



keeping children safe and well

guidance for the management
of asthma in educational
establishments, early years setting
and other Ofsted approved facilities

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Photo credit: Front cover top left and bottom right, and inside front cover courtesy of Asthma UK

contents

page

Preface	5
Contact details	6
Summary of key messages	7
Background and Overview of legal issues	9

section 1

Key guidance for managing asthma in educational establishments and other Ofsted approved facilities 12

I.1. What is asthma and asthma attack pathway	12
I.2 Types of asthma medication	15
I.3 Consent, record keeping and asthma administration pathway	17
I.4 Access to, storage and disposal of inhalers in school	20
I.5 Roles of the asthma lead, class teachers and the school nurse	21
I.6 Asthma, activity and exercise at school	22
I.7 Residential and education visits	23
I.8 Staff training	24
I.9 Frequently asked questions	24

section 2 Asthma policy 25

appendices

1.	Example letter for parents/carers to accompany school asthma health care plan	26
2.	Asthma Health Care Plan	27
3.	Consent to administer medicines	29
4.	Consent for a child to carry their own salbutamol inhaler reliever medication	30
5.	Asthma register	31
6.	Administration record	32
7.	Record of emergency reliever medicines administered to any child	33
8.	A specimen letter to inform parents of emergency salbutamol inhaler use	34
9.	Staff training record	35
10.	Example of an asthma policy	36

preface

Asthma is one of the most common health problems of childhood and potentially an extremely serious condition. Having asthma should not impact on a child's life, as long as they are compliant with their prescribed treatments and are supported by the adults who look after them.

The purpose of this guidance is to provide practical information and advice to support the management of asthma in educational establishments, early year's settings and other Ofsted approved facilities in Dudley. The guidance is based on professional experience and best practice from elsewhere, including the advice from Asthma UK. The key messages and recommendations contained in the guidance are for Head Teachers, Asthma Leads, staff, School Nurses and other Health Practitioners involved in children's care. The guidance should be used by settings to develop their own asthma guidance.

This document was written by a multi-disciplinary panel including those with an interest and special expertise. This included:

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- Senior health improvement practitioner, Rachael Doyle
- School Nurse Asthma leads, Amanda Doyle-Gibbons, Eve Thrupp, Emma Tomkins and Linda Lowe

This guidance has been consulted upon by other stakeholders including

- Shropshire Community Healthcare NHS Trust
- Dudley Clinical Commissioning Group (CCG) prescribing subcommittee
- Paediatric Asthma Sub-group of Dudley Respiratory Group

This guidance was ratified by

- Dudley CCG
- Dudley Safeguarding People Partnership in March 2020

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summary of key messages

1. One in eleven children in the UK has asthma. On average, there are three children with asthma in every classroom in the UK. Having asthma should not impact on a child's life, as long as they are compliant with their prescribed treatments and are supported by the adults who look after them.
2. The UK has among the highest prevalence rates of asthma symptoms in children worldwide.
3. Relievers are medicines that can be taken immediately when asthma symptoms start. Relievers quickly relax the muscle surrounding the narrowed airways, making it easier to breathe. The commonest reliever in the UK is salbutamol (blue inhaler).
4. Preventers are medicines that are taken on a daily basis regardless of the asthma symptoms as they prevent asthma attacks.
5. Children with asthma should have their relieving medication with them at all times especially in their school, early year's settings and other Ofsted approved facilities.
6. Children in year 3 and above should be encouraged to carry their own inhalers. If a child is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place in the classroom. **Relieving inhalers should never be in locked storage.** When a child requires their reliever inhaler the medication must be taken to the child, rather than the child brought to the medication.
7. Children with asthma should always have their own normal reliever inhaler readily available to them when they exercise or take part in physical activity.
8. Preventer medication should not normally be kept in school, early year's settings and other Ofsted approved facilities.
9. It is normally unnecessary for a pupil with asthma to have steroid tablets in school, early year's settings and other Ofsted approved facilities.
10. Spacers are the most effective way to deliver medicine from the metered-dose inhaler (MDI) to the lungs, especially during a severe asthma attack. If a spacer is not used then most of the medicine from the inhaler ends up in the mouth rather than the lungs.
11. A nebuliser should not be used to treat asthma in mainstream school, early year's settings and other Ofsted approved facilities unless prescribed by their respiratory specialist. However, some special schools may administer nebulisers.
12. Children with asthma should have an individual health care plan completed and kept up to date by the school, early year's settings and other Ofsted approved facilities.

13. Every setting should have an asthma lead amongst its staff. The asthma lead & staff all have key roles in the management of asthma. In schools this will be supported by the School Nurse.
14. All staff should know what to do in the event of a child having an asthma attack.
15. At the beginning of each school year or annually for other settings and when a new child joins, parents should be asked if their child has any medical conditions, including asthma, on their enrolment form.
16. If staff have questions or concerns about a child's asthma medication and/or inhaler device, they should discuss this with the child's parent in the first instance and for schools, the school nurse as soon as possible.
17. It would be reasonable in small schools and settings for all staff to receive yearly asthma awareness training from the school nursing team or suitable health professional. In larger schools and settings ensure there are a reasonable number of designated staff trained annually to provide sufficient coverage. This should include PE staff and staff who teach subjects which include substances which may trigger asthma symptoms.
18. Every school, early years setting and other Ofsted approved facilities should have an asthma guidance document, to enable children with asthma to be safe and well in all activities of daily living.
19. Every child with an individualised asthma health care plan should have access to an emergency inhaler and spacer in school. **NB this only applies to schools and maintained nurseries.**
20. From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies.

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 emergency salbutamol inhaler should not be used where a reliever inhaler has been prescribed for a viral wheeze i.e not asthma)

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty). 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 which choose to keep an emergency salbutamol inhaler will need to conform to the principles in this guidance and the Department of Health (DOH) guidance.

21. The emergency inhaler and spacers should be kept in a safe and suitably central location, which is known to all staff, and to which the staff have access at all times, but in which the inhaler is out of reach and sight of children. The inhaler and spacer should not be locked away.

22. The emergency inhaler can usually be reused, providing it is cleaned after use. The inhaler canister should be removed and the plastic inhaler housing and cap can be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be placed back into the housing when it is dry and the cap replaced and the inhaler returned to the designated storage space.
23. Volumatic spacers are for single patient use only and need to be replaced following individual use. These can be purchased from a pharmaceutical supplier.

Background and Overview of legal issues

One in eleven children in the UK has asthma. On average, there are three pupils with asthma in every classroom in the UK. Children with asthma can lead entirely normal lives if appropriately supported.

Asthma is the most common long-term condition for children and young people in the UK and the impact this condition has on the lives of the 1.1 million children and young people with asthma is significant.

At a national level, childhood asthma has a major impact in the UK:

- The UK has amongst the highest prevalence rates of asthma symptoms in children worldwide
- Every 20 minutes, a child is admitted to hospital because of their asthma.
- More than one in four young adults say they miss out on things at school or college, while one in ten feels their asthma has affected their education

However, with the right management, there is nothing to stop the vast majority of children and young people with asthma from leading full and active lives.

Throughout the document:

- The term 'parent' is used to refer to the parent, guardian or carer of the child.
- The term 'school nurse' is used to refer to a qualified nurse registered with NMC (Nursing and Midwifery Council)
- The term 'child' refers to a child or young person up to the age of 18, (up to age 19 in some special schools)
- The term 'reliever (salbutamol) inhaler' refers to the child's own device which they may carry with them (in some cases Terbutaline (Bricanyl) may be the prescribed reliever)
- The term 'emergency (salbutamol) inhaler' refers to the inhaler purchased by the schools or maintained nursery for emergency administration if the child's own device is not available for any reason

Overview of legal Issues: administration of medication in school/setting

Non-Emergency Situations:

- There is no legal or contractual duty for school/setting staff to administer medicine or supervise a child taking medicines unless they have been specifically contracted to do so
- Administering medicines is a voluntary role and one that many school/setting staff are happy to perform
- Employers are responsible for providing indemnity for those staff who agree to administer medicines

Emergency Situations:

- In an emergency situation (for example, an unexpected severe asthma attack), school/setting staff are required under a common law duty of care to act like any reasonably prudent parent or guardian. This may include administering medicines

For more information on supporting pupils with medical conditions in England and Wales, staff should refer to the government statutory guidance 'Supporting pupils with medical conditions at school':

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler (Appendix 2) has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

NB The emergency salbutamol inhaler should not be used where a reliever inhaler has been prescribed for a viral wheeze, ie not asthma.

The inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty).

This change applies to all schools and maintained nurseries. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.

NB this does not apply to private, voluntary and independent day nurseries.

For further guidance on the use of emergency salbutamol in school please refer to document (updated to March 2015)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Supply

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit.

A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.

The emergency inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use or kept in the setting.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

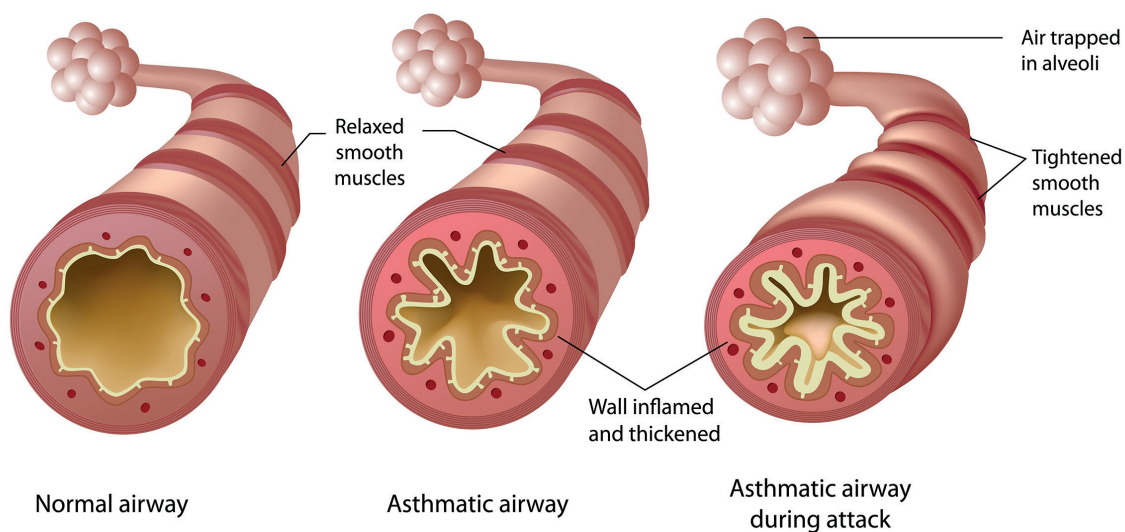
However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Section 1 Key guidance for managing asthma in educational establishments and other Ofsted approved facilities

1.1 what is asthma?

Asthma is a condition that affects the airways. The airways are the small tubes that carry air in and out of the lungs. Children and young people with asthma have airways that are often red and sensitive (inflamed). When they come into contact with an asthma trigger, their airways become narrower, making it more difficult to breathe.

Not every child's trigger is the same, but the common triggers are cigarette smoke, colds, viral infections, house-dust mites, pollen, furry or feathery animals, exercise, pollution, chemical fumes, cold air, excitement and stress.



During an asthma attack the lining of the airways becomes inflamed and begins to swell, making it difficult to breathe

Common 'day to day' symptoms of asthma are

- Cough and wheeze (a 'whistle' heard on breathing out when exercising).
- Shortness of breath when exercising.
- Intermittent cough.

Signs of an asthma attack include:

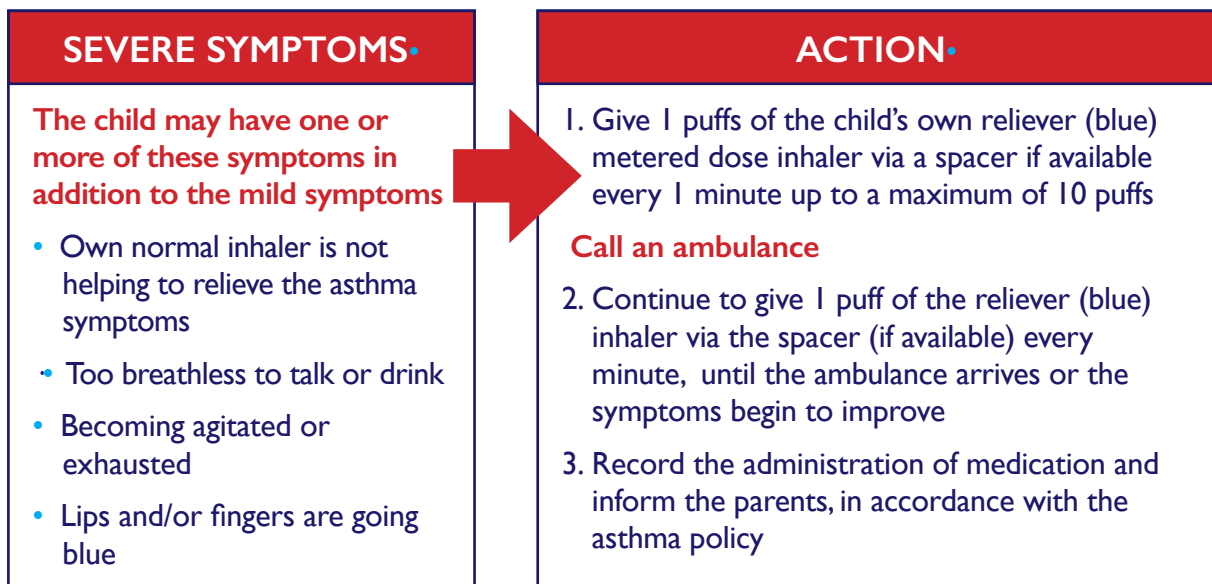
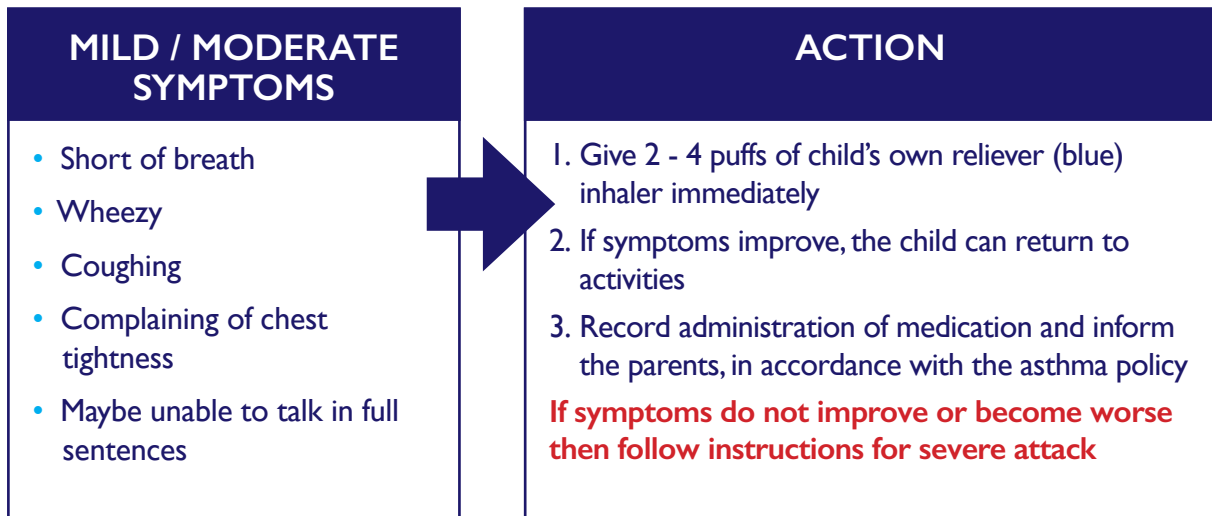
- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet and being unable to complete sentences when talking
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as tummy ache).
- Difficulty in breathing
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted.
- A blue/white tinge around the lips
- Going blue

Not all children will get all these symptoms. Children may say:

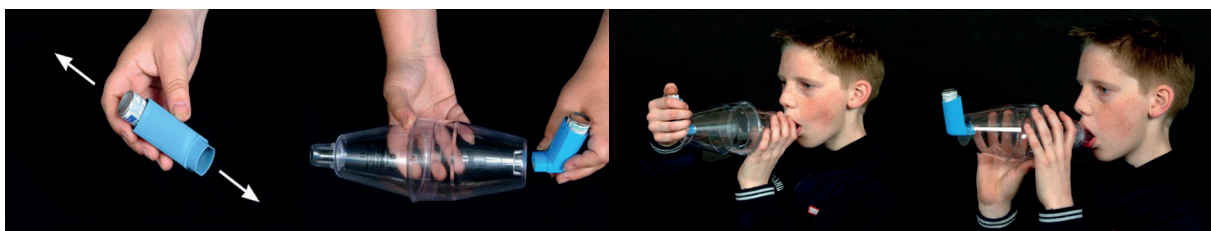
- 'It feels like someone is standing on my lungs'
- 'It feels like I am being squashed'
- 'When I'm having an attack, it feels like a rope is being slowly tightened around my chest'
- 'Someone is sitting on my chest'

Source: *DOH Guidance on the use of emergency salbutamol inhalers in schools (March 2015)*

Asthma attack pathway



How to use an inhaler and spacer



1. Remove cap from inhaler and shake
2. Put inhaler into the flat end of the spacer
3. Press inhaler once to puff a single dose into the spacer
4. Encourage the child to breath slowly and deeply ten times in and out of the spacer

1.2 types of asthma medication

Key message:

If staff have any questions or concerns about a child's asthma medication and/or inhaler device, they should discuss this with the child's parent or, in schools the school nurse, as soon as possible.

Reliever inhalers

Key message:

Relievers are medicines that can be taken immediately when asthma symptoms start. Relievers quickly relax the muscle surrounding the narrowed airways, making it easier to breathe.

Key message:

Children should have easy access to their own normal relieving medication at all times in the setting and whenever they are in the care of staff. Relieving inhalers should never be in locked storage in the setting.

Reliever inhalers:

- Are essential in treating asthma attacks
- Come in different shapes and sizes but they are usually blue
- Are very safe and effective and have few side effects - some children get a faster heart rate and may feel shaky if they take a large dose
- Are often used just before children do strenuous exercise to prevent an asthma attack (see page 23)

Examples of what relievers look like and to view video demonstration of how to use them can be found on <https://www.asthma.org.uk/advice/inhalers-medicines-treatments/inhalers-and-spacers/reliever> and <https://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Preventer Inhalers

Key message:

Preventer medication should not normally be kept at the setting.

Some children require inhalers which are taken on a regular basis, to try and prevent asthma symptoms. These are called preventers. They are not used to treat an established asthma attack. Preventers are expected to be administered by parents/carers at home, outside of normal school/setting hours. In general, preventer medication is indicated if a child needs to use their reliever inhaler more than once or twice a week. Preventer inhalers are usually brown, orange, green or purple.

These can be seen on <https://www.asthma.org.uk/advice/inhalers-medicines-treatments/inhalers-and-spacers/preventer/>

Spacers

A spacer is a plastic container with a mouthpiece at one end and a hole for an aerosol inhaler at the other



Key message:

Spacers are the most effective way to deliver medicine to the lungs, especially during a severe asthma attack.

Steroid Tablets

Key message:

It is normally unnecessary for a child with asthma to have steroid tablets in the setting.

Nebulisers

Key message:

A nebuliser should not be used to treat asthma in educational establishments, early year's settings and other OFSTED approved facilities unless prescribed by a respiratory specialist. For further advice on infection control and the use of nebulisers please contact the health protection team on 01384 816246.

1.3 consent and record keeping

Key message:

Settings, on an annual basis should ensure medical information is up to date.

Key message:

Children with asthma should have an individual asthma Health Care Plan completed and kept up to date by the asthma lead.

The Asthma Health Care Plan

- The plan should be used to record important details about individual children's asthma, their triggers, signs and symptoms and any current medication

The Asthma Administration Pathway

- At the start of each school year or annually for other settings all parents of children with asthma should be sent
 - 1) A letter to accompany the school asthma health care plan (Appendix 1)
 - 2) Asthma health care plan to complete (Appendix 2)
 - 3) A consent form to administer medicines (Appendix 3)
 - 4) A consent form for the child to carry their own reliever medication (Appendix 4)
- Parents should return the completed form to the asthma lead
- From the information contained in the asthma health care plan, the asthma lead should update the asthma register (Appendix 5) which is available to all staff
- Parents should also be asked to update their child's asthma health care plan if their child's asthma or medication changes

The Asthma register

The asthma register is important to identify all children with asthma, so that all staff are aware of these children and their particular needs and asthma triggers. The asthma register:

- Helps inform all staff about the individual needs of children with asthma
- Allows the contact details for children with asthma to be kept in one central location
- Helps to ensure a consistent approach to asthma across the setting and for the individual children
- Leads to improved patient care

Consent to administer medicines in school

The parents of children with any medical condition including asthma should be sent a consent form to complete and return, giving staff permission to administer medication both on a regular / daily basis and in an emergency. The parental consent form should be updated on an annual basis.

Recording administration of medication in school

The staff should keep an accurate record of each occasion an individual child receives any medication. The information should include:

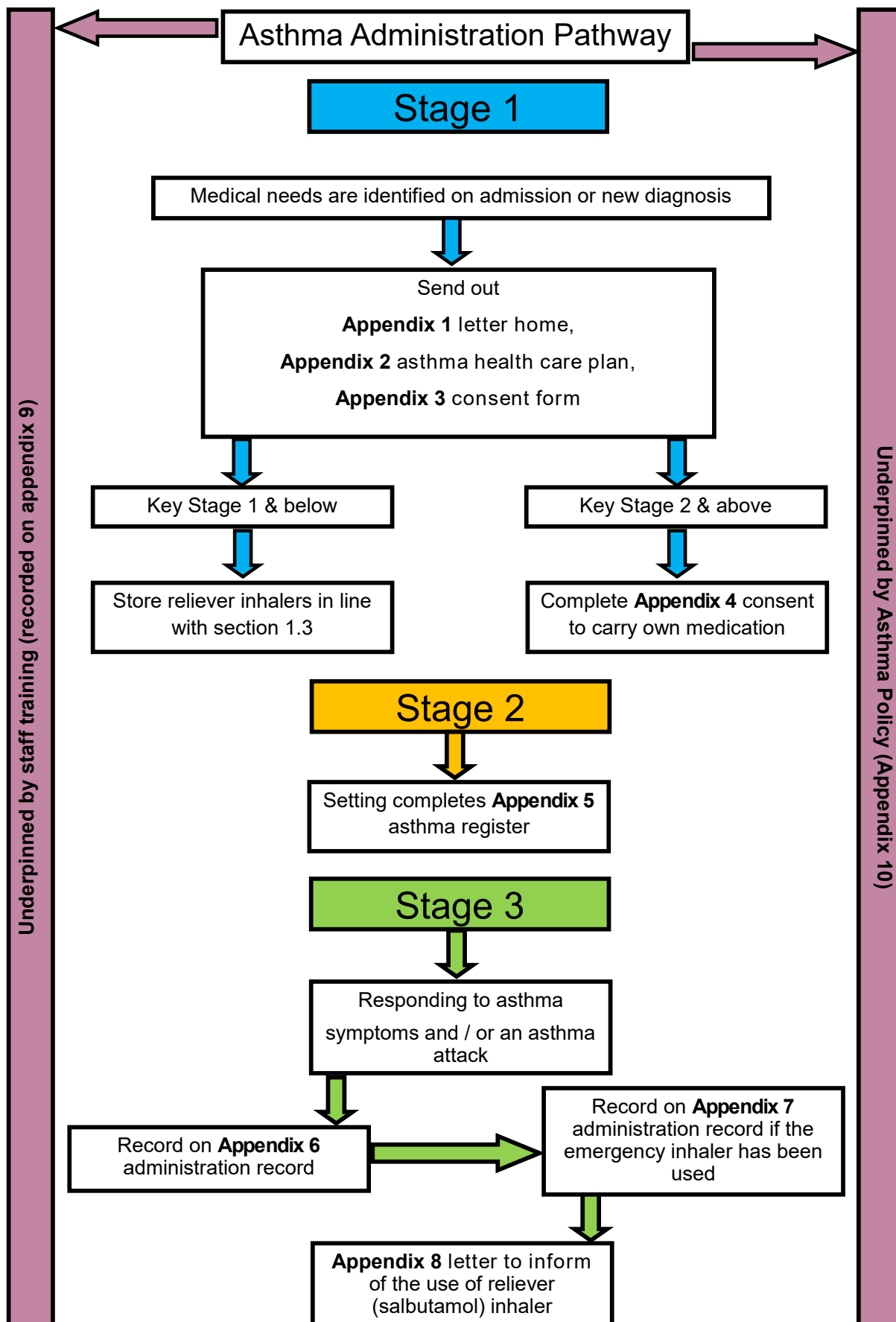
- The child's details
- The name and dose of medication given
- The date and time it was given, to inform parents of medication given via letter home.

Appendix 6 is an example of an administration record.

Appendix 7 is an example of a record of reliever medicine administered to all children. This gives evidence of children who are regularly accessing the reliever medication.

Appendix 8 can be used to inform parents and highlight any concerns of e.g. regular absence of individual medication leading to regular use of the setting's own emergency salbutamol, or regular use of own medication suggestive of poorly controlled asthma.

This process is summarised in the asthma administration pathway overleaf



1.4 access to, storage and disposal of inhalers in educational establishments, early year's settings and other Ofsted approved facilities

Children with asthma must be able to access their own relieving medication:

- Children who are able to use their inhalers themselves should be allowed to carry them with them (Appendix 4 – example consent form for child to carry their own medication)
- Children in year 3 and above should be encouraged to carry their own inhalers. If a child is too young or immature to take responsibility for their own inhaler, staff should make sure the inhaler is provided then stored in a safe but readily accessible place, clearly marked with the child's name
- Inhalers should never be in locked storage
- Inhalers should always be easily available during physical education, sports activities and educational visits (see below)
- Children with asthma need to be able to access their reliever medicine freely, including whilst away from school/setting on visits. If children are considered able to carry their own reliever, remind the child to carry their own reliever inhaler at all times. If, after discussion with the parents, it is believed that the child is too young to do this, a member staff accompanying the child on the visit should keep the reliever in an easily accessible place. This information should be included on staff circulars and in advice to parents
- All asthma medicine taken into these settings should be clearly labeled with the child's name
- Staff should ensure that children only receive their own medication. Children's inhalers should not be used for other children
- All medication should be stored in their original containers
- Out of date medication should be returned to parents, who should be asked to return the item to a pharmacy for safe disposal. Pharmacies will recycle salbutamol containers.
- When a pupil leaves the educational establishment, early years setting or other Ofsted approved facilities their medication should be returned to parents
- For schools - inhalers should be sent home with the children at the end of the academic year and should not be stored in school in the summer holidays.

Disposal

Manufacturers' guidelines usually 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, and is free, and does not usually need to be renewed in future years.

<https://www.gov.uk/waste-carrier-or-broker-registration>

1.5 roles of the asthma lead, staff and the school nurse

Key message:

Every setting should have an asthma lead amongst its staff. The asthma lead, staff and in schools the school nurse, all have key roles in the management of asthma.

Key message:

Children with asthma should have an individual asthma Health Care Plan completed and kept up to date by the asthma lead.

Roles of the Asthma Lead

Every setting should identify at least one or two members of staff to take on a lead role for asthma. These asthma leads should:

- Attend an asthma awareness training session yearly (for schools this will be the school nurse)
- Compile and maintain the asthma register
- Ensure that all parents are asked every year if their child has asthma
- Ensure a covering letter (Appendix 1) and health care plan (Appendix 2) are sent to all parents of children with asthma. The parents should complete the Individual Asthma Health Care Plan and return it to the setting. All children with an individual asthma health care plan need to have prescribed by their GP their own reliever medication. Parents are responsible for ensuring their child has their reliever medication with them daily
- Review the Asthma Health Care Plan in conjunction with the child's parent
- Ensure that all parents are asked to complete the consent for the setting to administer medicine (Appendix 3)
- Raise awareness within the setting about the asthma policy and guidelines (see Section 2)
- In schools liaise with the school nurse about individual children, especially when there are any concerns that a child's asthma may be getting worse
- Liaise with staff who look after children with asthma to ensure children have access to their relieving inhalers
- Support all staff to understand and manage asthma within the setting.
- For schools all medication to go home with the individual at the end of the school year along with a new parental consent and health care plan

Roles of class teachers in schools

- To be aware of any children who have asthma in their class and of the child's asthma Health Care Plan
- To ensure the child's asthma Health Care Plan is implemented
- Ensure these children have easy access to their relieving inhalers as described in previous sections
- To always inform parents if their child has had asthma symptoms or an asthma attack and used their reliever inhaler while in the care of school staff (appendix 8)
- To talk to the child's parents if they are taking time off school or are frequently tired in class. This could be because they are having asthma symptoms during the night, disturbing their sleep
- To liaise with the school asthma lead and school nurse if there are concerns that a child's asthma is unstable or getting worse
- To encourage a positive attitude to asthma and to children with asthma amongst other class members

Roles of the School Nurse:

- To fully support the school asthma lead(s) and teachers in their asthma roles (described above)
- To be the point of clinical contact in the school for other health care professionals caring for individual children
- To help update the school asthma policy and lead on aspects of its implementation in agreement with school staff
- To provide annual training to all staff, including managing an acute attack
- To learn and act on any lessons learned from the management of asthma.

1.6 asthma, activity and exercise

Key message:

Children with asthma should always have their own normal reliever inhaler readily available to them when they exercise or take part in physical activity.

Children with asthma may experience asthma symptoms during exercise. However, children and young people with asthma, like everybody else, benefit from regular activity. There has been a large emphasis in recent years on increasing the number of children involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is true for children and young people with asthma.

PE and school sport staff should:

- Involve pupils with asthma as much as possible in their lessons and encourage them to get involved in after school clubs and sport activities in the normal way
- Be aware of the potential triggers for pupils with asthma when exercising and know what to do to minimise these triggers. On a case by case basis, relevant to the individual child's condition, and inline with their individual health care plan where exercise is a documented trigger, it is advised that two to four puffs of their reliever inhaler are given before the start of exercise as this should prevent the child having to stop mid-way for the reliever
- Make time to speak to parents to relieve their concerns or fears about children with asthma participating in PE
- Be aware that poor exercise tolerance and the need to use salbutamol before or during exercise is a marker for poor control and should not be accepted as the norm. Children and young people who experience poor exercise tolerance should be referred back to their GP

Children and young people with asthma should:

- Take their reliever inhaler to the PE lesson/ physical activity lesson
- On a case by case basis, relevant to the individual condition, take their reliever inhaler immediately before they warm up. This ensures that the airways are open and the effects of the reliever inhaler can last during the period of exercise
- Always warm up and cool down thoroughly
- Stop exercise if they start experiencing asthma symptoms. The child should then take their reliever inhaler and wait until they feel better (at least five minutes) before starting again
- If relatively unfit, gradually increase their exercise levels
- Revisit their GP if they experience poor exercise tolerance

1.7 residential and educational visits

There are some extra measures that should be taken when a child with asthma is attending an educational or residential visit away from the setting. The asthma lead should discuss these measures in conjunction with the child, parents, and for school trips the educational visits co-ordinator, and school nurse.

- Ensure that all inhalers are readily available to the children who require them at all times during the educational or residential visit
- Ask the parents about their child's asthma and current treatment and check if the asthma Health Care Plan is up to date
- Sometimes additional safety measures may need to be taken for educational or residential visits, such as an individual risk assessment
- Additional supervisors, parents or other volunteers who are accompanying the child may need asthma training
- A copy of the child's asthma Health Care Plan should be taken on the visit
- During residential visits, children may need to take their preventer and their reliever inhalers. Information about these inhalers should be included in the asthma Health Care Plan
- Children may need supervision when taking their asthma medication

1.8 staff training

Key message:

For schools, the asthma lead and relevant staff will receive asthma awareness training every year delivered by the school nurse in addition to their first aid training.

Asthma training for school staff

- The asthma lead and relevant staff will receive asthma awareness training every year delivered by the school nurse. The asthma lead can seek advice and support from their school nurse or the respiratory nurse specialists for children at any time (Contact details - see page 6)
- A record of all staff who receive asthma training should be kept by the asthma lead.
- Appendix 9 is an example of an individual record of training, which can be adapted by schools/settings if necessary

1.9 frequently asked questions

Q What happens if a child takes too much reliever medicine?

A Relievers are a very safe and effective medicine and have very few side effects. Some children and young people may feel shaky if they take a lot of reliever. However, they cannot 'overdose' on reliever medicines and these side effects pass quickly.

Q What happens if a child without asthma experiments with another child's reliever inhaler?

A It is undesirable, but not harmful, for a child without asthma to use another child's reliever inhaler. If they take a lot of reliever inhaler, they may experience an increased heart rate or tremor and be a little shaky, but this will pass quickly and will not cause any long-term effects.

Q Do inhalers have an expiry date?

A Yes, all relievers have an expiry date. Parents are responsible for ensuring that their child's medicines are within the expiry date.

Q Should a child with asthma use another child's inhaler if they are having asthma symptoms and their reliever inhaler is not available?

A Reliever inhalers are prescribed for an individual and they should not be used by anyone else. It is extremely important to ensure that all children with asthma have easy access to their own reliever inhaler. However, it is unlikely there would be any adverse effect if a child used another child's inhaler.

Section 2 the asthma policy

Key message:

Every educational establishment, early years setting and other Ofsted approved facility should have an asthma policy approved by the governing body or management committee. A properly implemented asthma policy will help to ensure that children with asthma can achieve their full potential.

The asthma policy could be a stand-alone policy or it could be incorporated within another wider policy. Every setting is different, so every policy will vary slightly. A detailed example of an asthma policy is provided in Appendix 10. However, every policy should incorporate the guidance in this document and:

- Recognise that asthma is a widespread, serious but entirely manageable condition
- Welcome all children with asthma to the setting
- Ensure that children with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities
- Recognise that children with asthma need easy access to reliever inhalers at all times
- Specify the record keeping for all children with asthma, including medication needs
- Ensure that the whole setting, including the physical, social, sporting and educational environment, is favourable to children with asthma
- Ensure that all staff (including supply teachers and support staff) who come into contact with children with asthma know what to do in an asthma attack
- Reflect that children with asthma may experience bullying and specify the procedures in place to prevent this
- Support partnership working with all interested parties, including the governing body, all staff, School Nurses, parents/carers, the Local Authority, Doctors, Nurses and children to ensure the policy is planned, implemented and maintained successfully

The asthma policy should outline how each of the above points will be implemented within a particular setting. Each setting will need to develop and agree its own asthma policy.

Appendix I

Example letter for parents/carers to accompany asthma Health Care Plan

Dear Parent / carer

Re: The asthma Health Care Plan

Thank you for informing us of your child's asthma on his/her registration form.

As part of accepted good practice and following advice from Dudley CCG, hospital specialists, and the Department for Education, our school has recently established an Asthma Policy.

As part of this policy, we now ask all parents / carers of children with asthma to help us by completing an asthma Health Care Plan for their child/children. This is attached to this letter. The completed asthma Health Care Plan will store important details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The Plan will help staff to better understand your child's individual condition and needs.

All children with an individual asthma Health Care Plan need to have prescribed by their GP, reliever medication. It is necessary for staff to have access to this medication in order to treat a severe asthma attack correctly. It is best practice to treat a severe asthma attack with a volumatic spacer and reliever as only a metered dose inhaler is compatible for use with a spacer. All settings should have access to a volumatic spacer and the staff have been trained on their use in a severe attack.

Please complete this plan and return it to the setting along with your child's normal reliever medication to be stored appropriate to your child's age and ability metered dose inhaler by *(insert date)*:

Please note that due to legislation your child's setting may have chosen to buy an emergency salbutamol inhaler from their local pharmacist, as per Department of Health guidance (Sept 2014). If your setting has chosen to do this please note that it remains the parents/carers responsibility to provide the setting with a volumatic spacer and reliever medication for your individual child. In addition to the emergency reliever which is provided by the school.

I look forward to receiving your child's completed asthma Health Care Plan.

Thank you for your help.

Yours sincerely

Head teacher

advice for parents/carers

Remember:

- 1. It is your responsibility to tell the setting about any changes in your child's asthma and/or their asthma medication**
- 2. It is your responsibility to ensure that your child has their 'relieving' medication with them and that it is clearly labelled with their name. You should confirm this with the relevant member of staff.**
- 3. It is your responsibility to ensure that your child's asthma medication has not expired**
- 4. Your child should not be exposed to cigarette smoke**

Appendix 2

Asthma Health Care Plan

Child's name	
Date of birth	
Group/class/form	
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

Phone no.

Clinic/Hospital Contact

Name

Phone no.

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

Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose
(E.g. once or twice a day, just when they have asthma symptoms, before sport)

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? Give three contact telephone numbers

Form copied to: (to be completed by the school asthma lead)

advice for parents/carers

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 'relieving' medication and individual spacer 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. Your child should not be exposed to cigarette smoke**

I consent to my child being administered an emergency salbutamol reliever inhaler if required.

Signed

Appendix 3

Consent form to administer medicines

The school/early years setting staff will not give any medication unless this form is completed and signed.

Dear Head teacher/setting lead or manager

I request and authorise that my child *be given/gives himself/herself the following medication: (*delete as appropriate)

Name of child		Date of birth	
Address			
Daytime Tel no(s)			
School/setting			
Class (where applicable)			
Name of medicine:			
Circle as appropriate:	Prescription / Over the counter		
Special precautions, e.g. take after eating			
Are there any side effects that the school/setting need to know about?			
Time of dose		Dose	
Start date		Finish date	

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification (where applicable).

Name of medical professional	
Contact telephone number	

I confirm that:

- It is necessary to give this medication during the school/setting day
- I agree to collect it at the end of the day/week/half term (delete as appropriate)
- This medicine has been given without adverse effect in the past.
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.
- The medication does not contain aspirin.

Signed (parent/carer)		Date	
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Appendix 4

Consent for a child to carry their own salbutamol inhaler reliever medication

Parents complete this form

If staff have any concerns about any of the information required for this form they should discuss this with the school nurse

Name of setting	
Child's name	
Group/class/form	
Address	
Name of medicine	
Procedures to be taken in an emergency	

Contact information

Name	
Daytime phone no.	
Relationship to child	

I consent to my child to carry their reliever inhaler medicine with them for use as necessary.

Signed.....

Print name

Relationship to child

Date

Appendix 5

Asthma register for year

Insert number below	Child's name	DOB	Year (for schools)	Care Plan (tick)	Inhaler (tick)	Consent gained for emergency inhaler (tick)	High risk (tick)

Appendix 6

Administration record

Name Date of birth

Address

Allergies

Date	Name of person who brought it in	Name of medication	Amount supplied	Form supplied	Expiry date	Dosage regime

Register of medication administered

Date	Medication	Amount given	Amount left	Time	Given by	Comments / Action Side effects	Parent/ carer name	Parent/ carer signature (early years settings only)

Appendix 7

Record of emergency reliever medicine administered to any child

Date	Time	Child's name	Name of medicine	Dose	Signature of staff

Appendix 8

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 seen by your own doctor as soon as possible.

Yours sincerely,

Appendix 9

Staff training record - administration of medicines

Name of school/setting	
Name	
Type of training received	
Accreditation (where appropriate)	
Date of training complete	
Training provided by	
Profession and title	

I confirm that (name of member of staff) has received the training detailed above and is competent to carry out any necessary treatment covered by it.

I recommend that the training is updated (Please state how often).

Trainer's signature: Date:

I confirm that I have received the training detailed above.

Staff signature: Date:

Suggested review date:

Appendix 10

Example of an asthma policy

This is an example of a policy from Asthma UK (www.asthma.org.uk)

Asthma Policy Statement

- This school/setting is an inclusive community that aims to support and welcome children with asthma
- This school/setting ensures that the whole environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to children with asthma
- The asthma policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings
- The school/setting ensures all staff understands their duty of care to children and young people in the event of an emergency. All staff feels confident in knowing what to do in an emergency. All staff receives annual asthma awareness training
- This school/setting has clear guidance on the administration of medicines
- This school/setting has clear guidance on the storage of medicines
- This school/setting has clear guidance about record keeping
- Each member of the school/setting and health community knows their roles and responsibilities in maintaining and implementing an effective medical condition policy. The asthma policy is regularly reviewed evaluated and updated. Updates occur every year

Policy Guidelines

This school/setting is an inclusive community that aims to support and welcome pupils with asthma

- Children with asthma are encouraged to take control of their condition
- Children feel confident in the support they receive from the school/setting to help them do this
- Children with asthma are included in all school activities
- All staff feel confident in knowing what to do in an emergency
- The asthma policy is understood and supported by the whole school/setting and local health community

This school/setting ensures that the whole school/setting environment, which includes physical, social, sporting and educational activities, is inclusive and favorable to children with asthma

- This school/setting is committed to providing children with a physical environment, which is accessible to children with asthma
- This school's/setting's commitment to an accessible physical environment includes out of school/setting visits and the school/setting ensures these visits are accessible to all children
- This school/setting ensures the needs of children and young people with asthma are adequately considered to ensure they have full access to extended school/setting activities such as discos, productions, after school clubs and residential visits

- All staff at this school/setting are aware of the potential social problems that pupils with asthma may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's/setting's anti bullying and behavior policies
- Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of asthma amongst children and to help create a positive social environment
- This school/setting ensures all classroom teachers; PE teachers, other staff and sporting coaches understand that a child with asthma should not be forced to take part in activity if they feel unwell
- This school/setting ensures all PE teachers, classroom teachers and school sport coaches are aware of the potential triggers for children's asthma when exercising and tips to minimise these triggers
- This school/setting ensures all children have the appropriate reliever inhaler with them during physical activity and that children take them when needed
- Risk assessments must be carried out for any out of school/setting visits and asthma must be considered during this process. Factors to consider include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency
- There may be additional medicines, 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 the school/setting

The asthma policy has been drawn up in consultation with a wide range of local key stakeholders both within the school, early years; Ofsted approved facilities and health settings

- This school/setting has consulted on the development of this asthma policy with a wide range of key stakeholders both within the school, early years, Ofsted approved facilities and health settings
- This school/setting recognizes the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow up to suggestions put forward

All staff understands asthma and are trained in what to do in an emergency

- Staff understand their duty of care to children in the event of an emergency
- In an emergency situation staff are required under common law duty of care, to act like any reasonably prudent parent. This may include administering medicines
- All relevant staff who work with children at this setting receive training and know what to do in an emergency for the children in their care with asthma
- Training is refreshed for all relevant staff at least once a year
- This school/setting uses asthma healthcare plans to inform the appropriate staff (including supply teachers and support staff), of children in their care who may need emergency help
- This school/setting has procedures in place for a copy of the child's health care plan to be sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent or the information on it is communicated to the hospital as soon as possible

- If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the child knows
- Generally staff should not take children to hospital in their own car

The school/setting has clear guidance on the administration of medicines

Reliever medicines

- All children with asthma have easy access to their reliever medicines
- All children are encouraged to carry and administer their own reliever medicine, when their parents and health specialists determine they are able to start taking responsibility for their condition
- Children who do not carry and administer their own reliever medicines, should know where the drugs or medicines are stored and how to gain access
- All staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent. In an emergency situation, this may include taking action such as administering medicines
- All staff attending off site visits should be aware of any children on the visit with asthma. They should receive information about what to do in an emergency and any other additional support necessary, including any additional medicines or equipment needed
- If a trained member of staff, who is usually responsible for carrying or administering medicine, is not available the school/setting should make alternative arrangements to provide the service. This should be addressed in the risk assessment for the activity
- If a child misuses medicines, either their own or another child's, their parents will be informed as soon as possible and they will be subject to the school's/setting's usual disciplinary procedures

The school/setting has clear guidance on the storage of medicines

Safe storage - reliever medicine

- Reliever medicines are readily available to children who require them at all times during the day or at off-site activities
- Most children at this school/setting carry their reliever medicine on them at all times. Children keep their own reliever medicines securely
- Children are reminded to carry take their reliever medicines with them at all times
- Children, whose healthcare professionals and parents advise the school/setting that their child is not yet able or old enough to self manage and carry their own reliever medicines on them, know exactly where to access their reliever medicines
- All medicines are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the child's name, 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 paying particular note to temperature
- For Schools - All medicines are sent home with children at the end of the school year. Medicines are not stored in school over the summer holidays

- It is the parent’s responsibility to ensure new and in date medicines come into school on the first day of the new academic year

Safe disposal

- Parents are asked to collect out of date medicines from the school/setting
- If parents do not pick up out of date medicines or at the end of the school year medicines are taken to a local pharmacy for safe disposal
- A named member of staff is responsible for checking the dates of medicines and arranging for the disposal of those that have expired. This check is done at least three times a year

This school/setting has clear guidance about record keeping

Enrolment forms

- Parents at this school/setting are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year
- Parents of new children starting at other times during the year are also asked to provide this information on enrolment forms.

Drawing up Asthma Health Care Plans

- This school/setting uses an adapted asthma Health Care Plan from “Managing Medicines in Schools and Early Years Settings” guidance to record important details about individual children’s medical needs, their triggers, signs, symptoms, medicines
- An asthma health care plan accompanied by an explanation is sent to all parents of children with asthma for completion:
 1. at the start of the school year
 2. at enrollment
 3. when a diagnosis is first communicated to the school/setting
- The parents are asked to fill out the child’s Asthma Health Care Plan. Parents then return these completed forms to the school/setting. Parents may need to liaise with their child’s health care professionals to complete the form
- This school/setting ensures that a relevant member of staff is available, if required to help complete the health care plan for children with particularly complex healthcare needs

Asthma Register

- The Asthma Health Care Plans are used to create a centralised register of children with asthma
- An identified member of staff has responsibility for the register
- The responsible member of staff follows up any of the details on a child’s Asthma Health Care Plan or if permission for administration of medicines is unclear or incomplete
- Parents at this school/setting are regularly reminded to update their child’s Asthma Health Care Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse) or their medicines and treatments change
- Staff at this school/setting use opportunities such as staff-parent interviews to check that information held by the school/setting on a child’s condition is accurate and up to date
- Every child with a health care plan at this school/setting has their plan discussed and renewed at least once year

- Parents and children at this school/setting are provided with a copy of the child's current agreed health care plan
- Health care plans are kept in a secure central location at school/setting
- All members of staff who work with groups of children, have access to the health care plans of children in their care
- When a member of staff is new to a child group, for example due to staff absence, the school/setting makes sure that they are made aware of (and have access to) the health care plans of children in their care
- The school/setting ensures that all staff protect child confidentiality
- This school/setting seeks permission from parents to allow the health care plan to be sent ahead to emergency care staff should an emergency happen during school/setting hours or at an out of school hours school activity
- This school/setting seeks permission from the child and parents before sharing any medical information with any other party, such as when a child takes part in a work experience placement
- This school/setting uses the health care plans to:
 - Inform the appropriate staff and supply teachers about the individual needs of a child with a medical condition in their care
 - Identify common or important individual children's triggers at school/setting that bring on symptoms and can cause emergencies
 - Ensure that all medicines stored at school/setting are within the expiry date
 - Ensure the local emergency care facilities have a timely and accurate summary of a child's current asthma management and healthcare in the event of an emergency
 - Remind parents of children with asthma to ensure that any medicines kept at school/setting for their child are within their expiry dates

Consent to administer medicines

- If a child requires regular prescribed or non-prescribed medicines at school/setting parents are asked to provide consent giving staff permission to administer medicines on a regular/daily basis, if required. A separate form is available for short programmes of medicine if parents and school/setting require it
- All parents of children with asthma are asked to provide consent on the health care plan giving staff permission to administer medicines in an emergency
- If a child requires regular/daily help in administering their medicines then the school/setting outlines the agreement to administer those medicine/s on the health care plan. The school/setting and parents keep a copy of this agreement
- Parents of children with asthma are all asked at the start of the school year on the healthcare plan if they and/or the child's healthcare professional believe the child is able to self manage, carry and administer their own emergency medicines
- Parents are sent a medicines form to be completed and returned to school/setting shortly before their child leaves for an overnight or extended day trip. This form requests up to date information about the child's current condition and their overall health. This provides up to date information to relevant staff and supervisors to help the child manage their

condition while they are away including information about medicines not normally taken during school/setting hours

- The medicines form is taken by the relevant staff member to the off site trip and for all out of school/setting hours activities along with a copy of the child's health care plan
- All parents of children with asthma attending a trip or overnight visit are asked to give consent for staff to administer medicines at night or in the morning if required
- The medical form also details what medicines and what dose the child is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away

Other record keeping

- This school/setting keeps an accurate record of each occasion an individual child is given or supervised taking medicines. Details of the supervising staff member, child, dose, date and time are recorded. If a child refuses to have medicines administered, this is also recorded and parents are informed as soon as possible

Staff training - record keeping

- The asthma lead attends training on asthma every year
- A log of the asthma training is kept by the school/setting and reviewed every 12 months to ensure all new staff receives training and support via the asthma lead.
- All staff that volunteer or are contracted to administer medicines are provided with training and support from the asthma lead.

Each member of the school/setting and health community know their roles and responsibilities in maintaining an effective medical condition policy

This school/setting works in partnership with all interested and relevant parties including the school's/setting's governing body, all staff, school nurses, parents, employers of school/setting staff, healthcare professionals and children to ensure the policy is planned, implemented and maintained successfully. The following roles and responsibilities are used for the asthma policy at this school/setting. These roles are understood and communicated regularly:

This school's/setting's employer has a responsibility to:

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in activities (this includes children). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips
- Ensure health and safety policies and risk assessments are inclusive of the needs of children with asthma
- Make sure the asthma policy is effectively monitored and regularly updated
- Provide indemnity for staff who volunteer to administer medicine to children with asthma

This school's/setting head teacher/manager has a responsibility to:

- Ensure the school/setting is inclusive and welcoming and that the asthma policy is in line with local and national guidance and policy frameworks
- Liaise between interested parties –including children, staff, SEN coordinators, welfare assistants, teaching assistants, School Nurses, parents, governors, the local authority transport service and local emergency care services
- Ensure that information held by the school/setting is accurate and up to date and that there are good information sharing systems in place using children's' individual health plans

- Ensure pupil confidentiality
- Assess the training and development needs of staff and arrange for them to be met
- Ensure all supply teachers and new staff know the asthma policy
- Delegate a staff member to check the expiry date of medicines kept at school/setting and maintain the asthma register
- Monitor and review the policy at least once a year, with input from staff and external stakeholders

All staff at this school/setting has a responsibility to:

- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency
- Understand the asthma policy
- Know which children have asthma and be familiar with the content of their individual health plan
- Allow all children to have immediate access to their emergency medicines
- Maintain effective communication with parents including informing them if their child has been unwell at school/setting
- Ensure children who carry their medicines with them, have them when they go on a school trip or out of the classroom
- Be aware that long term conditions can affect a child's learning and provide extra help when children need it
- Be aware of children with asthma who may be experiencing bullying or need extra social support
- Liaise with parents, the child's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- Use opportunities such as PSHE to raise pupil awareness about asthma
- Understand asthma and the impact it can have on children. (Children should not be forced to take part in activity if they feel unwell)
- Ensure all children with asthma are not excluded from activities they wish to take part in
- Ensure children have the appropriate medicines with them during activity or exercise and are allowed to take it when needed

The School Nurse has a responsibility to:

- Help update the school's asthma policy
- Help provide regular training for school staff in managing asthma at school
- Provide information about where the school can access training in areas that the School Nurse has not had specialist training
- Provide support and information to the identified member of staff responsible for ensuring that parents complete the health care plans

First Aiders have a responsibility to:

The minimum first aid provision in schools/setting should include:

- Suitably stocked first aid container
- Appointed person to take care of emergencies and the first aid container
- Information on emergencies
- This minimum provision must be supplemented with a risk assessment to determine any additional provision needed

Special Education Needs Officer have a responsibility to:

- Know which children have asthma and which have special education needs because of their condition
- Ensure children who have been unwell catch up on missed school work
- Ensure teachers make the necessary arrangements if a child needs special consideration or access arrangement in exams or course work

Welfare officers have a responsibility to:

- Know which children with have a medical condition and which have special education needs because of their condition
- Ensure all children with asthma are not excluded from activities they wish to take part in

Individual Doctors and Specialist Healthcare Professionals caring for children who attend this school/setting have a responsibility to:

- Help complete the health plans provided by parents if appropriate
- Where possible and without compromising the best interests of the child, to try to prescribe medicines that can be taken outside of school hours
- Offer the parents of every child a written self-management plan to ensure parents and children know how they self manage at school and at home
- Ensure the child knows how to take their medicines effectively
- Ensure children have regular reviews of their condition and the medicines they take
- Provide the school/setting with information and advice if a child in their care has severe asthma symptoms (with the consent of the pupil and their parents)
- Understand and provide input to the school's/setting's medical condition policy

The parents at this school/setting have a responsibility to:

- Tell the school/setting if their child has asthma
- Ensure the school/setting has a complete and up-to-date healthcare plan for their child
- Inform the school/setting about the reliever medicines their child requires during school/setting hours and ensure their child has easy access to their reliever at all times
- Inform the school/setting of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
- Tell the school/setting about any changes to their child's medicines, what they take and how much
- Inform the school/setting of any changes to their child's condition

- Ensure their reliever medicines and associated devices are labeled with their full name
- Ensure that their child's reliever medicines are within their expiry dates
- Keep their child at home if they are not well enough to attend school/setting
- Ensure their child catches up on any school/setting work they have missed
- Ensure their child has regular reviews with their doctor or specialist healthcare professional
- Ensure their child has a written self-management plan from their Doctor or Specialist Healthcare Professional to help them manage their child's condition



