

# Enfield's Asthma approach

**A guide for the care of children and young people with asthma attending pre-school, primary school and secondary school**

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In partnership with





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# Introduction

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

There isn't any evidence to suggest that having asthma makes children more likely to catch coronavirus. In terms of serious illness from coronavirus, people with severe asthma and asthma that is not well controlled may be at higher risk. Therefore, it is very important to manage Asthma for children attending your school, particularly if they have severe asthma.

Unlike many viral infections SARS-CoV-2, the virus that causes COVID-19, doesn't seem to cause wheezing. It attacks the air sacs (alveoli) rather than the airways which are affected by asthma.

There could be a few reasons why COVID-19 is milder in children and doesn't seem to affect their asthma. Some interesting early research suggests it could be because certain human proteins (such as ACE2) that SARS-CoV-2 uses to enter cells and cause infection are found in lower numbers in children with allergic asthma. This may offer an explanation as to why children with asthma don't seem to be at high risk. Interestingly, some early data from an adult study suggests that inhaled steroids may also reduce ACE2 expression. However, we need to be cautious over this. Furthermore, this doesn't mean that children with asthma are immune (in fact they are just as likely to become infected as adults) or cannot become unwell with COVID-19, and we still don't really know why some children are more affected by COVID-19 than others.

Having asthma has implications for a child's schooling and learning. It impacts on care given within schools and early year's settings, and appropriate asthma care is necessary for the child's immediate safety, long-term well-being, and optimal academic performance. Whilst some older children may be fully independent with their condition younger children, children with learning difficulties or those newly diagnosed are likely to need support and assistance from school staff during the school day, to help them to manage their asthma in the absence of their parents.

The 2010 Children, Schools and Families Act and the Children and Families Act 2014 introduce a legal duty on schools to look after children with medical conditions. This is inclusive of children with asthma and it is therefore essential that all school staff and those who support younger children have an awareness of this medical condition and the needs of pupils during the school day.

## Purpose of this document

To enable schools to effectively manage children and young people with asthma in a school setting.

The following is a summary of the London recommendations and based on guidelines derived from clinical practice at Whittington, London Borough of Islington and from contributions from key stakeholders from across London.

- Every child with asthma should have an individual health care plan (IHCP).
- Each school has an up to date medical/asthma conditions policy.
- Children and young people should have appropriate supervision depending on their individual needs.
- Children and young people should have access to their inhalers in the classroom not always in the classroom.
- Early years settings and Primary schools: Children and young people may require support to manage their asthma in school in line with the Children and Families Act 2014 Schools should use their allocated funds for this (delegated school budget).
- Secondary school: The student will be largely independent but may require intermittent support.
- The school will maintain a register of children and young people with asthma.

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## An Asthma Friendly School

We are an asthma friendly school and have gained asthma friendly status for our care of students with asthma. This means we advocate inclusion, are clear on our procedures and have designated asthma leads to ensure these are adhered to. We commit to audit our procedures yearly.

This policy will be reviewed annually by the asthma champion within the school, and with the support of school nurses:

.....

We welcome parents and students views on how we can continue to improve and build upon our standards.

The school recognises that asthma is a prevalent, serious but manageable condition and we welcome all students with asthma. This policy was drawn up in consultation with parents, students, school nurses, Asthma nurse, Local Authority, School Governors and health colleagues.

We ensure all staff are aware of their duty of care to students. We have a “whole school” approach to regular training so staff are confident in carrying out their duty of care. We have two asthma leads they are called:

1 .....

2 .....

Asthma Leads ensure procedures are followed and a ‘whole school’ approach to training is delivered.

This policy reflects the requirements of key legislation (appendix 1) and in particular two key documents:

1. Supporting Pupils at school with medical conditions (2014)<sup>1</sup>
2. Guidance on the use of emergency salbutamol inhalers in schools (2015)<sup>2</sup>

This policy sets out how we as a school support students with asthma. We work closely with students, parents and health colleagues to ensure we have robust procedures in place for the administration, management and storage of asthma inhalers at school. We will keep parents/guardians informed if their child has had medication during the school day.

Parents are required to ensure the school is aware of their child’s needs. Parents should assist in the completion of their child’s school asthma plan and also provide the school with two named inhalers and spacers in the original packaging detailing the prescription.

It is the responsibility of parents/guardians to ensure all medication is in date and that the school are kept informed of any changes to your child’s medication/ care needs throughout their time at school.

School staff are not obliged to administer medication. However, at this school some staff are happy to do this. School staff are insured to administer medication under the school’s insurance policy. Welfare Officers and sports teachers should have annual asthma teaching alongside all staff.

Students with asthma are fully integrated into school life and are able to participate fully in all activities including physical education (PE). Students require open and immediate access to their reliever medication (inhaler) at all times; we have clear procedures in place that facilitate this. Where students carry their own inhalers it is essential parents provide the school with a spare.

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1 Department of Health (2014) Supporting Pupils at school with medical conditions available at <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>  
2 Department of health (2015) Guidance on the use of emergency salbutamol inhalers in schools [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

# Record keeping

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It is a parent/guardians responsibility to inform school on admission of their child's medical condition and needs. It is also important that the school are informed by parents of any changes. The school will keep an accurate record of each occasion a student is given or supervised taking their inhaler. (Record of administration template (Appendix 2) Details of the supervising staff member, student, dose, date and time are recorded. Parents will be informed if a student uses their inhaler more than three times a week in excess of their usual requirements e.g. If a student normally uses their inhaler pre or post exercise this would be recorded, if they also require their inhaler in addition to this three times or more a letter should be sent to their parent informing them of this (Sample: Appendix 3). If a pupil refuses to have their inhaler, this is also recorded and parents are informed as soon as possible. (Appendix 4) Consent letters opt in and out (Appendix 5 and 6).

This school keeps an asthma register (Appendix 8) so we can identify and safeguard students with asthma; this is held in the staffroom and school office.

Students with asthma will have a School asthma plan. (example Appendix 9) This is written jointly between health, education and parent/student.

In the event a student's inhaler and spare inhaler are unavailable/not working we will use the schools emergency inhaler (if the parent/guardian has consented) and inform the parent as soon as possible. Consent to use emergency inhalers should be recorded on the asthma register. (Sample letters Appendix 3-7).

# Parents' responsibilities

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- Informing the school if their child has asthma.
- Registering with a local GP.
- Parents to seek support to stop smoking.
- Parents to keep an up to date immunisation log, and for the parents to arrange an annual flu jab.
- Parents to ensure that children are appropriately dressed, i.e. scarf's on cold days.
- Parents should look out for the three main signs of asthma regressing; a cough (usually at night), wheeziness/tight chest and shortness of breath.
- Share with the school if their child has attended A&E for asthma.
- Parents can consider the use of NHS approved apps to improve the management of child's asthma.
- Ensure the school has a complete and up-to-date asthma plan 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, field trips and other out-of-school activities such as school sports events.
- Inform the school of any changes to their child's condition.
- Ensure their medicines and medical devices are labeled with their full name and date of birth, in the original pharmacy packaging.
- Ensure that their child's medicines are within their expiry dates.
- If their child is off school they catch up on any school work they have missed.
- Ensure their child has regular reviews (usually every three months – annually, not quarterly) with their doctor or specialist healthcare professional.
- Ensure their child has a written self-management plan from their doctor or specialist healthcare professional and they share this with school.
- 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.

# Teachers' responsibilities

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- Read and understand the school's asthma policy.
- Staff to be aware if child is using their reliever more than three times a week.
- Being aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- Know which students have asthma and be familiar with the content of their individual health plan
- Allow all students to have immediate access to their emergency medicines.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure students who carry their medicines with them, have them when they go on a school trip or out of the classroom.
- Be aware that asthma can affect a student's learning and provide extra help when needed
- Be aware of children with asthma who may need extra social support.
- Liaise with parents, the student's healthcare professionals, and special educational needs co-ordinator and welfare officers if a child is falling behind with their work because of their condition.
- Use opportunities such as Relationships Education, Relationships and Sex Education (RSE) and Health Education to raise pupil awareness about asthma (see Healthy London Partnership website for example lesson plans and videos) [insert link here to toolkit page.](#)
- Understand asthma and the impact it can have on students. (Students should not be forced to take part in activity if they feel unwell) If school identify a pattern or are concerned about an individual student they will inform parent/guardian and advise medical advice should be sought.
- Ensure students with asthma are not excluded from activities they wish to take part in.
- Ensure students have the appropriate medicines with them during activity or exercise and are allowed to take it when needed.

# School Asthma Leads/Champions' responsibilities

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Asthma Lead 1 and Asthma Lead 2 are delegated responsibility by the head teacher to ensure:

- Consider that the child may have other health conditions such as allergies and eczema.
- Schools have an adequate supply of Emergency kits and know how to obtain these from their local pharmacy.
- Procedures are followed.
- All children on the register have consent status recorded, an inhaler, a spacer and a care plan.
- Expiry dates are checked monthly and impending expiry date are communicated to parent/guardian.
- Replacement inhalers are obtained before the expiry date.
- Empty/out of date Inhalers are disposed of.
- Register is up-to date and accessible to all staff.
- Training is up-to-date.
- Audit process' bi annually (Appendix 9 audit checklist).
- Individual spacers are washed regularly according to instructions; care should be taken not to muddle the components as this could pose a risk to the child with allergies.
- Emergency kits are checked regularly and contents replenished immediately after use.
- The blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant Emergency kit after use. This will be single-use only, for infection control.

- Asthma Lead/s are confident to support in an emergency situation.
- If a child does attend A&E with exacerbation of their asthma it is generally advised by A&E the following course of action:
  - 48 hour review with GP or Nurse.
  - The child/young person may need steroids.
- Review of their salbutamol inhaler.
- Start a preventer inhaler.
- Recommended that schools sign up to Enfield's 'Smoke free School Gates' initiative if not already part of the programme.

## All staff responsibilities

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- Attend asthma training yearly.
- It is critical all staff listen to the child when discussing their asthma plan.
- Know what the procedures are and which students have asthma, be familiar with their care plan.
- Communicate parental concerns and updates to the asthma champions.
- Staff must inform the Asthma Lead/champion if a school emergency inhaler has been used.
- Staff must record inhaler usage.
- Staff must also record the usage in the main asthma register located in the school office stating that it is the schools Emergency Inhaler that has been used.
- All students with asthma must have easy access to their reliever inhaler and spacer.
- All students are encouraged to carry and administer their own inhaler when their parents and health care provider determine they are able to start taking responsibility for their condition.
- Students, who do not carry and administer their own emergency medicines, should know where their inhalers are stored.
- All staff attending off site visits should be aware of any students on the visit with asthma. They should be trained about what to do in an emergency.
- If a student misuses medicines, either their own or another student, their parents will be informed as soon as possible and they will be subject to the school's usual disciplinary procedures.

## Safe storage

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### General

- All inhalers are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the student's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medicines are stored in accordance with instructions paying particular note to temperature.
- All inhalers and spacers are sent home with students at the end of the school year. Medicines are not stored in school over the summer holidays.

### Emergency medicine

- Emergency medicines are readily available to students who require them at all times during the school day whether they are on or off site.
- Students who are self-managing are reminded to carry their inhalers and spacers with them at all times.



# Safe disposal

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- Parents are responsible for collecting out of date medicines from school.
- 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 is registered as a lower tier waste carrier so we can dispose of expired emergency inhalers. [www.gov.uk/waste-carrier-or-broker-registration](http://www.gov.uk/waste-carrier-or-broker-registration)

## 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.

# PE/Activities

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We will ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favorable to students with asthma.

PE teachers will be sensitive to students who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents should be made aware so medical help may be sought. All children with asthma should be able to join in in physical exercise. It will be stated on their asthma plans if they require their salbutamol inhaler pre-exercise.

This includes out of school visits we ensure these visits/trips are accessible to all students.

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

Staff will have training and be aware of the potential social problems that students with asthma may experience this enables us to prevent and deal with problems in accordance with the school's anti bullying and behaviour policies.

Staff use opportunities such as Relationships and sex education (RSE) and health education lessons to raise awareness of asthma amongst students and to help create a positive social environment and eliminate stigma. School staff understand that pupil's with asthma should not be forced to take part in activity if they feel unwell.

Staff are trained to recognise potential triggers for pupil's asthma when exercising and are aware of ways to minimise exposure to these triggers.

Physical Education (PE) teachers should make sure students have their inhalers with them during PE and take them when needed, before during or after PE.

Risk assessments will be carried out for any out of school visit asthma is always this process. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency. We recognise 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 school.

In an emergency situation school staff are required under common law duty of care, to act like any reasonable parent. This may include administering medicines. We have posters on display in school that reiterates the steps to take during an emergency.

# School environment

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The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack – that is, we may not keep warm blooded pets, for example rabbits or guinea pigs. Smoking is explicitly prohibited on the school site.

We are aware that chemicals in science, cookery and art have the potential to trigger an asthma response and will be vigilant to any student who may be at risk from these activities.

We will not exclude students who are known to have specific chemical triggers but will endeavour to seek an alternative. Cleaning and grass cutting should, where possible, be carried out at the end of the school day.

# Students who miss time off school due to their asthma

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As a school we monitor student absence, if a student is missing a lot of time off school due to their asthma or we identify they are constantly tired in school, staff will make contact with the school nurse, Asthma nurse to work out how we can support them. Parent should have a medical note from GP if child needs to be absent from school.

The school may need to speak with the school nurse, GP, Asthma nurse, or other health professional to ensure the student's asthma control is optimal.

# Asthma attacks

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Staff are trained to recognise an asthma attack and know how to respond. The procedure to be followed is clearly displayed on posters in the staff room and office as a reminder. Please also see page 18 for sample poster and Appendix 10 for example emergency kit.

If a child has an asthma attack in school a member of staff will remain with them throughout, and administer their inhaler in accordance with the emergency procedure. Emergency services and parents will be informed.

A member of staff will accompany the student to hospital until their parent/care giver arrives. (No student will ever be sent to get their inhaler in this situation, the inhaler must be brought to the student)

# Appendix 1

## Legislation

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### **The Children and Families Act 2014**

Section 100 of the Children and Families Act 2014 introduced a legal duty on schools to look after children with medical conditions. This is inclusive of children with diabetes. Schools must make arrangements to support pupils at school with medical conditions and have regard to the statutory guidance: Supporting pupils at school with medical conditions

### **The Education Act 2002**

Sections 21 and 175 detail how governing bodies of maintained schools must promote the wellbeing of pupils and take a view to the safeguarding of children at the school.

### **Section 3 of the Children Act 1989**

This places a duty on a person with the care of a child to do all that is reasonable in the circumstances for the purposes of safeguarding and promoting the child's wellbeing. With relation to a child with asthma, this will mean knowing what to do in the event of an emergency.

### **Legal duties on local authorities**

Local authorities have legal responsibilities to help make sure schools can meet the duties relating to children with asthma. These duties both refer to all children in the local authority and they do not depend on the kind of school the child attends.

### **Section 10 of the Children Act 2004**

This is a particularly important piece of legislation if schools are struggling to get the support and training they need to allow them to look after a child with asthma properly.

Section 10 essentially means the local authority must make arrangements to promote cooperation between the authority and relevant partners. Relevant partners include the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board.

They must make arrangements with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education.

### **Section of 17 of the Children's Act**

This gives local authorities a general duty to safeguard and promote the welfare of children in need in their area. If a school is looking after a child with asthma so poorly that the child is put in danger, the local authority must step in.

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## Legal duties on the NHS

### Section 3 of the NHS Act 2006

This gives Clinical Commissioning Groups (CCGs) a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. What this means is that CCGs should provide the healthcare the people in its area need, if these needs are reasonable.

This section also provides for CCGs to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible.

In relation to children with asthma, this means that a CCG should, within reason, make sure support and health care is in place to improve their health or at least keep them healthy. Poor management of asthma at school will obviously affect the health of a child. If a school is unable to get the support it needs to help manage a child's asthma successfully then both the local authority and the local CCG have a responsibility to the child's health and welfare.

### Equality Act (2010)

The equality act says that types of discrimination are illegal, defining discrimination as when a person with a disability is treated less favourably, because of his or her disability, than a person who does not have a disability. The Equality Act 2010 defines a disability as a 'physical or mental impairment' that has 'a substantial and long-term adverse effect' on an individual's ability to carry out 'normal day-to-day activities'. A substantial adverse effect is a negative effect that is more than trivial, and the effect is long-term if it has lasted or is expected to last for more than twelve months. Whilst only a court or tribunal can decide whether a person with diabetes is covered by the definition, in many cases diabetes is covered by the definition in the Act.

Education and early years providers have a duty to make reasonable adjustment for people with disabilities and failure to make reasonable adjustments is a form of discrimination. The Act covers all schools and providers of early years settings that are covered by the early years framework in England, including maintained (non-fee paying) and fee-paying schools.

## Appendix 2

# Record of inhaler administered to children in primary school

Name of school/setting: .....

Date	Child's name	Time	Name of medicine	Dose given	Spacer cleaned	Signature of staff	Print name

Parents should be notified if a student is using their inhaler more frequently than three times per week more than stated on their care plan. For example, some students will use their inhaler routinely before PE.

**Please be aware of those students who carry their own inhaler and self medicate.**

## Appendix 3

# Specimen letter (increased inhaler use)

To inform patient of increased inhaler user (3X more than stated on asthma plan)

---

School name here

Date

Dear .....

<insert child's name> has required their reliever inhaler on the following occasions this week.

Monday (date) – state am or pm	<input type="text"/>
Tuesday (date) – state am or pm	<input type="text"/>
Wednesday (date) – state am or pm	<input type="text"/>
Thursday (date) – state am or pm	<input type="text"/>
Friday (date) – state am or pm	<input type="text"/>

We have been advised to inform you of this in line with asthma policy as you may wish to take your child to see their GP or practice nurse for a review.

## Appendix 4

# Specimen letter (refusal to use inhaler)

To inform parent of student refusal to use inhaler or spacer

---

School name here

Date

Dear .....

We have been advised to inform you that .....

has declined to use their inhaler today.

We have been advised to inform you of this in line with asthma policy as you may wish to discuss this with your child.

## Appendix 5

# Parent consent form

(Opt in) use of salbutamol inhaler

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School name:.....

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma
2. I can confirm my child has been prescribed an inhaler
3. My child has a working, in-date inhaler, and Spacer clearly labelled with their name, which they will bring with them to school every day.
4. If my child shows symptoms of asthma, or if their own inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:.....

Date:.....

Print name:.....

Child's name:.....

Class:.....

Please note everyone with asthma should use a spacer with their inhaler to ensure delivery to the lungs. If your child does not have a spacer or has not had an asthma review in the past 12 months please book an appointment with your GP as soon as possible.



## Appendix 6

# Specimen letter (opt out of emergency inhaler)

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Dear Parent/Guardian

Due to a change in the law (September 2014), we are pleased to inform you that schools are now permitted to hold emergency Salbutamol inhalers.

At <Insert name of school> we have reviewed our asthma procedures and will have an Emergency inhaler on site. This is a precautionary measure. You still need to provide your child with their own inhaler and spacer as prescribed.

We would like to notify you that if you have previously informed us that your child has asthma or has been prescribed a blue inhaler we will use the Schools Emergency inhaler in the unlikely event their regular inhaler fails to work or is missing.

If you **do not** wish for us to use the schools inhaler in an emergency please fill in the details below and return to school as soon as possible.

Please can you ensure your child brings in a working in-date inhaler and spacer for use in school that has their name and date of birth on it.

Yours sincerely,

---

Child's name:.....

I DO NOT consent to my child using the school's emergency inhaler.

Parent/Guardian signature:.....

Date:.....

Appendix 7

# School asthma plan

Asthma register template

Name of school/setting:.....

Name	Class	Date of birth	Consent to use emergency inhaler

## Appendix 8

# Specimen letter (emergency inhaler used)

To inform parents of emergency salbutamol inhaler use

---

School name here

Child's name: .....

Class: .....

Date: .....

Dear .....

This letter is to formally notify you that..... has had problems with their breathing today.

This happened when.....

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.

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

Please provide a new unopened replacement spacer as soon as possible.

Please can you ensure your child brings in a working in-date inhaler and spacer for use in school both should be clearly labelled with your child's name and date of birth.

Yours sincerely,

# School asthma plan

Name:.....

Class:.....

My **reliever** inhaler (Name):..... (Colour):.....

I take ..... puffs of my **reliever** inhaler using a spacer.

My **preventer** inhaler (Name):..... (Colour):.....

I only use my **preventer** inhaler when I am at home.

When my inhaler(s) are running low, my parent/guardian or I will replace it/them.

If I need to use my **reliever** inhaler more than two times a week, please advise my parent/guardian so they can organise a review with my asthma nurse/GP.



**When I have an asthma attack:**

- I start coughing
- I start wheezing
- I find it hard to breathe
- My chest becomes tight
- Other (describe below):

.....  
.....

**I may need to take my reliever:**

- Before exercise
- After exercise
- When there is high pollen
- During cold weather
- Other (describe below):

.....  
.....

Parent/guardian name:.....

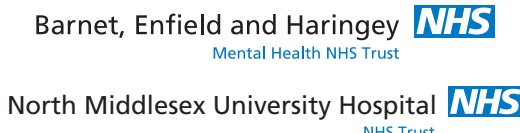
Relationship to child:..... Contact no.:.....

Parent/guardian signature:..... Date:.....

Child's signature:.....

**Important:** This is a generic asthma plan for school-aged children. If your child has a more detailed asthma plan, it is essential that the school is informed so they can keep your child safe.

September 2020



## Appendix 10

# Audit checklist: Asthma friendly school criteria

School:.....

Name of contact:.....

Borough:.....

Standard	Details	Criteria met	Action
<b>Standard 1 Policy</b>  Schools policy should be available to view, all staff should be aware of where it is kept.	Amended the Template policy to reflect internal procedures. All staff and parents are aware of the policy. (Please note evidence source)  Date for review.  Named contact that has responsibility for review of policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Standard 2 Asthma Register</b>	Register Should clearly state name and DOB of student. Consent to administer emergency medication should also be recorded.  If prevalence was low (less than 10%) at initial audit a sweep of whole school should have been undertaken and register updated with newly identified students.  Consent for use of emergency inhaler recorded on register.  Must be displayed in School office and staffroom/common room with Emergency poster.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Standard 3 Emergency Kits/ Procedures</b>	Emergency Kits (minimum of 2 in any school) conveniently located at key points throughout the school. Staff aware of where these are and have easy access to them.  Emergency Kit for off-site activities/evacuation of building.  Contains Checklist and clear procedures on monitoring use and contents.  Parents are informed promptly if emergency kit is required and advised to bring child for review.  Asthma Champion/ Leads are easily identified by staff members.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Standard	Details	Criteria met	Action
<b>Standard 4 Individual Health Care Plan (IHCP)</b>	<p>Students have a care plan and know where it is kept – usually school office.</p> <p>IHCP signed by a Dr or Nurse.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Recording use of students medications</b>	<p>Records kept of medication usage and parents informed promptly of any incidents/usage outside of the IHCP.</p> <p>Check that if recording takes place in more than one location i.e. classroom and office – the record is amalgamated to clearly reflect frequency of use. Ideally there should be 1 record.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Students who self-manage</b>	<p>Students should be encouraged to self-manage their condition where appropriate. Where students self-manage a spare inhaler and spacer must be kept in school.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Storage of Inhalers/spacers</b>	<p>Asthma medication and spacer is clearly labelled and stored in a cool location.</p> <p>Expiry dates are checked regularly by staff and replaced when required.</p> <p>Inhaler is administered via a spacer Spacers are single person use.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Standard 5 Whole School Training</b>	<p>Asthma training should be taken up by the whole school – a minimum of 85% is required to achieve Kite Mark status.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Appendix 11

# Checklist: The emergency kit

An emergency asthma inhaler kit should include:	Yes	No	Checked by/date
A salbutamol metered dose inhaler			
At least two single-use plastic spacers compatible with the inhaler (Once used the plastic spacer should be sent home with the child who has used it. It cannot be used for another child)			
Instructions on using the inhaler and spacer/plastic chamber			
Instructions on cleaning and storing the inhaler			
Manufacturer's information			
A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded			
A note of the arrangements for replacing the inhaler and spacers			
A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans (asthma register with consent recorded)			
A record of administration (i.e. when the inhaler has been used)			
Pen			
Asthma Champions details 1. 2.			

# Leaflet: Using a spacer with your child

Repeat steps one to five for each puff. The doctor, nurse or pharmacist will tell you how many puffs are needed and how often you need to give it. Always check with them if you are not sure and ask them to write it down.

**Remember**, only put one puff of medicine into the spacer at a time. If you put in more than one puff, the droplets of spray stick together and coat the sides of the spacer which means your child won't breathe them in.

### Top tips for babies

- Giving babies their inhalers can be challenging. If you are finding it difficult to use a spacer and mask you can try the following:
- Play with the spacer before you need to use it, so that she/he gets used to the feel of it.
  - Be positive and smile. Your baby will know if you are anxious.
  - Try to avoid giving inhalers to your baby if they are crying as they won't get very much medicine.
  - If your baby is wiggly, cuddle your baby on your knee or cradle them in your arms. You can tuck one of their arms out of the way, with your spare hand you can gently hold their other hand to stop them knocking the mask away.
  - If you are using a volumatic spacer, hold the spacer at a 45 degree angle to keep

the 'clicking' valve within the mouth piece open.

- Count out loud to 10 for each puff so they learn how long they need to tolerate it on their face for.
- At ten remove the mask from their face, congratulate them & make them feel very clever.
- Inhalers can be given to your baby when they are asleep.

### Important contact details

The Whittington paediatric asthma nurse can be contacted directly on 020 7288 5676 or by calling the 020 7272 3070 and asking for bleep 2729. You can call the paediatric unit on 020 7288 5442

If you are under the care of community children's nursing team they can be contacted for advice:

Islington: 0203 316 1950 8.00 am-6.00pm  
Haringey: 0208 887 4301 9.00 am – 5.00 pm

If you would like more information you can contact Asthma UK on 020 7786 4900 or 0800 121 6255 [www.asthma.org.uk](http://www.asthma.org.uk)

**Whittington Health**  
Magdala Avenue  
London  
N19 5NF  
Phone: 020 7272 3070  
Date published: 02/11/2013  
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Whittington Health 

## Using a spacer device with your child



### A patient's guide



.... caring for you





This leaflet will help you understand a spacer device, the benefits of using one, and how to use a spacer with your child.

### **What is a spacer?**

A spacer is a plastic chamber, which helps to deliver medicine to the lungs. When inhalers and spacers are used together they make the medicine more effective.

### **An aerochamber plus**

An aerochamber plus is a small colourful spacer. The orange and yellow ones have a mask. The flap in the mask should move when your child breathes in and out.

If it doesn't, reposition the mask to create a seal around their nose and mouth. When using the blue aerochamber with a mouth piece, if your child is breathing in correctly you should not hear a musical noise.



### **A volumatic**

A volumatic is a large clear spacer and comes in two parts, it needs to be put together before use. Children under three years will need the mask to be attached onto the mouth piece.

Older children using the mouth piece should make the valve click each time they breathe in and out.



### **Why spacers are important?**

Spacers are very important because

- Regardless of your child's age aerosol inhalers are not effective when used on their own, the spacer makes them more effective.

- If your child is prescribed a steroid inhaler (preventer medicine), spacers help to reduce the risk of oral thrush by reducing the number of large droplets that reach the mouth.

The risk of oral thrush can be further reduced by cleaning your child's teeth or wiping their face if using the mask after their preventer.

### **How to look after your spacer**

When you first get the spacer, using a soft cloth, bowl of warm water & washing up liquid wash it inside and out (the aerochamber plus needs to be left in the soapy water for 15 minutes).

After cleaning remove the spacer from the soapy water. Rinse the mask / mouth piece in fresh water but do not rinse the inside of the spacer. Instead leave it to drip-dry. Washing spacers in this way stops the medicine from sticking to the sides. When the spacer is clean and dry allow your child to play with it.

Aerochamber plus spacers - need to be washed once a week following the guidance above. They should be replaced at least every two years if you use them every day.

Volumatic spacers - need to be washed once a month following the guidance above. They should be replaced at least every six months if you use them every day.

### **How do I use a spacer with my child?**

- Shake the inhaler well.
- Fit the inhaler into the hole at the end of the spacer.
- If your child is three years old or above place the mouth piece between your child's teeth and get them to close their lips. For children under three years place the mask over their face to create a seal around the nose and mouth.
- Press the inhaler once and allow your child to take five breaths in and out of the spacer if your child is using the mouth piece. If your child is using a mask, count out loud to 10.
- Remove the spacer from your child's mouth / face.

# My Asthma Plan

## 1 My usual asthma medicines

- My preventer inhaler is called \_\_\_\_\_  
\_\_\_\_\_ and its colour is \_\_\_\_\_
- I take \_\_\_\_\_ puff/s of my preventer inhaler in the morning and \_\_\_\_\_ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:  
\_\_\_\_\_  
\_\_\_\_\_
- My reliever inhaler is called \_\_\_\_\_  
\_\_\_\_\_ and its colour is \_\_\_\_\_  
I take \_\_\_\_\_ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is \_\_\_\_\_

If I need my blue inhaler to do any sport or activity, I need to see my doctor or asthma nurse.



## 2 My asthma is getting worse if...

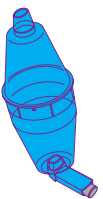
- I wheeze or cough, my chest hurts or it's hard to breathe, **or**
- I need my reliever inhaler (usually blue) three or more times a week, **or**
- My peak flow is less than \_\_\_\_\_, **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

### If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take \_\_\_\_\_ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better



**URGENT!** "If your blue reliever inhaler isn't lasting for four hours you are having an asthma attack and you need to take emergency action now (see section 3)"



Remember to use my spacer with my inhaler if I have one.

(If I don't have one, I'll check with my doctor or nurse if it would help me)

### Other things to do if my asthma is getting worse

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours, **or**
- I can't talk, walk or eat easily, **or**
- I'm finding it hard to breathe, **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts, **or**
- My peak flow is less than \_\_\_\_\_

### If I have an asthma attack, I will:



#### Call for help



**Sit up** — don't lie down. Try to be calm.



Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.



**If I don't have my blue inhaler, or it's not helping, I need to call 999 straightaway.**



While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

**Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.**

### My asthma triggers:

List the things that make your asthma worse and what you can do to help

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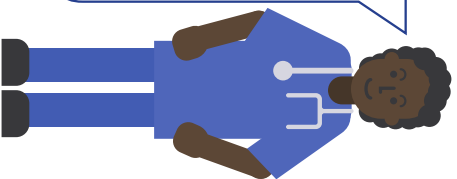
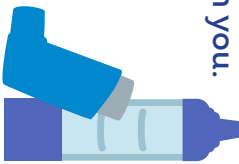
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Always keep your reliever inhaler (usually blue) and your spacer with you.

You might need them if your asthma gets worse.



I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:

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### Parents – get the most from your child's action plan

- **Take a photo** and keep it on your mobile (and your child's mobile if they have one)
- **Stick a copy** on your fridge door
- **Share** your child's action plan with school

Learn more about what to do during an asthma attack [www.asthma.org.uk/advice/asthma-attacks](http://www.asthma.org.uk/advice/asthma-attacks)

### Questions? Ask Asthma UK's nurses:

Call on **0300 222 5800** (9am-5pm: Mon-Fri)

Or message on WhatsApp **07378 606 728** (9am-5pm: Mon-Fri)

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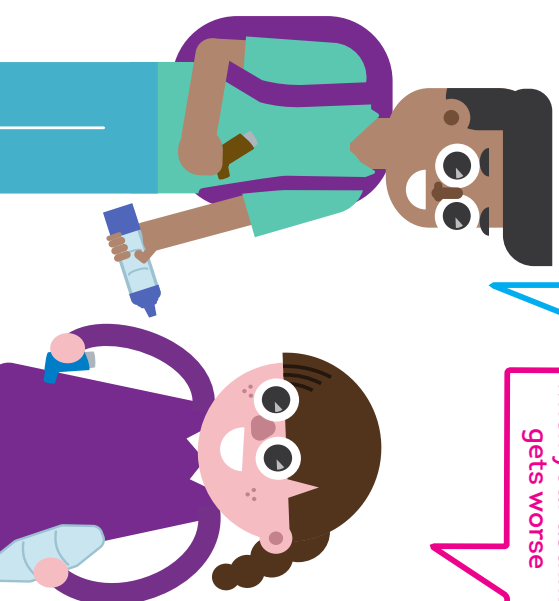


# My Asthma Plan



Your asthma plan tells you what medicines to take to stay well

And what to do when your asthma gets worse



Name: \_\_\_\_\_



## Appendix 13

# Useful resources: Where to find more information online

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### Emergency asthma inhalers in schools

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

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

### Asthma UK schools advice

[https://www.asthma.org.uk/advice/child/life/school?gclid=CjwKEAiAuKy1BRCY5bTuvPeopXcSJAAq4OVsZOzajkl3UrBT%20tR4F9ya8BL2UfYbaO3bhjeN13H\\_vRxoCcZjw\\_wcB](https://www.asthma.org.uk/advice/child/life/school?gclid=CjwKEAiAuKy1BRCY5bTuvPeopXcSJAAq4OVsZOzajkl3UrBT%20tR4F9ya8BL2UfYbaO3bhjeN13H_vRxoCcZjw_wcB)

### Asthma action plan and other useful resources

<https://www.asthma.org.uk/advice/resources/>

### Medical conditions at school – Schools Health Alliance

<http://medicalconditionsatschool.org.uk/>

### Function of reliever and preventer inhalers

<https://www.google.co.uk/l?sa=t&rct=j&q=&esrc=s&source=web&cd=7&cad=rja&uact=8&ved=0ahUKEwie3uDenNzKAhXBiQ8KHbd9B1cQtwlIMjAG&url=https%3A%2F%2F>

[www.youtube.com/watch?v=3D2ur1XreTiNg&usq=AFQjCNF5gpP0Gn3Rsd5v3bZoax7sJ1DfEQ&bv](http://www.youtube.com/watch?v=3D2ur1XreTiNg&usq=AFQjCNF5gpP0Gn3Rsd5v3bZoax7sJ1DfEQ&bv)  
[m=bv.113034660,d.ZWU](http://www.youtube.com/watch?v=3D2ur1XreTiNg&usq=AFQjCNF5gpP0Gn3Rsd5v3bZoax7sJ1DfEQ&bv)

Breathe Better London: <http://www.cleanerairforlondon.org.uk/projects-campaigns/breathe-better-together>

### British Lung Foundation

<https://www.blf.org.uk/search/site/asthma>

Monkey Well Being resources and story books: <https://www.monkeywellbeing.com/>

### Useful videos

Peppa Pig: <http://gu.com/p/4gtap/sbl>

## Appendix 14

# Useful local contact information

Insert local details below.

<b>Mainstream Schools</b>	 Enfield School Nurses Single Point of Access  020 8702 6184  beh-tr.CedarSN@nhs.net
<b>Special Schools</b>	 Contact details to follow  
<b>School Nurse contact details</b>	 020 8213 7762  beh-tr.specialschoolnursingservice@nhs.net  Enfield Special School Nursing Team Cedar House St Michael's Primary Care Centre Gater Drive Enfield EN2 0JB
<b>Asthma Clinical Nurse Specialist</b>	 Caroline Byrne  cbyrne1@nhs.net
<b>Children's Community Nurses Team</b>	  
<b>Smoking Cessation Team</b>	   enfccg.stopreferrals@nhs.net
	  
	  
	  
	  

# Acknowledgments

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We would like to acknowledge Healthy London Partnership, Enfield Public Health Team, North Mid and BEH for their contributions.



