Hunsley Primary
Asthma Policy

This policy is applicable to Hunsley Primary
Version 1.iii

Important: This document can only be considered valid when viewed on the school website. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online. **Name and Title of Author:** Lucy Hudson, Headteacher	
Name of Responsible Committee/Individual:	Hunsley Primary Local Governing Body
Implementation Date:	Spring Term 2025
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This policy refers to	The Education Alliance – Hunsley Primary edit – Supporting Pupils at School with Medical Conditions Policy DfE Guidance on the use of emergency salbutamol inhalers in schools, March 2015 https://assets.publishing.service.gov.uk/media/5a74eb55ed915d3c7d528f98/emergency_inhalers_in_schools.pdf Medical Conditions at School _ Management Resource Pack, Here for Schools, East Riding of Yorkshire Council Hunsley Primary suite of Safeguarding Policies

	The Education Alliance Health and Safety Policy Hunsley Primary suite of SEND and Inclusion Policies DfE First aid in schools, early years and further education, updated 14 February, 2022 https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education
Target Audience:	All Staff, Parents, Pupils, Community Users, Key Stakeholders

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Policy Statement

This policy outlines the principles and values underpinning the expectations for Asthma Care at Hunsley Primary.

1. Purpose and Scope

Conditions, such as asthma, mean pupils may need to take medication whilst at school. This policy sets out the principles in school which ensure that 'the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma'[1]. This policy must be read in conjunction with the Trust and school policy for Supporting pupils in school with medical conditions as published on the school website.

2. Roles and Responsibilities

School Leaders will uphold the legal and statutory requirements. These are also outlined in the guidance which is held in the Medical Conditions at School Management Resource Pack, provided by the Local Authority.

School Leadership:

The Headteacher is responsible for the implementation of the policy on a day-to-day basis. For a child with medical needs, the Headteacher must agree with parents exactly what support can be provided in school via the child's Individual Health Care Plan (IHCP) and/or their Asthma/Inhaler Emergency Information Sheet. If parents request adjustments which require further assessment, the Headteacher should request that written advice be provided by the child's doctor or other appropriate health professional, e.g. asthma nursing team.

The Headteacher should also ensure that there are appropriate systems for sharing information about pupils' medical needs and that any training has given staff sufficient understanding, confidence and expertise and those arrangements are in place with up-date training on a regular basis. The Headteacher is also responsible for making sure proper guidance is in place for dealing with medicines, e.g. inhalers, in the school environment.

The Headteacher should also ensure the following:

- that procedures are understood and adhered to by all staff involved in the child's care
- that the child's parents / carers contribute to, review and sign off the child's IHCP and/or Asthma/Inhaler Emergency Information Sheet
- that training is provided where necessary
- that there is appropriately regular, effective communication and consultation with parents, children and health professionals concerning pupils with medical needs

In addition, all staff (including supply staff) should be notified of the delegated person with responsibility for medical care and informed of a child's medical needs, if appropriate.

[1] Asthma UK – School Policy Guidelines

Governors:

It is the responsibility of the Local Governors to ensure the school publishes the policy and brings to review within the allotted period. The policy should be reviewed and updated on a regular basis in line with Local Authority guidelines and training and should direct the school to follow clear systems and procedures for the safe administering of inhaler medication to pupils.

In addition, the LGB is responsible for ensuring that staff acting within the scope of their employment are fully trained by the school / trust to carry out their roles, and that staff are aware of this.

Parents/carers:

Parents and Carers hold the prime responsibility for their child's health; Hunsley Primary is not in a position to take responsibility for any decisions for a child's medication other than those laid out in the Individual Health Care Plan and/or the Asthma/Inhaler Emergency Information Sheet, as agreed with the child's parent or carer, for example an ambulance procedure plan, if a child requires referral to hospital.

As such, members of staff will only manage and administer medicines in line with the written approval of parents/carers and in accordance with the dosage and frequency instructions from a legitimate prescriber.

It is the parent/carer's responsibility to ensure that the inhaler is handed into the main office. Medication should be in date; it is not the school's responsibility to notify parents if medication has gone out of date. Parents will also be responsible for ensuring there is an adequate supply of in-date inhaler medication and associated equipment, e.g. spacers, for their child whilst at school. Any out of date medication should be collected by parents.

It only requires one adult with parental responsibility for the child to agree to or request an Individual Health and Care Plan / Asthma Emergency Information Sheet. As a matter of practicality, it is likely that this will be the nominated responsible adult with whom the school has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved outside of the school remit. The school should continue to administer the inhaler in line with the consent given in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

The major role of caring for a child rests with the parents / carers and it is their responsibility to manage the child's health and to ensure attendance at school. It is the responsibility of the parent/carer to provide the school with full information about their child's medical needs during admissions or whenever asthma medication is prescribed and should include the following:

- Details of their child's medical needs
- Details of the treatment he/she will need at school, including any possible side effects of asthma medication
- Other special needs or conditions which may impact on the child's asthma plan
- Details of any allergies / allergens
- The name, address and phone number of GP/consultants/ Asthma nurse
- What to do and who to contact in an emergency

Parents should also provide the relevant inhaler to be kept in school in a clearly labelled container with the following:

- Name and details of asthma medication
- Dose to be administered in school
- When to be given
- Expiry date
- Any changes to the medication
- Any other appropriate instructions

3. Equality, Inclusion and Diversity

Hunsley Primary is committed to:

- Eliminating discrimination and promoting equality, inclusion and diversity in its policies, procedures and guidelines
- Delivering high quality teaching and services that meet the diverse needs of its pupil population and its workforce, ensuring that no individual or group is disadvantaged

4. Vision, Values and Ethos

Vision: Our Commitment

Hunsley Primary is committed to being an innovative, stimulating, forward-thinking free school that makes the most of its freedoms to impact positively on pupils' lives in the community and provide opportunities for all its children to make outstanding progress. Hunsley Primary children are capable, confident and creative thinkers and motivated, resilient, problem-solving learners.

Values: Our Children

At Hunsley Primary, we believe that every child is an individual, ready, able and eager to learn, and as such a member of the team. We are a fully inclusive school and we view every child as unique; we believe that all learning activities should be personalised and challenging to meet all pupils' needs and that every child should receive the care, guidance, nurture and robust support they need to overcome disadvantage or barriers to learning. It is our prime aim that all children make their best progress in an enabling learning environment, in the presence of their peers and the security of positive relationships with those around them. Our highly-trained expert classroom practitioners, from teachers, TAs, volunteers to associate Trust staff, ensure that all children have the chance to work, discuss and learn with professionals who are passionate about education.

By ensuring our children become responsible for directing, sustaining and reviewing their own learning, taking responsibility for critiquing their own and each other's work and for setting ambitious challenges, we aim to embed an understanding of the importance of refining work to its best point so that children feel a sense of high achievement as a result of the feedback they receive.

By maximising the benefits of our close relationship with South Hunsley School and Sixth Form College and its subject specialists, we aim to secure a continuum of learning and a depth of conceptual understanding necessary for excellent progress in all curriculum areas, leading to the highest achievement at Key Stage 2, GCSE and A Level and, in due course, access to the most aspirational HE institutions, courses and professions for all children.

Ethos: Our Teaching and Learning Rationale

Engagement, Enjoyment, Discovery, Reflection, Achievement

Our aim is to deliver teaching and learning which meets the needs of every single pupil in school, basing our planning on rigorous assessment and observation, mapping out challenging, supportive next steps. We plan our curriculum activities and our personalised teaching and learning approach to match the following rationale:

- Flexible, personalised timeframes for learning, based on excellent pupil-centred teaching – teachers highly conversant in the complexities and specialisms of their practice
- Real learning themes and deep-thinking investigations, which prepare our pupils for 21st Century living and engage them in learning with enjoyment and passion
- Inspirational and challenging learning activities, which have the principles of scientific enquiry and investigation ('working scientifically') at their core, generating a lifelong love of learning, enquiry and discovery and a systematic means of approaching challenging and new tasks
- A union of partnerships with cross-phase, multi-agency and multi-disciplinary expertise for planning, delivery, monitoring and review, to ensure each child has every opportunity to build successfully on their learning from 4 to 19, removing barriers to engagement and development
- Pupil resilience, independence, confidence and readiness to meet the rigours of education, through to university and beyond, and the demands of living and working in a rapidly-changing technological world
- Innovative, immersive and inclusive learning resources, combining the best of expert input, outdoor, hands-on, experiential learning and digital interfaces, to give pupils every opportunity to aspire to their full potential.

5. Systems and Processes

Hunsley Primary recognises that asthma is a widespread, serious but controllable condition affecting many pupils of primary school-age. All pupils with asthma should have a prescribed inhaler in school. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers and pupils. Supply teachers and new staff are also made aware of this policy. The majority of the support staff in school are first-aid trained and the designated first-aider has received asthma training. Pupils who have an asthma attack will be dealt with in a sympathetic manner.

Emergency Inhaler

Since October 2014, the Human Medicines Regulations 2014 have allowed schools to keep 'Salbutamol' inhalers for use in emergencies. The Regulations stipulate the very limited situations in which a school should utilise this emergency reserve. **The inhalers will only be used in an emergency for pupils with an existing diagnosis of asthma or those children prescribed an inhaler as a reliever medication, if the pupil's own prescribed inhaler is not accessible or malfunctions.**

The inhaler can only be used if a parent has completed the consent form (see Appendix – Asthma/Inhaler Emergency Information Sheet). The consent form is issued to all parents of children who are on our asthma register (see Appendix – Asthma and Prescribed Inhaler Register Review form).

Asthma Medicines

- Immediate access to reliever medicines is essential for the children and staff. For children in EYFS to Year 6 their inhalers are kept in the classroom with the class teacher. The children are aware of the location of their inhalers and an adult supervises the use of any inhalers and assists where appropriate (e.g. where age or capability dictates, with consent from parents / carers – see Appendix - Asthma Emergency Information Sheet)
- **All inhalers must be labelled with the child's name by the parent/carer. Parents/carers are asked to check inhalers are in date on a regular basis.** Parents/carers are also asked to complete a medical record form giving details of the type of inhaler held and frequency of use etc.
- Specific school staff are trained to administer inhalers and other medicines / treatments to children as part of the Paediatric First Aider training or as part of bespoke training for specific children with the agreement of parents / carers
- On school visits, individual inhalers are taken as well as the school's emergency inhaler.

Record Keeping

- When a child joins the school the parents/carer are asked if their child has any medical conditions, including asthma, on the Pupil Information Data form and medical forms.
- Parents/carers are also asked on an annual basis to inform the school if their child has developed asthma.
- A record is kept in school of each time a child uses their inhaler.

Exercise and Activity – PE and Games

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know via the school's medical register which children in their class have asthma.
- Pupils with asthma are encouraged to participate fully in all P.E. lessons, taking note, where appropriate, of any additional advice given by the GP.
- If a pupil expressed that they feel the need to use their inhaler during a lesson they will be encouraged to do so under the terms of their Asthma Plan.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. The school is a no smoking site**.** This prohibition includes vapes. No smoking or vaping should take place on the site. Any person or persons smoking or vaping nearby the school gates or in the vicinity of the boundaries of the school will be politely asked to move further afield to a place away from the school site for the protection of children and adults in the site.

Common signs of an asthma attack

- coughing
- shortness of breath
- wheezing
- feeling tight in the chest
- being unusually quiet
- difficulty speaking in full sentences
- tummy ache (sometimes in younger children).

What to do

- keep calm and reassure the child
- encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- Use the child's own inhaler – if not available, use emergency inhaler (prior consent from parent must be documented)
- Remain with the child whilst the inhaler and spacer are brought to them
- make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately (preferably through a spacer)
- ensure tight clothing is loosened
- continue to reassure the child.

If there is no immediate improvement

- Continue to make sure that the child takes two puffs at a time, every two minutes up to a maximum of ten puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- Document medication given. Dose may be repeated if symptoms return. However, if this is within four hours, contact parents as medical review is recommended.

Call 999 or a doctor urgently if:

- the child or young person's symptoms do not improve in 5–10 minutes
- the child or young person is too breathless or exhausted to talk
- the child or young person's lips are blue
- you are in doubt.

Ensure the child takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

Refusing Medicines

If a child refuses to use their inhaler, staff should not force them to do so and should proceed to an emergency protocol if necessary.

The refusal should be noted in the child's medical record. Parents/carers should be informed immediately of the refusal.

If the refusal is repeated and it is not possible to keep the child safe in school as a result of the refusal, at the discretion of the Headteacher and Governors, for reasons of health and safety, school leaders will meet with parents / carers regarding next steps.

Confidentiality

The Headteacher and staff should always treat medical information confidentially. The Headteacher should agree with the parent / carer, who else should have access to records and other information about a child. If information is withheld from staff, they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Educational Visits

Hunsley Primary has established procedures for the operation of trips and visits. When it is necessary to take medicines on trips, all medicines will be controlled by staff. The school's own emergency inhalers and spacers will always be taken as part of the first aid kits accompanying the visit.

Staff supervising trips and visits (including sport activities etc) must always be aware of any medical needs, and be provided with relevant Individual Healthcare Plans and medication.

Sporting Activities

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers.

Members of Staff leading lessons outside and away from the main building must carry a portable first aid kit and Pupil Emergency Bags (containing specific pupils' emergency medication) where pupil medication can be carried for immediate access. A paediatric first aider or emergency first aider will always accompany the children and will carry the school radio or emergency contact school mobile phone as standard.

Extra-curricular Morning Clubs run by External Agencies

Where a child accesses an extra-curricular early morning club and requires medication to be handed in by parents / carers before the Main Office opening time of 8.15am, the club provider will be responsible for the medication and subsequent handover in agreement with the school.

Home to School Transport

Local Authorities arrange home to school transport where legally required to do so. They must make sure that pupils are safe during the journey. Most pupils with medical needs do not require supervision on school transport, but Local Authorities should provide appropriate trained escorts if they consider them necessary and have been notified by the school. Guidance should be sought from the child's GP or paediatrician.

Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they must receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.
Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Within the East Riding Council area, this role is undertaken by the ERYC Passenger Services section, prior to arranging transport for a pupil with specific needs they collect all the information from the relevant departments/agencies in the council, including the school's SENCo, to establish the needs/disability of the pupil/person following which they arrange the necessary care, for example providing an escort to ensure the pupils safety and wellbeing.

Some pupils are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. As noted above, all escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate.

Access to Emergency Procedures

Emergency procedures that might be required regarding the medication of a pupil should be assessed using the criteria and forms in the individual child's Emergency Information and will be kept in a central place in the Emergency Bag, both in the classroom (appropriately stored for safety from the children, but ease of access for adults in an emergency situation – e.g. a high, supervised shelf) and the Main Office, to ensure quickness of response in an emergency situation. This will usually be a collectively constructed document (as part of the IHCP and / or Asthma-Inhaler Emergency Plan) involving the input of several sources including the medical profession, parent/carers, school nurse, First Aid Staff, Teachers etc. The completed record of actions will also be located in the child's electronic folder and appropriate staff briefed; however, this will vary on occasions as each individual will be assessed on their particular needs not, common factors and therefore on outcome and actions may vary.

Individual Risk Assessments will be undertaken where necessary and updated regularly.

6. Monitoring of compliance with and effectiveness of the policy

The **Hunsley Primary Local Governing Body** is responsible for ensuring that this policy and procedure is implemented fairly, consistently and objectively.

The **Headteacher** is responsible for overseeing the introduction, implementation, monitoring and review of this policy.

7. Review

This policy will be reviewed within 2 years of the date of implementation.

Appendix:

HUNSLEY PRIMARY
ASTHMA/INHALER EMERGENCY INFORMATION SHEET

For children with a medical diagnosis of asthma and / or prescribed inhaler / asthma medication. To be read in conjunction with the Hunsley Primary Asthma Policy and the Medicines Policy

To be completed by the Parent / Carer		
Name of child		Child's Photo
Year and Class		
Date of Birth		
Parent/Carer Name		
Home Contact Number		
Mobile Contact Number		
GP/Medical Centre Tel. Number		
School Nursing Team Tel. Number		
Known Triggers & Symptoms		
Treatment		

To be completed by school	
Location of inhaler / spacer* in school (*where required)	Classroom
Designated staff/first aider	

Instructions for use of the reliever inhaler in school (please tick all appropriate statements)
☐ My child does **not** understand the proper use of his/her inhaler and requires help to administer ☐ My child understands the proper use of his/her asthma medication and, **in my opinion**, can use their inhaler independently. ☐ I give consent for school to support my child in using their inhaler, should this be required in a medical emergency. ***For children in Years 5 and 6 only:*** ☐ I give consent for my child to keep their inhaler in their own school bag.

School 'Salbutamol' Emergency Inhalers
Since October 2014, the Human Medicines Regulations 2014 have allowed schools to keep 'Salbutamol' inhalers for use in emergencies. The Regulations stipulate the very limited situations in which a school should utilise this emergency reserve. **The inhalers will only be used in an emergency for pupils with an existing diagnosis of asthma or those children prescribed an inhaler as a reliever medication, if the pupil's own prescribed inhaler is not accessible or malfunctions.** **Hunsley Primary has three Salbutamol CFC Free 100mcg inhalers for emergency administration.**
☐ I give my consent for school to use the emergency 'Salbutamol' inhaler, in accordance with the Human Medicines Regulations, 2014, if my child's own prescribed inhaler is not available or malfunctions.

Permissions and Responsibilities

I give permission for school personnel to share this information with all school staff, follow this plan and administer my child's prescribed asthma medication.

If necessary, I also give permission for the school to contact our GP/School Nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing the school with prescribed medication and delivery devices. I approve this Asthma Care Plan for my child and agree update school as necessary with any changes to information relevant to this plan.

I understand that children in EYFS and Years 1-4 will not have direct access to their asthma medication and that it will be stored safely by staff within close proximity to the child at all times.

I understand that children in Upper Key Stage 2 (Years 5 and 6) will be able to keep their inhaler in their school bag if given parental permission to do so.

Parent/Carer Signature	**Date:**
Headteacher's Signature	**Date:**

SIGNS OF ASTHMA ATTACK[1]

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

NB Not all symptoms need to be present for a child to be having an asthma attack

IF A CHILD PRESENTS WITH ANY OF THE FOLLOWING – CALL AN AMBULANCE IMMEDIATELY ABD COMMENCE ASTHMA ATTACK PROCEDURE WITHOUT DELAY

- **Appears exhausted**
- **Has blue/white tinge around lips**
- **Is going blue**
- **Has collapsed**

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use emergency inhaler (prior consent from parent must be documented)
- Remain with the child while the inhaler and spacer are brought to them.

IMMEDIATELY HELP THE CHILD TO TAKE TWO SEPARATE PUFFS OF SALBUTAMOL VIA THE SPACER

If there is no immediate improvement, continue to give

TWO PUFFS AT A TIME EVERY TWO MINUTES, UP TO A MAXIMUM OF 10 PUFFS

IMPROVEMENT

Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better. Document medication given. Dose may be repeated if symptoms return. However, if this is within 4 hours, contact parents as medical review is recommended.

NO IMPROVEMENT

If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**

If an ambulance does not arrive in 10 minutes **GIVE ANOTHER 10 PUFFS IN THE SAME WAY**

[1] With reference to the East Riding School Medicines training and documentation. The information in this flowchart is taken from the Department of Health 0 *Guidance on the use of emergency salbutamol inhalers in schools (March 2015)* https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

Hunsley Primary
Asthma and prescribed inhaler register review

Dear Parent/Carer

We are currently carrying out an asthma and prescribed inhaler register review. As your child's name is on the register, please could you complete this form and return it to the school to assist us in ensuring that our register is fully up-to-date and the necessary medication is stored at school. Complete online: https://forms.gle/NnU3K19iqty5DuYz7

Please tick as appropriate:

1. My child has been diagnosed with asthma and has an ongoing prescription for the appropriate medication and we will provide a blue inhaler to be kept at school.	☐
2. My child has a recent prescription for an inhaler and we will provide an inhaler to be kept at school.	☐
3. My child no longer has a current prescription and can be removed from the school register	☐

Please note:

- If you have ticked option **1** or **2**, the school will send paperwork for you to complete and return to assist us in updating our register. If your child does not already have an inhaler stored at school - please ensure that you provide the school with a 'blue' Salbutamol/Ventolin inhaler and spacer for your child.

  School 'Salbutamol' Emergency Inhalers
  Since October 2014, the Human Medicines Regulations 2014 have allowed schools to keep 'Salbutamol' inhalers for use in emergencies. The Regulations stipulate the very limited situations in which a school should utilise this emergency reserve. **The inhalers will only be used in an emergency for pupils with an existing diagnosis of asthma or those children prescribed an inhaler as a reliever medication, if the pupil's own prescribed inhaler is not accessible or malfunctions.**

  Hunsley Primary has Salbutamol CFC Free 100mcg inhalers for emergency administration.

- If you have ticked option **3**, your child will be removed from the school's register and no further information will be required.

Child's Name:	
Child's Class:	
Parent/Carer Name:	
Parent/Carer Signature:	
Date:	

Please return your form by **DATE**

Kind Regards

Hunsley Primary

References

Managing Medicines in Schools and Early Years Settings (Reference: 1448-2005DCL-EN)

DfE Supporting Pupils at School with Medical Conditions

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

Medical Conditions in School – Management Resource Pack – Guidance for Schools – updated as appropriate by the LA Behaviour and Attendance Team.
https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

Asthma Friendly Schools – Criteria

Asthma Friendly Schools award is open to all schools across the Humber and North Yorkshire ICB area and the award is renewed every two years. Schools will be awarded a logo for their website and a letter to be sent to students and their parents/carers to explain the Asthma Friendly School status.

Why become an Asthma Friendly School?

- Schools are equipped with the knowledge and skills to support children with Asthma.
- Children and Young People with Asthma will feel empowered to reach their potential in this supportive environment. o Parents/carers can be reassured that staff have training and processes in place to support their child who has Asthma.
- Helping to improve school attendance for children with Asthma. o Schools can contact a healthcare professional (School Nurse or Specialist Asthma Nurse) to answers questions to support a child/family.

To achieve Asthma Friendly Schools status schools must meet a set of standards.

1. Asthma Champion – Schools will identify a member(s) or staff to co-ordinate Asthma within the school. This role will be supported by the schools Headteacher.
2. Asthma Policy – Schools will have an Asthma Policy that is up-to-date and can be viewed by children, young people, parents/carers, school staff and governors/trustees.
3. Asthma Register- Schools will keep a register of all children who have a diagnosis of Asthma or Suspected Asthma at School. This should be reviewed regularly.
4. Emergency Medication Kit- Schools will have an emergency reliever inhaler with an appropriate spacer.
5. Personalised Asthma Action Plan (PAAP)- Schools should request a PAAP from parents/carers for all children on the School Asthma Register. This PAAP will be completed by a healthcare professional, usually at a child's Annual Asthma Review appointment.
6. Recording and Sharing Information- Schools will record when children use medication (whenever possible) and share this information with parents/carers.
7. Training – Schools will access Children and Young People's Asthma Training (minimum of every two years). 85% of staff will have received training for a school to be awarded Asthma Friendly status. Free NHS England approved CYP Asthma E-Learning is available to all schools CYP Asthma E-Learning In some areas schools can access face to face CYP Asthma Training by local health teams.