MURDISHAW WEST PRIMARY & NURSERY SCHOOL

ASTHMA POLICY

Autumn 2026

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School/HBC	HBC
Written by	HBC
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Signed by Chair of Governors	D Cox
Date	
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Supporting documents, procedures & forms of this policy	See below appendices	
References & Legislation	– Health and Safety at Work etc Act 1972 – Management of Health and Safety at Work Regulations 1999 – Disability Discrimination Act 1995 – Special Educational Needs and Disability Act 2001 – Sec 100 Children's & Families Act 2014 – Supporting Pupils at School with Medical Conditions Policy – Control of Substances Hazardous to Health Regulations 2002 – Misuse of Drugs Act 1971 and associated regulations Medicines Act 1968 – Education (School Premises) Regulations 2012 – Education Act 1996 & 2002 – Children Act 1989 – Equality Act 2010 – The Education (Independent Schools Standards)(England) Regulations 2003 – National Standards for under 8s day care and childminding – Premises – Managing Medicines in Schools and Early Years Settings – Guidance on the use of Emergency Salbutamol Inhalers in Schools – 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 – B226 Aug 18 2.0 (PrescQIPP)	
Consultation Audience	Libby Evans – School Health Nurse Respiratory Team, NHS	

Head teachers checklist	1. Nominate Responsible person 2. Detail the training required to carry out risk assessments 3. Adhere to the policies and procedures outlined to undertake and complete risk assessments 4. Agree on arrangements to monitor and review procedures on a regular basis 5. The governing bodies of schools are directed to adopt the policy, as from time to time revised, and implement its procedures

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Section 1: Background and roles and responsibilities

1.0 Background

1.1 Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. Children should have their own asthma preventer reliever at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their asthma reliever inhaler on them, and if not, it should be easily accessible to them.

1.2 Pupils at school with medical conditions, including asthma, should be properly supported so that they have full access to education, including school trips and physical education.

1.3 Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions, which includes asthma.

1.4 This School Asthma policy is a stand-alone policy, however it complements the 'Supporting Pupils at School with Medical Conditions Policy'

2.0 Scope

2.1 This Policy is designed to ensure that:

- The school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school.

- Pupils at school with asthma, will be properly supported to ensure they:-
  - have full access to education, including school trips and physical education.

- can play a full and active role in school life, remain healthy and achieve their academic potential;

- Staff who come into contact with pupils with asthma are provided with training on asthma awareness from the school nurse. Training is updated once a year.

- Supply teachers and new staff are also made aware of the policy.

3.0 Roles and Responsibilities

3.1 Governing Bodies

3.1.1 It is the responsibility of Governing Bodies to ensure that arrangements are in place to support pupils with asthma. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. In order to do so they should ensure that:-

- Adequate resources are made available for the implementation of the Policy;

- There are suitable arrangements at school to work in partnership and to generally adopt acceptable practices in accordance with the Policy;

- They take into account that asthma can affect quality of life and may be life-threatening;

- The focus is on the needs of each individual child and how their asthma impacts on their school life;

- In making their arrangements they give parents and pupils confidence in the school's ability to provide effective support for managing asthma in school;

- The school demonstrates an understanding of how asthma impacts on a child's ability to learn, as well as increase their confidence and promote self-care;

- That staff are properly trained to provide the support that pupils need; and

- That written records are kept of all asthma reliever inhalers administered to pupils.

3.2 Head teachers

3.2.1 Head teachers are responsible for implementing this policy and developing with health care professionals, when appropriate, Self-Management Plans to ensure that relevant staff have sufficient resources, including training, to support pupils with asthma. Self-Management Plans will not be prepared for every child or young person with asthma but may be appropriate in some cases.

3.2.2 Furthermore Head teachers will need to ensure that there is effective coordination and communication with relevant partners, professionals, parents and the pupils.

3.2.2 Through the 'named person' for supporting pupils at school with medical conditions Head teachers should ensure that:

- The school has an asthma policy, which is made available to staff and parents/carers;

- Ensure that the Head teacher signs the agreement for the school to administer the asthma reliever inhaler (see appendix 'B');

- All staff should receive 'Asthma Awareness' training to support children with asthma. This training includes induction arrangements for new staff and must be refreshed every 12 months;

- Liaise between interested parties – school staff, school nurses, parents/carers, governors, the school health service and pupils;

- All relevant staff are made aware of the child's asthma including any requirement for the child to participate in outside the classroom activities where appropriate;

- Supply teachers are briefed;

- Risk assessments have been carried out for school visits, holidays, and other school activities outside of the normal timetable;

- Procedures are in place to cover any transitional arrangements between schools for any medical issues relating to the child's asthma;

- For children starting at the school, necessary arrangements are in place in time for the start of the relevant school term so that they start at the same time as their peers;

- Self-Management Plans are monitored including identifying pupils who are able to take their own asthma reliever inhalers on agreement with parents/carers;

- Procedures are in place for the management of accepting, storing and administering asthma reliever inhalers ;

- Arrangements are made for the management of salbutamol inhalers and spacers if purchased by the school for use in an emergency;

- Communicate to all staff what to do in an emergency and what constitutes and emergency in accordance with Asthma Management Chart (see appendix 'J');

- Complete and maintain the Asthma Register (see appendix 'I'); and

- Ensure that staff are trained annually in Asthma Awareness. Asthma Awareness Training is provided through the School Nursing Service but must be booked.

3.2.3 Administration of Asthma Reliever Inhaler

Children with asthma are likely need to take their asthma reliever inhaler during the school day at some point during their time in a school or setting. Head teachers are also responsible for the management of accepting, storing and administering any asthma reliever inhaler, which can be completed by ensuring that,

a) Consent is obtained to administer asthma reliever inhaler from parents (see appendix 'A') *Please note that lack of a completed parental consent form should not preclude the administration of an asthma reliever inhaler if prescribed for a child/young person*;

b) As agreed with parents, any administration of asthma reliever inhaler must be recorded (see appendix 'D');

c) Asthma reliever inhalers should always be stored appropriately, but must be easily accessible to the child in case of an emergency;

d) As part of the signed agreement with parents, taking action to ensure that asthma reliever inhaler is administered;

e) Ensuring that all parents and all staff are aware of the policy and procedures for dealing with medical needs;

f) Ensuring that the appropriate systems for information sharing are followed;

g) Schools should only accept asthma reliever inhalers from parents that are in date, labelled and have been prescribed by a doctor or asthma nurse prescriber;

h) Asthma reliever inhalers should always be provided in the original container as dispensed by a pharmacist. It must include the prescriber's instructions for administration, child's name and dosage; and

i) Asthma reliever inhalers should be easily accessible in an emergency.

3.3 School staff

3.3.1 School staff should receive sufficient and suitable training before they take on responsibility to support children with medical conditions. Every member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.3.2 School staff may be asked to provide support to pupils with asthma, including the administering of asthma reliever inhalers, although they cannot be required to do so. Although administering medicines including asthma reliever inhalers is not part of teachers' professional duties, they should take into account the needs of pupils with asthma and the duty of care they have towards the pupils that they teach.

3.3.3 All school staff have a responsibility to:

- Understand the school asthma policy;
- Know which pupils they come into contact with have asthma;
- Know what to do in an asthma attack (see appendix 'J');
- Allow pupils with asthma immediate access to their asthma reliever inhaler
- Inform parents/carers if their child is using their asthma reliever inhaler more than they usually would;
- Ensure pupils have their asthma reliever inhaler with them when they go on a school trip or out of the classroom;
- Ensure pupils who have been unwell catch up on missed school work;
- Be aware that a pupil may be tired because of night-time symptoms;
- Keep an eye out for pupils with asthma experiencing bullying;
- Liaise with parents/carers, the school nurse and special educational needs; and
- Contact Coordinators or Learning Support & Special Educational Needs Department if a child is falling behind with their work because of their asthma.

3.4 PE teachers

3.4.1 PE teachers have a responsibility to:

- Understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled;

- Ensure pupils have their asthma reliever inhaler with them during activity or exercise and are allowed to take it when needed;

- If a pupil has asthma symptoms while exercising, allow them to stop, take their asthma reliever inhaler;

- Remind pupils with asthma whose symptoms are triggered by exercise to use their asthma reliever inhaler 10 minutes pre-exercise; and

- Ensure pupils with asthma always warm up and down thoroughly.

3.5 School nurses

3.5.1 Every school has access to school nursing services. School nurses can help to:

- Support staff implementing a child's Self-Management Plan; and

- When requested provide specialist asthma awareness training to schools. This must be repeated every 12 months.

3.6 Pupils

3.6.1 Pupils have a responsibility to:

- Treat all pupils equally;

- Let any pupil having an asthma attack take their asthma reliever inhaler (usually blue) and ensure a member of staff is called;

- Tell their parents/carers, teacher or PE teacher when they are not feeling well;

- Treat asthma reliever inhalers with respect;

- Know how to gain access to their asthma reliever inhaler in an emergency; and

- Know how to take their own asthma reliever inhaler.

3.6.2 Asthma reliever inhalers for pupils with asthma need to be readily available. Pupils who are mature enough can look after their own asthma reliever inhaler (see 5.0 below). They should always be available during physical education classes and outdoor learning.

3.7 Parents/carers

3.7.1 Parents/carers have a responsibility to:

- Tell the school if their child has asthma;

- Inform the school about the asthma reliever inhaler their child may require during school hours;

- Inform the school of any asthma reliever inhaler the child may require while taking part in school including any trips and other out-of-school activities such as school team sports;

- Tell the school about any changes to their child's asthma treatment including what they take and how much;

- Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma);

- Ensure their child's asthma reliever inhaler packaging (and spacer where relevant) is labelled with their name. Asthma reliever inhalers should always be provided in the original container as dispensed by a pharmacist or in a container as dispensed and labelled again by a pharmacist. It must include the prescriber's instructions for administration, child's name and dosage and storage. Spacers should be labelled with the child's name;

- Provide the school with a spare asthma reliever inhaler and spacer labelled with their child's name;

- Ensure that their child's asthma reliever inhaler and the spare is within its expiry date;

- Ensure their child catches up on any school work they have missed; and

- Ensure their child has regular asthma reviews with their doctor or asthma nurse.

Section 2: Asthma Management

4.0 Storing Asthma Reliever Inhalers

4.1 Children should know where their own asthma reliever inhalers are stored and be able to access them.

4.2 Staff should store and assist if necessary administration of asthma reliever inhalers that have been prescribed for an individual child or a salbutamol inhaler that has been purchased by the school for use in an emergency.

4.3 The inhaler and spacers for salbutamol inhalers must be kept in a safe and suitably central location in the school, such as the school office, classroom or staffroom, which is known to all staff, and to which all staff have access at all times. The inhaler and spacer should not be locked away.

5.0 Self-Management

5.1 After agreement with parents it is good practice to support and encourage children, who are able and competent to do so, to take responsibility to manage their own asthma reliever inhaler from a relatively early age and schools should encourage this.

5.2 The age at which children are ready to take care of, and be responsible for, their own asthma reliever inhaler varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be documented in the Self-Management Plan after discussion health care professionals and parents where appropriate.

5.3 A pupil can self-administer their asthma reliever inhaler if there is written parental consent and this is agreed with the doctor or asthma nurse and head teacher. Younger children or those not mature enough to self-administer asthma reliever inhalers will be supported by the school with the administration of their asthma reliever inhaler.

6.0 Record keeping

6.1 At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. The school can use this information to complete an 'Asthmas Register' (see appendix 'I').

6.2 The school shall have a request from the parent for the school to administer asthma reliever inhalers to their child (see appendix 'A'). The administration of asthma reliever inhalers should only be conducted in accordance with parental agreement and as set out in the Self-Management Plan where appropriate.

6.3 Where pupils are considered competent to carry and administer, parental permission must be sought (see appendix 'C').

6.4 Where pupils self-administer or where a member of staff administers, a record should be made following each administration of asthma relief on Child Asthma Administration Record (see the Appendix 'D').

6.5 Receipt of asthma reliever inhalers must be logged and an entry made when returned to parents (see Appendix 'D')

7.0 Disposal of Asthma Reliever Inhalers

7.1 Staff should not dispose of asthma reliever inhalers that have been prescribed for a pupil. Parents are responsible for ensuring that date-expired or unused asthma reliever inhalers are returned to a pharmacy for safe disposal. They should also collect asthma reliever inhalers held at the end of each term. If parents do not collect all asthma reliever inhalers, they should be taken to a

local pharmacy for safe disposal. A written record should be kept and parents informed.

7.2 If the school needs to dispose of a salbutamol inhaler that has purchased for emergency use, then this should be taken by the school to the pharmacy for safe disposal.

8.0 Exercise and activity – PE and games

8.1 Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers should know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register.

8.2 Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their asthma reliever inhaler 10 minutes pre-exercise, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each pupil's asthma reliever inhaler will be labelled and kept in a box at the site of the lesson, unless they are carrying their own. If a pupil needs to use their asthma reliever inhaler during a lesson they will be encouraged to do so.

8.3 Classroom teachers follow the same principles as described above for games and activities involving physical activity. Pupils with asthma are encouraged to participate fully in all PE lessons. When pupils self-administer they should be encouraged to tell a member of staff and then the administration can be recorded.

9.0 Day trips, school visits and after school clubs

9.1 There has been a large emphasis in recent years on increasing the number of children and young people involved in day trips and school visits. 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 day trips, school visits and after school clubs.

9.2 PE teachers, classroom teachers and out of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. Each educational visit will require a risk assessment to cover the risks associated with a child going on the trip, which will require sufficient notice and planning to ensure any risks can be mitigated. No individual child or young person's

details are to be put onto Evolve. The Asthma Management Chart (see appendix 'J') should be taken on school trips and also the Self-Management Plan for individual children where one is in place.

9.3 There should be sufficient members of staff accompanying children or young people with asthma for day trips, school visits or after school clubs; should have completed the asthma awareness training within the last 12 months.

10.0 School environment

10.1 The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. For any concerns regarding pupils with asthma the Asthma Management Chart should be followed unless the child has a separate Self-Management Plan.

11.0 Making the school asthma-friendly

11.1 The school ensures that all pupils understand asthma. Asthma can be included in the National Curriculum Key Stages 1 and 2 in science, design and technology, geography, history and PE.

12.0 When a pupil is falling behind in lessons

12.1 If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.

12.2 The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

13.0 Asthma attacks

13.1 All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

13.2 In the event of an asthma attack the school follows the Asthma Management Chart attached in Appendix J. This procedure be visibly displayed in the staffroom and every classroom.

14.0 Keeping Salbutamol Inhalers (Asthma Attack) for use in Emergencies

14.1 From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep salbutamol inhalers for use in emergencies.

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

14.3 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.

14.4 The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed an asthma reliever inhaler and for whom written parental consent has been given.

14.5 Keeping an inhaler for emergency use will have many benefits. For identifying an asthma attack and emergency procedures it could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. However, this is a discretionary power enabling schools to do this if they wish.

14.6 In order to use schools should:-

a) Have a register of children in the school that have been diagnosed with asthma or prescribed an inhaler, a copy of which should kept with the emergency inhaler (see appendix 'I')

b) Have written parental consent for use of the emergency inhaler (see appendix 'G')

c) Ensure that the emergency inhaler is only used by children with asthma or prescribed a reliever inhaler with written parental consent for its use

d) Ensure that appropriate support and training for staff is provided in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions

e) Maintain records of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler and follow Asthma Management Chart (see appendix J)

f) Have at least two volunteers responsible for ensuring the protocol is followed

14.7 Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma reliever inhalers to the lungs) from a pharmaceutical supplier, provided the general advice relating to these transactions are observed. A draft letter for schools to use has been prepared (see appendix 'K'). Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit. The supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

a) The name of the school for which the product is required;

b) The purpose for which that product is required, and

c) The total quantity required.

14.8 Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler. Schools should be aware that pharmacies cannot provide inhalers and spacers free of charge and will charge for them.

14.9 With regard to care of the inhaler, the two named volunteers amongst school staff should have responsibility for ensuring that:

a) On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;

b) That replacement inhalers are obtained when expiry dates approach;

c) During an incident, if using the school's emergency spacer, then this must only be used for that child and can be given to that child for further use. It must not be used again for another child; and

d) The plastic inhaler housing (which holds the canister) has been washed, air dried and returned to storage following use, or that replacements are available if necessary.

15.0 Emergency Procedures

15.1 The Self-Management Plan should clearly define what constitutes an emergency for that particular child and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

15.2 As part of general risk management processes all schools should also have arrangements in place for dealing with emergency situations. Schools should therefore take care not to solely focus on emergencies identified in the Self-Management Plan and appreciate that other emergency situations may occur.

15.3 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable, this includes out of class activities. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice. Other children should know what to do in the event of an emergency, such as, telling a member of staff.

15.4 Where the Head teacher/member of staff considers that hospital treatment is required in accordance with the Asthma Management Chart (see appendix 'I') the school should contact the emergency services for advice and follow it. Parents must be contacted and informed of the situation.

15.5 If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

16.0 Insurance

16.1 Schools insurers:

- ✔ Schools should check with their insurers what cover applies.
- ✔ Staff should have regard to any local guidance issued by appropriate health service staff.

17.0 Complaints

16.1 Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the

Education Act 1996 and after other attempts at resolution have been exhausted.

18.0 Version Control and Change History

Version Control	Date Released	Date Effective	Amendment
1	November 2015	November 2015	Policy Created. TD
2	December 2015	December 2015	Slight amendments to Policy based on advice from Margaret Gorst. TD
3	September 2019	September 2019	B226 Aug 18 2.0 (PrescQIPP) included in references. Contact details updated for Principal H & S Adviser. Asthma Management chart reviewed and updated. Full guidance on purchase of salbutamol inhalers included in appendices with letter template (B226 Aug18 2.0 PrescQIPP). EpiPen letter example also included .LPR
4	November 2022	November 2022	General review of document. Asthma Reliever changed to Asthma Reliever Inhaler on advice of NHS colleagues, Respiratory Team. LPR

Section 2: Appendices

Appendix A

Parental agreement for school to administer asthma reliever inhalers

Please complete and sign this form.

Name of school/setting	
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	
Daily care requirements (e.g. before sport/lunchtime)	
Describe what constitutes an emergency for the child, and action taken if this occurs	
Medicine **Note: Asthma Reliever Inhalers must be in the original container as dispensed by the pharmacy**	

Name/type of Asthma Reliever Inhaler *(as described on the container)*	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	[name of member of staff]
Dosage and method	
When to be given	
Any other instructions	
Timing	
Special precautions:	
Are there any side effects that the school/setting needs to know about?	
Can they self-administer inhaler?	
Procedures to take in an emergency (See Appendix J)	

Contact Details

Name	
Daytime telephone no.	
Mobile telephone no.	
Relationship to child	
Address	
Who is the person to be contacted in an emergency (state if different for offsite activities)	
Emergency telephone contact no.	

Name and phone no. of GP	
I understand that I must deliver the asthma reliever inhaler personally to	[agreed member of staff]

I accept that this is a service that the school/setting is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering asthma reliever inhalers in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of asthma reliever inhaler or if asthma reliever inhaler is stopped.

Date Signature(s)

Appendix B

Head teacher Agreement to Administer Asthma Reliever Inhaler

Name of school/setting	

It is agreed that [name of child] will receive [quantity and name of medicine] when required/ as prescribed.

[Name of child] will be given/supervised whilst he/she takes their asthma reliever inhaler by [name of member of staff].

This arrangement will continue until [either end date of course of medicine or until instructed by parents].

Date

Signed

(The Head teacher/Head of setting/named member of staff)

Appendix C

Request for child to carry his/her asthma reliever inhaler

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns discuss request with healthcare professionals

Name of school	
Name of child	

Date Asthma Reliever Inhaler provided by parent	/ /
Group/class/form	
Name of Asthma Reliever Inhaler and dose	
Procedures to be taken in an emergency (Follow Asthma Management Chart (Appendix J)	

Contact Information

Name	
Daytime telephone number	
Relationship to child	

I would like my son/daughter to keep his/her asthma reliever inhaler on him/her for use as necessary.

Date

Signed

Appendix D

Record of Asthma Reliever Inhaler Administered to an Individual Child

Name of school	
Name of child	

Date asthma reliever inhaler provided by parent	/ /
Group/class/form	
Location of storage	
Quantity received	
Name and strength of asthma relieve Inhaler	
Expiry date	/ /
Quantity returned	
Dose and frequency of asthma reliever inhaler	

Staff signature

Signature of parent

Date	/ /	/ /	/ /
Time given			
Dose given			
Action Taken			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Action Taken			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Action Taken			
Name of member of staff			
Staff initials			

Appendix E

CHILD ASTHMA (SELF) ADMINISTRATION RECORD

Name of pupil…… Dob of Pupil……../……/……

School Name:…… Class…… Term……..……..

Reliever…… Spacer name …… Date of Expiry……

Consent to use emergency inhaler YES/ NO (delete as appropriate)

NOTE: Consent for self- administration must be obtained in accordance with the above policy

Date of inhaler/reliever use	Time of inhaler/reliever use	Number of puffs taken	Comments

Appendix F

Staff training record – Asthma Awareness

Name of school/setting	
Name of Attendees	See attached list provided by the school
Type of training received	
Date of training completed	/ /
Training provided by	
Profession and title	

I confirm that the attached list of attendees have received the training detailed above. I recommend that the training is annually updated.

Trainer's signature

Date _____

I confirm that I have received the training detailed above.

Staff signature

Date _____

Suggested review date _____

Appendix G

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

[Insert school name]

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an asthma reliever inhaler [delete as appropriate].

2. My child has a working, in-date asthma reliever inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their asthma reliever 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: ……

Name (print)…… ……

Child's name:
…….

Class:
……
Parent's address and contact details:
……..
……..
……..

Telephone: ……

E-mail: ……

Appendix H

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: ……

Class: ……

Date: ……

Dear……,

[*Delete as appropriate*]

This letter is to formally notify you that…….has had problems with his / her breathing today. This happened when…….

A member of staff helped them to use their asthma inhaler.

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

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …… puffs. .
[*Delete as appropriate*]

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

Appendix I

SCHOOL ASTHMA REGISTER

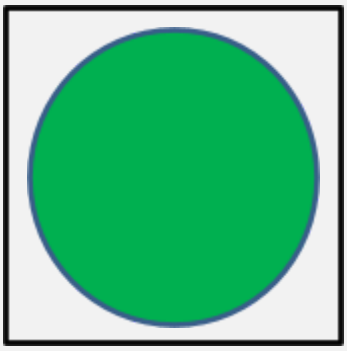
School Name:…… Class…… Term……..……

Name & DoB of Pupil	Reliever	Spacer name	Where is reliever/ inhaler stored	Hand held device	Date of Expiry	Asthma Plan	Consent form to use Emergency Inhaler

	Name & DoB of Pupil	Reliever	Spacer name	Where is reliever/ inhaler stored	Hand held device	Date of Expiry	Asthma Plan	Consent form to use Emergency Inhaler

Appendix J

ASTHMA MANAGEMENT IN SCHOOL

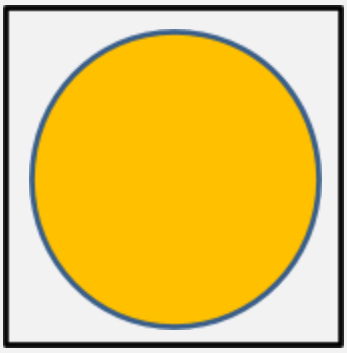


Keep calm

Reassure

Remain with child

Don't move!

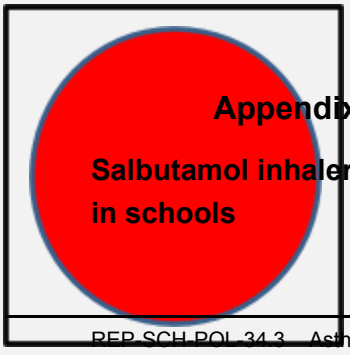


Keep calm

Reassure

Remain with child

Don't move!



Appendix K

Salbutamol inhalers in schools

If a child or young person has:

- Increased cough
- Increased wheeze
- Increased breathlessness
- Or they are needing to take their reliever (blue) inhaler more than four hourly

Action to take

- Give 2 puffs of reliever (blue inhaler)
- Wait 5 minutes. If no improvement Repeat
- Wait for a further 5 minutes.
- If no improvement contact parent/carer and move to AMBER

If a child or young person has symptoms in the green section but has had no improvement with treatment recommended.

Action to take:

- Give an additional 5 puffs of reliever (blue) inhaler via spacer device (Volumatic®)
- Go to a GP/WALK IN CENTRE
- If no improvement move to RED

Emergency

CALL 999

When the following symptoms are present:

- Difficulty speaking
- Breathing faster than usual, using their tummy muscles or tracheal tug (dipping in at the neck)
- Tired, pale or blue around the lips

ACTION

- Give 1 puff of reliever (blue) inhaler every 30 seconds (up to 10 puffs) using the spacer device (Volumatic®)
- If ambulance has not arrived by this point continue to give 1 puff every 30 seconds until help arrives.

From 1st October 2014, legislation on prescription medicines changed to allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools that choose to keep emergency inhalers and spacers should establish a protocol for their use, which should include infection control and cleaning to avoid cross infection. Schools should consider including a cross-reference to this protocol in their policy on supporting pupils with medical conditions.

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 and where this is recorded in the child's individual healthcare plan. The inhaler can also be used if the pupil's prescribed inhaler is not available (for example, because it is broken, empty or out-of-date).

Templates for parental consent forms and notification to parents of emergency salbutamol use, can be found at Annex A and B, respectively, of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015.11

Salbutamol is still classified as a prescription only medicine; legislation changes only affects the way the medicine can be obtained and not the class of medicine.

A written order signed and dated by the principal or head teacher at the school must be provided to the community pharmacy to enable a supply to be made to the school. Ideally appropriately headed paper should be used however this is not a legislative requirement.

In line with legislation requirements the order must state;

(i) the name of the school for which the medicinal product is required,

(ii) the purpose for which that product is required, and

(iii) the total quantity required.

The number of inhalers that can be obtained by individual schools is not specified in legislation. As part of the consultation process it was acknowledged that the number held for emergency use would be dependent on a variety of factors including; the school size and the number of sites it is comprised of, the number of children known to have asthma, and past experiences of children who had not been able to access their inhaler. It was however agreed, generally that only a small number of inhalers were likely to be needed annually.

To avoid possible risk of cross-infection, the spacer device should not be reused. It can be given to the child to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Schools can be advised to contact a local community pharmacy for advice on inhaler technique and selection of the most appropriate spacer device.

Appendix L

SIGNED ORDER FOR SCHOOLS TO USE TO ORDER EMERGENCY SALBUTAMOL INHALERS

[School Headed Paper Should Ideally be used]

[School Address]

[Contact Details]

I wish to order the following in line with The Human Medicines (Amendment No. 2) Regulations 2014):

[INSERT NAME OF SCHOOL]

PURPOSE OF THE SIGNED ORDER
The purpose of this signed order is to enable the school to hold stocks of salbutamol inhalers which can be supplied in an emergency by persons trained to administer them to pupils who are known to require such asthma reliever and who attend this school.
An emergency salbutamol inhaler will 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 asthma reliever .

Please supply:

Salbutamol Inhaler CFC Free 100mcg MDI = [INSERT NUMBER]

**[Insert details of type and number of spacers required]*

SIGNATURE _____

PRINT NAME _____

***DESIGNATION _____*

DATE _____

** The spacer must be compatible with the brand of salbutamol inhaler supplied. Schools should discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school.*

***The order must be signed by the principal or head teacher at the school concerned*

Appendix M

Date: **EXAMPLE – please adjust accordingly**

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with Human Medicines (Amendment) Regulations 2017. This allows schools to purchase 'spare' back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at https://www.gov.uk/government/consulation/allowing-schools-to-hold-spare-adrenaline-auto-injects).

Please supply the following devices:

Brand Name:		Dose	Quantity required
Emerade		150 microgram	1
Epipen		0.3milligram	1

Signed: Date:

Head teacher

Further Sources of Asthma Medical Information

https://www.healthylondon.org/our-work/children-young-people/asthma/ask-about-asthma-2022/

Tackling Air Pollution At School - Healthy London Partnership

For further information regarding this policy contact:-

Lynn Pennington-Ramsden 0151 511 8563

Colin Hill	0151 511 7967