The school's policy in practice is audited annually by the Asthma champion and Asthma Lead. The Asthma Lead may enable the school nurse to undertake an annual audit ([Appendices 9.5.4](#))
- Emergency kits are checked regularly, and contents replenished immediately after use.

Asthma Leads and Asthma Champions should be trained and confident to support in an emergency. NHS partners in Salford recommend all staff working with 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 - [Asthma \(Children and young people\) - elearning for healthcare \(e-lfh.org.uk\)](#) which takes approximately 1 hour to complete.

3.4 All Staff Responsibilities

- Complete asthma training and refresh yearly.
- Know what the school procedures are, which pupils have asthma, and be familiar with their care plans.
- Administer/supervise inhaler use and record, as required.
- Communicate parental concerns and updates to the Asthma Champion.
- Inform the Asthma Champion if a school emergency inhaler has been used.
- Record the usage in the main asthma register located in the school office if the school's emergency inhaler has been used.
- Ensure all pupils with asthma have easy access to their reliever inhaler and spacer as



needed.

- Speak to pupils about alerting staff if they are experiencing asthma symptoms or generally feeling unwell.
- Ensure pupils know where their inhalers are stored. This should preferably be in the classroom in an easily accessible location (i.e., not a locked cupboard) and not in the main school office. Pupils will need to alert staff when needing their inhaler, so that the dose given can be observed and recorded. Staff may also suggest using the inhaler if they observe the child being symptomatic. If unsure, phone the parent for advice. However, if symptoms are more obvious or severe always give the inhaler, ahead of phoning the parent. Monitor very closely to determine if emergency help is needed – see asthma attack guidance. Never leave a symptomatic child unsupervised.
- Ensure all staff attending off site visits are aware of any pupils on the visit with asthma and have brought their medication. They should be trained what to do in an emergency.
- Ensure that, if a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible, and they are subject to the school's usual disciplinary procedures.

4 Medication

4.1 Safe Storage – General

All inhalers are supplied and stored, wherever possible, in their original containers. All medication needs to be labelled with the pupil'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 up to the next teacher at the end of the school year, unless they are expired or due to expire over the summer holiday.

Reliever inhalers and spacer devices must be stored in a location that allows pupils unrestricted access during school hours. The medication must be kept within close reach of the pupil while they are in the classroom and, where possible, should accompany them when they leave the classroom, e.g. for activities such as PE (any requirement to take inhaler ahead of PE lesson should be stated in care plan)

4.2 Safe Storage - Emergency Medication

Emergency inhalers and spacers are readily available to pupils who require them (if consent has been given). These are kept in the main school office and the EYFS kitchen.

4.3 Safe Disposal

Parents are responsible for collecting out of date medication from school. The school Asthma Champion is responsible for checking the dates of medication and arranging for the disposal of those that have expired. Manufacturers' guidelines recommend that spent inhalers are returned to the pharmacy to be recycled. 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>.

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, and never thrown away in general waste bins.

5. 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 pupils with asthma.

Teachers will be sensitive to pupils who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents should be made aware so medical review may be sought. Pupils with asthma should be able to access all out of school visits, which schools ensure are accessible to all pupils.

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

Staff use opportunities such as Personal, Social Health & Economic (PSHE) education lessons to raise awareness of asthma amongst pupils 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.

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 room, the school office/reception and sports halls.

6. 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 classrooms. Smoking is explicitly prohibited on the school site. There are other asthma triggers, for example house dust mites, viruses, damp, mould, and air pollution. Exposure to these triggers should be limited wherever possible.

7. Pupils Who Miss School Due to Asthma

The school management monitors all pupil absence. For example, if a pupil is having a lot of time off school due to their asthma, or the pupil 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 pupil'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.

8. Asthma Attacks

Staff should be trained to recognise an asthma attack and know how to respond. This covered



in the school training PPT. For more information on training, contact the school nursing team. It is good practice to clearly display the procedure to be followed on posters in the staff room and office as a reminder. See [Appendix 9.8.1 and 9.8.2](#) for sample posters and [Appendix 9.6](#) 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 protocol (other pupils should not be left to supervise a child / young person having an asthma attack).

No pupil should ever be sent to get their inhaler in this situation; the inhaler must be brought to the pupil. Emergency services and parents should be contacted. Post attack the school nurse will be informed who will ensure that others in primary and community care are aware, so that a post attack review can be triggered.

9. Appendices

9.1 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 decide to promote cooperation between the authority and relevant partners. Relevant partners include the governing body of a maintained school, the proprietor of an academy, integrated care systems and NHS England and Improvement. They must make arrangements with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education.

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.

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 twelve months. Whilst only a court or tribunal can decide whether a person with asthma is covered by the definition, in many cases asthma is covered by the definition of the Act. Education and early years providers have a duty to make reasonable adjustment for people with disabilities and failure to make reasonable adjustments is a form of discrimination. The Act covers all schools and providers of early years settings that are covered by the early year's framework in England, including maintained (non-fee paying) and fee-paying schools

9.2 Definition of roles

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 within the school. The Asthma Lead should liaise with the school safeguarding lead and identified school nurse if there are concerns.

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. They should monitor the storage and accessibility of inhalers, maintain an up to date Asthma register and monitor expiry dates of medication; requesting new medication from parents as required.



Asthma CNS (clinical nurse specialist) – Asthma CNSs are registered nurses that have had extra training in paediatric asthma care. These nurses specialise in supporting children with asthma who may need extra support, for example, frequent admissions to hospital, high usage of reliever inhalers. Their skills, knowledge and expertise are particularly geared towards helping children, their families, and other involved parties, i.e., schools, from childhood through to young adulthood when they move into adult services. A close working relationship should be maintained between the 0-19 team and the asthma CNS.

School nurse – A school nurse is a registered nurse who has experience and training in public and child health. Each school has a named school nurse who work in and across several schools both primary and high schools. School nurses provide health promotion services in schools and weekly drop-in sessions or one-to-one appointments for pupils 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 include school business managers; cover supervisors; examination officers; school attendance officers; admin assistants; finance officers; and secretaries.

9.3 Asthma Letter Templates

9.3.1 Specimen parent letter - salbutamol inhaler use except for pre-agreed sport use



Appendix 9.4.1 -
Specimen parent let

9.3.2 Specimen parent letter - to inform parents of emergency salbutamol inhaler use



Appendix 9.4.2 -
Specimen parent let

9.3.3 Specimen parent asthma letter for secondary schools



Appendix 9.4.3 -
Specimen parent ast

9.4 Other Asthma Templates



9.4.1 Record of inhaler administered to children in primary school



Appendix 9.5.1 -
Record of inhaler ad

9.4.2 Record of emergency inhaler administered to pupils



Appendix 9.5.2 -
Record of emergenc

9.4.3 School asthma register template



Appendix 9.5.3 -
School asthma regis

9.4.4 Suggested audit checklist template



Appendix 9.5.4 -
Suggested audit ch

9.4.5 Sample school asthma plan



Appendix 9.5.5 -
School Asthma Plan

9.5 Emergency Kit Checklist



Appendix 9.6 -
Checklist Emergency

9.6 Spacer Device User Guides

Information on spacer use in children and young people can be accessed through Asthma UK's videos on [inhalers](#) and spacers and from [Rightbreathe](#).

9.7 Posters

9.7.1 How to recognise an asthma attack – beat asthma

<https://www.beatasthma.co.uk/wp-content/uploads/2017/10/1-HOW-TO-RECOGNISE-AN-ASTHMA-ATTACK-pdf.pdf>

9.7.2 How to manage an asthma attack – beat asthma

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

9.8 Useful resources: Where to find more information online

Website

- 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 \(asthmaandlung.org.uk\)](http://asthmaandlung.org.uk)
- Medical conditions at school – Schools Health Alliance: <http://medicalconditionsatschool.org.uk/>
- Monkey Wellbeing resources and story books: <https://www.monkeywellbeing.com/>
- Education for Health, Educational resources for staff: [Asthma \(Children and young people\) - elearning for healthcare \(e-lfh.org.uk\)](http://e-learning-for-healthcare.org.uk)
- Beat asthma – supporting schools with pupils with asthma: [Schools - Beat Asthma](http://schools-beatasthma.org.uk)
- Moving on asthma - Helping young people with asthma to live independently: [Home - Moving on Asthma](http://movingonasthma.org.uk)

Useful videos

- What is Asthma? – Pathophysiology of Asthma: <https://bit.ly/3klJjO>
- Dr Ranj and Peppa Pig, the unsung hero of paediatric medicine: <https://bit.ly/2ZZzY5D>
- Operation Ouch and asthma: <https://bit.ly/2ZN0M8Y>
- Importance of using a spacer: <https://bit.ly/2ZKpPtp>
- 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>

This document is a modified version of the London Asthma friendly school policy that has been adapted for Salford.