

Asthma UK is dedicated to improving the health and well-being of the 5.2 million people in the UK with asthma

Policy Guide

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Asthma at School

INTRODUCTION

Welcome to Asthma UK's Asthma at School Policy Guide

1 in 10 children in the UK has asthma

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 enormous.

However, with the right healthcare management and support from their family, schools and the wider community, there is nothing that should stop the vast majority of children and young people with asthma from leading full and active lives.

This resource is designed as guidance for school staff, school nurses, head teachers, school governors/school boards, local education authorities/library boards, the school health service and others in primary and secondary schools in the UK, to help develop and maintain a school asthma policy that is customised to your individual school's needs.

This resource will help you to know:

- How pupils can control their asthma
- Where to go to get legal advice on medicine administration
- What you can do to create a safe school environment for pupils with asthma
- What you can do to help pupils with asthma reach their full potential at school

By developing an active and integrated school asthma policy, you will help to ensure that pupils with asthma are healthy, stay safe, achieve their potential and are able to make a positive contribution.

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WHAT TO DO IN AN ASTHMA ATTACK

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
- Encourage the child or young person to sit up and slightly forward - do not hug or lie them down
- Make sure the child or young person takes two puffs of reliever (blue) inhaler immediately (preferably through a spacer)
- Loosen tight clothing
- Reassure the child

If there is no immediate improvement

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve

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
- Or if you are in doubt

Continue to give the child one puff of their reliever inhaler every minute until the ambulance or doctor arrives

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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 spare 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
- Generally staff should not take pupils to hospital in their own car. However in some situations it may be the best course of action. Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services
- **NB: Guidance from devolved education authorities on emergency transport in private vehicles is different in each country. Your school should have a clear emergency procedure policy on if and when this is appropriate**

WHAT IS ASTHMA

Asthma is a condition that affects the airways - the small tubes that carry air in and out of the lungs. Asthma symptoms include coughing, wheezing, a tight chest and feeling short of breath. Each child or young person with asthma may have different symptoms.

Children and young people with asthma have airways that are almost always red and sensitive (inflamed). These airways can react badly when children and young people with asthma come into contact with an asthma trigger.

Asthma triggers

A trigger is anything that irritates the airways and causes asthma symptoms. There are many asthma triggers. Common triggers include colds, viral infections, house-dust mites, pollen, cigarette smoke, furry or feathery animals, exercise, outdoor air pollution, laughter, excitement and stress. Everybody's asthma is different and everyone will have different triggers, most have several. It is important that children and young people with asthma get to know their own triggers and try to stay away from them or take precautions.

What happens during an asthma attack?

When a child or young person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and begins to swell, making it difficult to breathe and leading to symptoms of coughing, wheezing, shortness of breath or feeling tight in the chest. It is at this point that the child or young person with asthma will need to take a dose of their reliever medicine.

What does asthma feel like?

Children and young people who have asthma tell us that:

- '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'

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Every child and young person's asthma is different

Asthma varies in severity from person to person. Some children and young people will experience an occasional cough or wheeze, while for others, the symptoms will be much more severe.

Some pupils with asthma may occasionally need to take time off school if they have come into contact with a trigger (for example a cold). Some pupils with asthma may experience night-time symptoms and disturbed sleep and become tired in class.

Avoiding known triggers where possible and taking the correct medicines can usually control asthma effectively for most children and young people.

For more information about what to do if a staff member is worried about a pupil with asthma, see the later section 'What to do when a child or young person with asthma joins your class'.

To help with asthma control, all children and young people should have regular asthma reviews with their doctor or nurse. They should also have a personal asthma action plan.

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ASTHMA CONTROL - PERSONAL ASTHMA ACTION PLANS & REVIEWS

Every parent/carer of a child or young person with asthma should be offered a written personal asthma action plan for their child. The child or young person's local doctor or nurse should complete their personalised plan in discussion with the parent/carer at the child's regular asthma review. (Most children and young people should have a review every six months, or more regularly if they have just been diagnosed).

The plan includes information parents need in order to keep control of their child's asthma, including:

- How their child can get better control over their asthma
- Details about their child's asthma medicines
- How to tell when their child's asthma symptoms are getting worse and what they should do about it

What to do if their child has an asthma attack

Using a personal asthma action plan can help parents/carers prevent their children from having asthma attacks.

Keeping a copy of their personal asthma action plan at school is not usually necessary for most pupils at most schools. If a child's asthma is getting worse a personal asthma action plan shows the parent/carer how to change their child's medicines accordingly. These changes to a child's or young person's medicines are usually to the medicines they take **outside of school hours**.

Instead, parents/carers should arrange regular asthma reviews for their child and **make sure their child's school asthma card is updated** with any changes. Parents/carers should also speak to their child's teacher about any changes to their child's condition or medicines.

All boarding schools should keep a copy of boarding pupils' personal asthma action plans.

ASTHMA MEDICINES & WHERE TO KEEP THEM AT SCHOOL

At school most pupils with asthma will only need to use inhaler medicines.

Reliever inhalers

Every child and young person with asthma should have a reliever inhaler.

Relievers are medicines that can be taken immediately when asthma symptoms start. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again. However, relievers do not reduce the swelling in the airways.

- Relievers are essential in treating asthma attacks
- Reliever inhalers are usually blue
- They come in different shapes and sizes
- It is very important that a pupil with asthma has a reliever inhaler that they can use reliably and effectively (that is, one that a health professional has demonstrated and checked their technique). In a school setting where there may be many pupils with asthma it is important that it is known which reliever belongs to which pupil
- Pupils with asthma need to keep their relievers with them or close at hand at all times. You never know when they might need it
- Although relievers are a very safe and effective medicine and have very few side-effects, some children and young people do get an increased heart rate and may feel shaky if they take a lot. However, children and young people cannot overdose on reliever medicines and these side effects pass quickly
- Some children and young people only get asthma symptoms once or twice a week (often after exercise or activity). The rest of the time their asthma causes them no problems
- Children and young people with infrequent asthma symptoms will probably only have a reliever inhaler prescribed. However, if they need to use their reliever inhaler three or more times a week, they should see their doctor or nurse for an asthma review as they may also need to take preventer medicines

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Preventer inhalers

Preventers protect the lining of the airways. They help to calm the swelling in the airways and stop them from being so sensitive. Taking preventer medicines means that a child or young person with asthma is less likely to react badly when he/she comes into contact with an asthma trigger. However, not all children and young people with asthma will need a preventer. Preventers are usually prescribed for children and young people using their reliever inhaler three or more times a week.

- Preventers reduce the risk of severe attacks
- Preventer inhalers are usually brown, orange, red or white
- The protective effect of preventer medicines builds up over time, so preventers need to be taken every day (usually morning and evening), even if the child or young person is feeling well
- Normally, pupils should not need to take preventer inhalers in school hours. If they are needed, they may need to be reminded to take them. This should be written on the pupil's school asthma card
- Boarding schools will need to make sure that they know which pupils in their care are taking preventer medicines and set up appropriate management
- Most children and young people who need preventer medicines will receive an inhaler preventer from their doctor that contains corticosteroids
- Corticosteroids are a copy of steroids produced naturally in our bodies. They are completely different to the anabolic steroids sometimes used by bodybuilders. Doctors prescribe the lowest possible dose of inhaled steroid to get asthma under control
- Low doses of inhaled steroids do not cause side effects and have no effect on growth

Spacers

A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other. Spacers are used to help deliver medicine to the lungs. They make inhalers easier to use and more effective

- Spacers may often be needed and used at school, especially by pupils under 12.
- Each pupil with asthma should have their own individually labelled spacer that is kept with their inhaler, or if this is impractical, with their spare inhaler

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Steroid tablets

A short course of steroid tablets (usually 3-5 days) is sometimes needed to treat a child's asthma after an asthma attack. They are very effective at bringing severe asthma symptoms under control quickly.

- Steroid tablets are usually taken in the morning, before school. They give a much higher dose of steroid than a steroid preventer inhaler. However, children and young people should not experience any side effects from the occasional course of steroid tablets
- Please note it is rare for a pupil with asthma to have steroid tablets at school

Nebulisers

A nebuliser is a machine that creates a mist of medicine that is then breathed in through a mask or mouthpiece. Nebulisers are sometimes used to give high doses of medicine in an emergency. However, research shows that spacers work as well as nebulisers in most asthma attacks. Use of nebulisers in emergency situations is becoming far less common

- Some children and young people with asthma have nebulisers at home. However, normally pupils with asthma should not need to use a nebuliser in school.
- If a doctor or nurse does advise that a child or young person needs to use a nebuliser in school, **the staff involved will need training by a health professional**

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Important things to remember - asthma medicines at school

- 1 in 10 children in the UK has asthma
- On average there are three pupils with asthma in every classroom in the UK
- It is essential that all pupils with asthma be allowed to access their reliever inhaler freely at all times
- Reliever inhalers should never be kept in a locked room or drawer
- This means allowing pupils with asthma to carry their reliever inhaler on them
- If, after discussion between the parents and the doctor or nurse, it is believed that the child is too young to carry their own reliever inhaler, it should be kept in an unlocked classroom in an easily accessible place
- Pupils with asthma should always be aware of where to go to get their asthma inhaler if they need it
- All parents of children and young people with asthma should be asked to provide a spare inhaler so that if a pupil forgets or loses their own, a spare is available
- In primary school spare inhalers should be kept in the pupil's individual classroom. Spice racks are a good way of storing spare inhalers
- At secondary school, a central room that is never locked, should be used to store spare inhalers. Pupils with asthma need to know exactly where to go to get their spare asthma medicines
- Each asthma medicine taken to school should be clearly labelled with the pupil's name. The expiry date of all asthma medicines should be checked every six months

LEGAL ISSUES

Staff administering medicines

Asthma UK believes that children and young people should be allowed to take their asthma medicines when they need to. There is no legal or contractual duty for school staff to administer medicine or supervise a pupil taking medicines unless they have been specifically contracted to do so.

Administering medicines is a voluntary role and one that many school staff are happy to play. Employers are responsible for providing indemnity for those staff who agree to administer medicines.

In emergency situations

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

For specific information and guidance see devolved details below.

England

For more information on the legal aspects of managing pupils with medical needs in England and Wales, please see the DfES/DOH guidance 'Managing Medicines in Schools and Early Years Settings'. This is available from the DfES or can be downloaded from:

www.publications.teachernet.gov.uk

The document also contains a set of forms that can be photocopied or adapted to your school. These forms include:

- Parental agreement for school to administer medicine
- Contacting emergency services
- Staff training record
- Record of medicines administered to all pupils

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Wales

For more information on the legal aspects of managing pupils with medical needs in Wales, please see the guidelines published by the Welsh Office (1997) 'Supporting Pupils with Medical Needs in Schools' (Welsh Health Circular 97/31) and 'Supporting Pupils with Medical Needs: A Good Practice Guide' (Welsh Office, December 1997).

Please note that the above guidance is currently being updated by the Wales Assembly Government and you are advised to check its site for the latest circular on administering medicines at: www.wales.gov.uk

The updated good practice guide will include a set of forms that can be copied, including:

- A form requesting a pupil carry their own medicines
- A healthcare plan for pupils with special medical needs

Scotland

For more information on the legal aspects of managing pupils with medical needs in Scotland, please see the guidance prepared jointly by a working group with representatives of the Association of Directors of Education in Scotland, the Health Service, voluntary organisations and health and education officials from the education and health departments of the Scottish Executive

The Administration of Medicines in Schools can be downloaded at:

www.scotland.gov.uk/library3/education/amis-00.asp

This document also contains a set of forms that can be photocopied or adapted for use in your school. These include:

- Example emergency planning form
- Example form for schools to record details of medicine given to pupils
- Example form for parents to complete if they wish their child to carry his/her own medicines

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Northern Ireland

New guidance on the administration of medicines is currently being drafted by the Department of Education, Northern Ireland.

Please note that there is no legal duty that requires school staff to administer medicines in Northern Ireland and this will continue to be a voluntary role. The soon-to-be-available guidance will not change the right for staff not to volunteer. The guidance is being written to help schools draw up policies on managing medicines in schools and to help put in place effective management systems to support individual pupils with medical needs where teachers or other staff are willing to assist in the administration of medicines

Please check the Department of Education, Northern Ireland, website for this guidance at: www.deni.gov.uk

ASTHMA, ACTIVITY AND EXERCISE AT SCHOOL

Many children and young people with asthma will experience asthma symptoms during exercise. However, children and young people with asthma, like everybody else need regular activity.

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma.

Children and young people with asthma should:

- Increase their fitness levels gradually
- Always have their reliever inhaler with them when they exercise or take part in physical activities
- Take their reliever inhaler immediately before they warm up (if they have exercise-induced asthma). Pupils with asthma may need reminding.
- Always warm up and down thoroughly
- Avoid coming into contact with things that trigger their asthma
- Stop, if they start experiencing asthma symptoms during exercise. The child or young person should then take their reliever inhaler and wait until they feel better (at least five minutes) before starting again

PE and school sports

It is important that PE teachers involve pupils with asthma as much as possible in their lessons and encourage them to get involved in after school clubs and sport activities.

- PE teachers need to be aware of the potential triggers for pupils with asthma when exercising and should know what to do to minimise these triggers
- PE teachers and sports coaches should all know what to do in the event of an asthma attack

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PE teachers and sports coaches should:

- Make sure that they know which pupils they teach/coach have asthma and know their triggers
- Speak to the parents if they are concerned that their child has undiagnosed or uncontrolled asthma (or ask the form teacher to). These pupils may need to have their asthma reviewed by their doctor
- Make time to speak to parents to relieve their concerns or fears about their children with asthma participating in PE

PE and sports for children and young people with severe asthma symptoms

PE and sports should be accessible to all pupils at school, including those with severe asthma symptoms. PE and sports coaches should help pupils with severe asthma symptoms take part by:

- Asking the pupil how they are feeling before each lesson and how much activity they can take part in
- Trying to involve pupils in refereeing, coaching or organising lessons
- Looking to include pupils with asthma in team sports that are less strenuous

'Out There and Active' information resources

The Asthma UK 'Out There & Active' poster, is available to help PE teachers and sports coaches encourage pupils with asthma get more involved in PE and exercise. In addition the Asthma UK parent pack that informs parents about the changes in PE and how their child can get involved at different levels is also available.

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WHEN A CHILD WITH ASTHMA JOINS YOUR CLASS

There are measures that should be taken when a child or young person with asthma joins your class (even if your school does not have an asthma policy):

- If the school does have a policy, make sure you are familiar with it
- Ask the parents about their child's asthma and current treatment. This information can be recorded on an [Asthma UK school asthma card](#). It is also a good idea to speak to the parents/carers about their child's asthma
- Allow the pupil with asthma to access their reliever medicine freely. This means allowing them to carry it on them. If, after discussion between the parents and the doctor or nurse, it is believed that the child is too young to do this, it should be kept in the classroom in an easily accessible place. Reliever inhalers should not be locked away
- Some children and young people need a discreet reminder to take asthma medicines, especially before exercise. Remember some people are shy about taking medicine in front of others. Encouraging and developing positive class attitudes towards pupils with medical conditions will help
- Remind the pupil to carry his or her reliever inhaler at all times, including on school trips. Include this information on school circulars and in advice to parents
- Always inform the parents if their child has had an asthma attack and used their reliever inhaler
- If you are worried about a pupil who appears to have 'severe' asthma, it may be helpful for teachers to consult either the school nurse, or the child's local doctor or nurse (through the child's parents). If the pupil is taking time off school or is frequently tired in class, this could be because s/he is having asthma symptoms during the night, disturbing their sleep. The teacher should firstly talk to the parents, and then the school nurse and Special Educational Needs Coordinator or Learning Support & Special Educational Needs Department (in Scotland)

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- Some pupils with asthma may be considered to have special educational needs and require extra support. The teacher, school nurse and Special Educational Needs Coordinator or Learning Support & Special Educational Needs Department should talk to the parents and discuss strategies and support to help their child

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DEVELOPING A SCHOOL ASTHMA POLICY FOR YOUR SCHOOL

A school asthma policy can be a stand-alone policy or it can be incorporated into part of another school policy, for example the health and safety, first aid, pupils with medical needs or general health policy. Every school is different so every policy will vary slightly. However, every policy should incorporate the following principles.

The school:

- Recognises that asthma is a widespread, serious but controllable condition. The school welcomes all pupils with asthma
- Ensures that pupils 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
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times
- Keeps a record of all pupils with asthma and the medicines they take
- Ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- Ensures that all pupils understand asthma
- Ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack
- Understands that pupils with asthma may experience bullying and has procedures in place to prevent this
- Will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully

EXAMPLE OF A SCHOOL ASTHMA POLICY

An asthma policy should outline how each of the above points will be implemented within a particular school. Each school will need to develop and agree their own policy. This is an example of a school policy in a primary school in England:

Introduction and background

This policy has been written with advice from the Department for Education & Employment, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents, the governing body and pupils.

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. 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 (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is updated once a year.

Asthma medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent, doctor or nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom in a spice rack.
- Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler. The class teacher will hold this separately in case the pupil's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent.

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- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. **All school staff will let pupils take their own medicines when they need to**

Record keeping

- At the beginning of each school year or when a child or young person joins the school, parents are asked if their child has any medical conditions including asthma on their enrolment form
- All parents of children and young people with asthma are consequently sent an Asthma UK school asthma card to give to their child's doctor or nurse to complete. Parents are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. School asthma cards are then sent to parents of children and young people with asthma on an annual basis to update. Parents are also asked to update or exchange the card for a new one if their child's medicines or how much they take, changes during the year

PE, games and activities

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register.
- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

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Out-of-hours sport

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.
- PE teachers, classroom teachers and out of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and sports coaches are provided with training from the school nurse who has had asthma training.
- This information is also provided on the Asthma UK 'Out There & Active' poster, which is displayed in several locations around the school. The poster helps to encourage pupils with asthma to be active and get more involved in PE and exercise and has tips to help them do this. An accompanying Asthma UK parent pack that informs parents about the changes in PE at the school and how their child can get involved at different levels is also available for staff to give to parents of pupils with asthma.

The school environment

- The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definite no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

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Making the school asthma-friendly

- The school ensures that all pupils understand asthma. Asthma can be included in the National Curriculum Key Stages 1 and 2 in science, design and technology, geography, history and PE (for more details see below).
- Pupils with asthma and their friends are encouraged to go to a club that is run at lunchtimes once a month by our school nurse who has had asthma training

When a child or young person is falling behind in lessons

- If a child or young person is missing a lot of time from school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs
- The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma

Asthma attacks

- All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack
- In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its school policy guide. This procedure is visibly displayed in every classroom

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EXAMPLE LETTER TO PARENTS/CARERS

If your school is planning to use the Asthma UK school asthma card, you will need to send a school asthma card to the parents with a letter (similar to the one below) so parents can ask their child's doctor to fill it in. Below is a sample letter you may like to adapt for your school.

Dear Parent/Carer

Re: The School Asthma Card

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

As part of accepted good practice and with advice from the Department for Education & Skills, Asthma UK and the school's governing bodies, our school has recently established a new School Asthma Policy for use by all staff.

As part of this new policy, we are asking all parents and carers of children and young people with asthma to help us by completing a school asthma card for their child/children. Please take this card to your child's doctor/nurse to fill in and return it to the school by 25 September 2006.

The completed card will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand your child's individual condition.

Please make sure the card is regularly checked and updated by your child's doctor/nurse and the school is kept informed about changes to your child's medicines, including how much they take and when.

I look forward to receiving your child's completed school asthma card. Thank you for your help.

Yours sincerely

Head teacher

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ROLES AND RESPONSIBILITIES

Asthma UK recommends the following roles in developing an asthma policy:

Employers

Employers have a responsibility to:

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips. Employers therefore have a responsibility to ensure that an appropriate asthma policy is in place
- Make sure the asthma policy is effectively monitored and regularly updated
- Report to parents, pupils, school staff and local health authorities about the successes and failures of the policy
- Provide indemnity for teachers who volunteer to administer medicine to pupils with asthma who need help

Head teachers and principals

Head teachers and principals have a responsibility to:

- Plan an individually tailored school asthma policy with the help of school staff, school nurses, local education authority advice and the support of their employers
- Plan the school's asthma policy in line with devolved national guidance
- Liaise between interested parties - school staff, school nurses, parents, governors, the school health service and pupils
- Ensure the plan is put into action, with good communication of the policy to everyone
- Ensure every aspect of the policy is maintained
- Assess the training and development needs of staff and arrange for them to be met
- Ensure all supply teachers and new staff know the school asthma policy
- Regularly monitor the policy and how well it is working
- Delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register
- Report back to their employers and their local education authority about the school asthma policy

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School staff

All school staff have a responsibility to:

- Understand the school asthma policy
- Know which pupils they come into contact with have asthma
- Know what to do in an asthma attack
- Allow pupils with asthma immediate access to their reliever inhaler
- Tell parents if their child has had an asthma attack and if they used their reliever medicines
- Ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
- Ensure pupils who have been unwell catch up on missed school work
- Be aware that a pupil may be tired because of night-time symptoms
- Keep an eye out for pupils with asthma experiencing bullying
- Liaise with parents, the school nurse and Special Educational Needs Coordinators (SENCO)/Learning Support & Special Educational Needs Department (LSSEND) if a child is falling behind with their work because of their asthma

PE teachers

PE teachers have a responsibility to:

- Understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled
- Ensure pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when they need to
- If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait at least five minutes)
- Remind pupils with asthma whose symptoms are triggered by exercise, to use their reliever inhaler a few minutes before warming up
- Ensure pupils with asthma always warm up and down thoroughly

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School nurses

School nurses have a responsibility to:

- Help plan/update the school asthma policy
- If the school nurse has an asthma qualification it should be their responsibility to provide regular training for school staff in managing asthma
- Provide information about where schools can get training if they are not able to provide specialist training themselves
- In some boarding schools, school nurses may hold further responsibilities in the management and monitoring of pupils' asthma (for example, ensuring all pupils with asthma have a written personal asthma action plan)

Individual doctor/nurse of a child or young person with asthma

Doctors and nurses have a responsibility to:

- Complete the school asthma cards provided by parents
- Ensure the child or young person knows how to use their asthma inhaler (and spacer) effectively
- Provide the school with information and advice if a child or young person in their care has severe asthma symptoms (with the consent of the child or young person and their parents)

Parents/carers

Parents/carers have a responsibility to:

- Tell the school if their child has asthma
- Ensure the school has a completed and up-to-date school asthma card for their child
- Inform the school about the medicines their child requires during school hours
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out of school hours activities such as school team sports
- Tell the school about any changes to their child's medicines. What they take and how much

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

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Provide the school with a spare reliever inhaler (and spacer where relevant) labelled with their child's name

Ensure their child's reliever inhaler that they take to school with them is labelled with his/her name

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

Keep their child at home if he/she is not well enough to attend school

Ensure their child catches up on school work missed if their child is unwell

Pupils

Pupils have a responsibility to:

- Treat other pupils with and without asthma equally
- Let any pupil having an asthma attack take their blue inhaler and ensure a member of staff is called
- Tell their parents, teacher or PE teacher when they are not feeling well
- Treat asthma medicines with respect
- Know how to gain access to their medicine in an emergency
- Know how to take their own asthma medicines

FREQUENTLY ASKED QUESTIONS

Q Where should the school keep reliever medicines?

- Immediate access to reliever medicines is essential. Delay in taking a reliever inhaler, even for a few minutes, can lead to a severe attack and in very rare cases has proved fatal
- As soon as a child is mature enough, allow them to keep their reliever inhaler with them at all times. The child's parents, doctor or nurse and teacher can decide when they are old enough to do this (usually by the time they are seven)
- Keep younger children's inhalers in an accessible place in the classroom such as in a spice rack or box. Make sure they are clearly marked with the pupil's name. At break time, in PE lessons and on school trips make sure the inhaler is still easily accessible to the pupil
- All parents of children and young people with asthma should be asked to provide a spare inhaler so that if their child forgets or loses their own, a spare is available
- In primary school spare inhalers should be kept in the pupil's individual classroom. Spice racks are a good way of storing spare inhalers
- At secondary school, a central room that is never locked, should be used for spare inhalers. Pupils with asthma need to know exactly where to go to get their spare asthma medicines
- Reliever inhalers must never be locked up or kept away from the pupil with asthma

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

- Relievers are a very safe and effective medicine and have very few side effects. Some children and young people do get an increased heart rate and may feel shaky if they take a lot of reliever. However, they cannot overdose on reliever medicines and these side effects pass quickly
- Parents should always be told when their child has used their reliever inhaler

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

- It is not harmful for a child or young person without asthma to try another child or young person'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 shortly and will not cause any long-term effects.
- It is important, however, to talk firmly with the child or young person who has tried somebody else's medicine so that they learn to treat all medicines with respect

Q Do inhalers have an expiry date?

- Yes all relievers have an expiry date. Parents should be responsible for ensuring that their child's medicines are within the expiry date. Reliever inhalers and preventers usually last about two years
- A named staff member should be responsible for checking the expiry dates of all spare reliever inhalers kept at school

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Q What happens if a child or young person forgets their reliever inhaler?

- Parents should be asked to provide a spare reliever inhaler labelled with their child's name. Spare reliever inhalers should be kept in an accessible place in case the one the child or young person brings to school with them runs out, or they forget or lose it

Q Should a child or young person with asthma use another child or young person's inhaler if they are having asthma symptoms and their reliever (or spare) is not to hand?

- Reliever inhalers are prescribed for individuals only and they should not be used by anyone else
- If pupils with asthma have immediate access to their reliever inhaler and have a spare as back up kept in an accessible place, this situation should not occur
- Remember, in an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent

Q Why is an asthma register at school important?

It is important to identify all pupils at school with asthma so that all school staff and supply teachers are aware of the pupils with asthma and their asthma triggers. An asthma register will:

- Help staff to remind the right pupils to keep their reliever inhalers with them at all times
- Help inform staff and supply teachers about the individual needs of pupils with asthma
- Allow important contact details for pupils with asthma to be kept in one central location
- Assist the school and parents to keep asthma medicines kept at school, within the expiry date

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- Help the school identify common asthma triggers they can reduce or control in the school environment
- Allow pupils with asthma to participate more fully in all aspects of school life

Q How often should the school asthma register be updated?

- An identified member of school staff should have responsibility for the school asthma register. Part of this responsibility should be to ensure that the expiry dates of all spare reliever inhalers at school are checked every six months
- This member of staff should also ensure that all parents are asked every year if their child has asthma. This could be part of their registration form
- This member of staff should ensure a follow up letter is sent to all parents of children and young people with asthma (see the draft letter to parents, above)
- It is the responsibility of parents to provide the school with details of what medicines their child is taking during the school day. Asthma UK produces a school asthma card that all parents of children and young people with asthma can be given to pass on to their child's doctor or nurse to complete. Parents should then return these completed cards to the school

Q What should happen if a child or young person with asthma is falling behind with work because of time off school?

- Many children and young people do miss school because of their asthma or are tired in class because they have had a disturbed night's sleep. This could be because:
 1. The child or young person has severe asthma symptoms or
 2. The asthma is not well controlled because the child or young person:
 - has not been prescribed the right medicine for their needs
 - is not using the correct inhaler technique
 - is not taking their medicines as prescribed
 - is not avoiding, or able to avoid, their asthma triggers

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- If a teacher is worried about a pupil they should first talk to the parents, then the school nurse and Special Educational Needs Coordinator (SENCO) or Learning Support & Special Educational Needs Department (LSSND).

Q What are the most common things that trigger asthma symptoms in the school environment and what can be done to minimise their impact?

- Asthma triggers commonly found in schools include furry or feathery animals, chemicals or fumes, mould, chalk dust, pollen, grass and cigarette smoke.

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Taking the following steps in the school environment can go some way to preventing asthma attacks in pupils:

- Adopt a complete non-smoking policy on the school premises and for school activities and ensure it is upheld and maintained
- Ensure all staff and adults leading school activities taking place off site, such as sport training, school visits, outings and field trips adhere to a complete non-smoking policy
- Do not keep furry or feathery pets in classrooms or in the school
- As far as possible avoid fumes that trigger pupils's asthma in science and craft lessons. Use fume cupboards in science lessons if possible. If fumes are known to trigger a child or young person's asthma, allow them to leave the room until the fumes are no longer in the classroom
- Wet dust chalk boards
- Ensure rooms are regularly wet dusted and cleaned to reduce dust and house-dust mites
- Ensure classrooms are well aired
- Remove any damp and mould in the school quickly
- Avoid condensation as this will help reduce house-dust mites and mould spores

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- Close windows during thunderstorms as they can release large quantities of pollen into the air and trigger asthma attacks
- Avoid keeping pollinating plants in the classroom or playground areas
- Ensure sporting fields are mown out of school hours. This is best done on a Friday afternoon (providing there is no sport on Saturday morning)
- Ensure piles of autumn leaves (that may contain mould spores) are kept in areas away from pupils and are regularly removed from the school grounds
- Be aware that some chemicals in cleaning products may trigger asthma symptoms for some pupils. Check the list of triggers on the school asthma cards and stop using those identified

Q Is asthma included in the national curriculum or school syllabus?

Asthma UK believes all pupils should be taught about asthma. Asthma can be included in several areas of the National Curriculum in England and Wales. These include:

Science: Key Stages 1 and 2 - Life processes and living things

- In Key Stage 1, asthma, its causes and treatments, can be included in both the sections on personal health and the role of drugs as medicines. In Key Stage 2 this can be extended to cover the effect that asthma has on the function of the lungs. It can also include the identification of 'triggers', both within the school and the wider environment

Design and Technology: Key Stages 1 and 2 - Knowledge and Understanding

- In both Key Stages, the area of products and applications can include a study of how different asthma inhalers work. The section on health and safety covers the control of risks within the environment

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Geography: Key Stages 1 and 2

- In both Key Stages, thematic studies can include learning about asthma and its relationship to environment quality. In Key Stage 1, local studies of the area around the school could focus on air quality. In Key Stage 2, the study can cover the need to manage and sustain the environment in order to avoid pollution and other asthma triggers

History: Key Stages 1 and 2

- Studies of local history can incorporate sections that focus on the change in the local environment caused by changes in industry and transport

PE: Key Stages 1 and 2

- Children and young people should be encouraged to understand and adopt lifestyle choices that contribute to good health and well-being. PE teachers should be aware that pupils with asthma require access to all areas of the PE National Curriculum

In Scotland the processes of respiration are included in the Science Section of Environmental Studies in the 5-14 Curriculum

The respiratory system is also included in Northern Ireland's curriculum. Work on asthma could be incorporated here.

Q How should the school get agreement and support for the school asthma policy?

Involve all relevant groups in developing the policy including:

- Pupils with and without asthma
- All school staff
- The school health service and other local health professionals
- The local health authority
- Parents and their representative bodies
- The local education authority

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To ensure ongoing support for the policy, regular monitoring and updates of school asthma policies are essential. It is also important to make sure the policy is achievable and realistic for each individual school.

Q Do school staff need training?

- It is important that all school staff who come into contact with pupils with asthma are trained and that the training is updated regularly. School staff cannot be expected to be responsible for a particular condition without training
- If the school nurse has an asthma qualification it should be their responsibility to provide training for school staff in managing asthma
- If the school nurse does not have an asthma qualification it is their responsibility to provide information about where schools can get training, through their local health authority or local healthcare contacts

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FAMOUS PEOPLE WITH ASTHMA

- There is nothing to stop children and young people with asthma achieving their full potential. Many famous and successful people have asthma including gold medal-winning athlete Paula Radcliffe, footballer Paul Scholes and 'Coronation Street' star Nikki Sanderson.
- People with asthma have been high achievers for centuries. Both author Charles Dickens and the classical composer Beethoven had asthma.