



**Herefordshire & Worcestershire  
Asthma Guidance Document**  
June 2025

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# Introduction

Asthma deaths can occur in schools, but the majority are preventable with proper asthma management, staff awareness and prompt access to emergency treatment. Preventing a child dying is everyone's responsibility.

This document was written by a team of multi professionals from Herefordshire and Worcestershire and outlines best practice in managing children and young people with asthma in school. The document can be used as a reference or to support the creation or improvement of a school policy.

## Asthma Prevalence

- Asthma is one of the most common chronic conditions, affecting one in eleven children in the UK.
- There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.
- Children with persistent, uncontrolled, or severe asthma are more likely to miss school, compared to children with mild asthma. Research shows that asthma is responsible for up to 18% of school absences, with evidence showing that improved asthma control supports school attendance and performance.
- Every September, more children are rushed to hospital due to their asthma than at any other time of year.
- There are over 6,200 children and young people living across Herefordshire and Worcestershire with a diagnosis of asthma.



Poster Competition Winner 2025, Wigmore School

## What is Asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a child with asthma is exposed to something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten up so that the airways become narrow and inflamed. Sticky mucus or phlegm also builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma. The most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of Breath when exposed to a trigger or exercising
- Tight chest
- Tummy ache in younger children

## Example Mission Statement

As a school we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participate fully in school life. We endeavour to do this by ensuring we have:

- ✓ An asthma register
- ✓ Up-to-date asthma policy
- ✓ An asthma lead
- ✓ All pupils with immediate access to their reliever inhaler at all times
- ✓ All pupils have an up-to-date asthma action plan
- ✓ An emergency salbutamol inhaler is kept by the school
- ✓ Staff have had regular asthma training
- ✓ Asthma awareness is promoted for pupils, parents and staff

## School Management and Teachers' Responsibilities

- Ensure that the school's asthma policy is read and understood by all members of staff including teachers, teaching assistants, support staff and catering staff.
- Ensure **all** members of staff attend or have access to asthma awareness training. In Herefordshire training is available through the school nursing service, or via an independent provider. In Worcestershire training is usually accessed through an independent provider. First Aid training should be completed in conjunction with asthma awareness training to ensure staff are competent in managing an asthma attack. All staff should also complete [online training](#) (Improving Asthma Care Together), including new starters. All staff are also encouraged to watch the short film 'Preventable', this could be incorporated into teacher training days and also shared with new starters.
- Make the school asthma policy available to parents and carers.
- Review the asthma policy annually and conduct an annual review of the safe management of asthma in school.
- Be aware of [potential triggers, signs and symptoms](#) of asthma and [emergency asthma plans](#).
- Allow all students with asthma to **always** have immediate access to their emergency medicines; including during activity or exercise and are allowed to use them when needed.
- Encourage secondary school students to carry and administer their own inhaler when their parents and health care provider determine that they can take responsibility for their condition.
- Know which students have asthma and be familiar with the content of their individual health care plan.
- [Inform parents if a child uses their reliever inhaler](#) after an exacerbation.
- Encourage parents to seek a clinical review if a child regularly uses their inhaler at school.

- Be aware that asthma can affect a student's learning and provide extra help when needed.
- Understand asthma and the impact on students; students should not be forced to take part in an activity if they feel unwell. Where a pattern of asthma is identified or there are concerns about an individual student, inform their parent / guardian.
- Ensure students with asthma are not excluded from activities in which they wish to take part.
- Ensure all staff attending off site visits are aware of any students on the visit with asthma and that they have brought their medication. Use opportunities such as [Personal Social Health and Economic \(PSHE\) education](#) to raise pupil awareness about asthma.
- Arrange for [relevant preventive action](#) to be taken



## School Asthma Leads / Champions Responsibilities

A school asthma lead / champion should be appointed by the head teacher and school governors to ensure delegated responsibility for:

- Being familiar with the Herefordshire and Worcestershire School Asthma Guidance and championing it's implementation in school.
- Ensuring an adequate [supply of emergency kits](#) and obtain replacements from their local pharmacy.
- Implementing the school asthma policy.
- Ensuring the [asthma register](#) is up-to-date and accessible to all staff and includes identification of children and new starters with asthma.
- Ensuring all children on the register have:
  - parental consent for medications administration
  - an accessible reliever inhaler
  - a care plan in school.
- Ensuring medication use is monitored. [Parents should be informed](#) if the child uses a reliever inhaler during the school day. If a pattern of regular use is emerging at school (over 3 times a week) –parents / carers must be advised to contact their GP to review the child's asthma.
- Ensuring asthma training is up to date for all staff; the [Preventable](#) film should be shared with **all** new staff.
- Monitoring absences from school due to asthma.
- Checking medication expiry dates at least every half term and impending expiry dates are communicated to parent / carer; replacement inhalers are obtained before the expiry date.

- Ensuring emergency inhalers are washed and expiry dates are checked.
- Keeping a record of the number of puffs used each time a reliever inhaler is accessed, and inform parents when medications are running out or nearing their expiry date; notify parents 2 months in advance. *Inhalers have up to 200 puffs; please check on the label.*
- Ensuring an [emergency plan](#) is available and visible to all staff and used as reference in the event of an asthma attack.
- Checking emergency kits regularly and contents replenished immediately after use.
- Completing the [Asthma Compliance Checklist](#).

## Responsibilities of a Parent / Carer of Pupils with Asthma

Parents and carers are expected to:

- Inform the school if their child has asthma
- Support the school with the completion of the [individual health care plan](#)
- Access a 12 monthly asthma review provided by the child's general practice and share the child's [personal asthma action plan](#) with the school.
- Inform the school of any relevant changes to their child's asthma status or changes to medications.
- Ensure that at least one reliever inhaler (normally blue) and spacer has been supplied to the school with the child's full details clearly labelled on the inhaler and spacer.
- Ensure their child's inhaler/s in school are in date and replaced if they are running low.
- Communicate any concern about their child's asthma to the school.



# Key Documentation

## Personal Asthma Action Plans

A Personal Asthma Action Plan (PAAP) is a written document, held by the child's parent / carer that provides specific guidance on how an individual with asthma should manage their condition. It is developed by the child's GP or Nurse / Asthma Practitioner and serves as a practical tool for the effective management of asthma. The plan includes information on what symptoms to look out for and what to do if the child's asthma gets worse. It should be reviewed and updated by the GP or Nurse Practitioner as part of the child's annual asthma review.

**Every child with Asthma must have a PAAP in place; the school will request a copy of the PAAP from the parent / carer to inform school healthcare plans and Education Healthcare Plans where appropriate.**

**My asthma triggers**  
List the things that make your asthma worse so you can try to avoid or treat them.

**I will see my doctor or asthma nurse at least once a year (but more if I need to)**  
Date my asthma plan was updated: \_\_\_\_\_  
Date of my next asthma review: \_\_\_\_\_  
Doctor/asthma nurse contact details: \_\_\_\_\_

**Parents and carers - get the most from your child's action plan**  
• See a doctor and have your child's asthma reviewed if they have one  
• Share a copy of your child's plan with their school  
• Learn more about what to do during an asthma attack at [asthmaandlung.org.uk/child-asthma-attacks](http://asthmaandlung.org.uk/child-asthma-attacks)

**ASTHMA+LUNG UK**  
**CHILD ASTHMA ACTION PLAN**  
Fill this in with your GP or nurse  
Name and date: \_\_\_\_\_

**1 My every day asthma care**  
I need to take my preventer inhaler every day.  
It is called: \_\_\_\_\_  
and its colour is: \_\_\_\_\_  
I take \_\_\_\_\_ puffs of my preventer inhaler in the morning and \_\_\_\_\_ puffs at night. I do this every day even if my asthma's OK.  
Other asthma medicines I take every day: \_\_\_\_\_  
My reliever inhaler helps when I have symptoms.  
It is called: \_\_\_\_\_  
and its colour is: \_\_\_\_\_  
I take \_\_\_\_\_ puffs of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.  
If I need my reliever inhaler (usually blue) when I do sports or activity, I need to see my doctor or my asthma nurse.

**2 My asthma is getting worse if...**  
• I wheeze, 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**  
• I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my GP or nurse).  
If my asthma gets worse, I will:  
• Take my preventer medicines as normal  
• And also take \_\_\_\_\_ puffs of my reliever inhaler (usually blue) every four hours if needed  
• See my doctor or nurse within 24 hours if I don't feel better  
**URGENT!**  
If your reliever inhaler is not lasting four hours, 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 my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)

**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.  
If I have an asthma attack I will:  
1. Call for help. Sit up - don't lie down. Try to keep calm.  
2. 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.  
3. If I don't have my reliever inhaler, or it's not helping, or I've used it all at any time, call 999 for an ambulance.  
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.  
5. If my symptoms are no better after repeating step 2 and the ambulance has still not arrived, contact 999 again immediately.  
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.

## Individual Healthcare Plan

An Individual Healthcare Plan (IHP) is a critical tool for addressing the unique healthcare needs of a student within the school setting, fostering a supportive and inclusive environment for their education. It ensures the safety of the student by providing clear guidelines for managing their health condition, particularly in emergency situations. The plan is held and maintained by the school and should be developed in collaboration with parents and healthcare providers.

## Education Health and Care Plan

EHCPs are comprehensive and person-centred plans that are used to ensure that children and young people with special educational needs receive the necessary support and accommodations to reach their full potential in education. Where a child with an EHCP in place is also living with a long-term condition such as asthma, there should be input to that plan from a healthcare professional around the management and care of that condition in the light of their additional educational needs.



# Ensuring a Safe Environment for Children with Asthma in School

The school can apply the following approaches to prevent both the development of asthma in children and an asthma attack in school.

## Smoking prevention and cessation

Being smokefree is one of the most effective actions for preventing asthma. This includes preventing children from exposure to tobacco smoke at school, at home, in vehicles and in public areas. Schools can use any of the policy phrases below in their asthma management policy:

The school has a No Smoking / Vaping policy which applies to all parts of the school premises and grounds and applies to parents/carers dropping off and collecting their children from school.

Parents/carers are not to smoke or vape outside the school grounds such as when waiting to drop off or collect children.

The school will:

- [Promote smoking cessation opportunities](#) that are available to parents/carers and young people on the school website, social media and newsletters.
- Include tobacco/smoking prevention education within the PSHE curriculum.
- Support campaigns such as Stoptober and No Smoking Day.
- Use PHSE lessons to inform children and young people about risks associated with smoking and vaping, including reference to evidence of increased asthma attacks for pupils with asthma who are vaping or smoking.

## Air quality near school and playgrounds

Poor air quality can impact health in many ways with children and babies being more vulnerable to air pollution due to their developing lungs, lower breathing height and high physical activity and breathing rates.

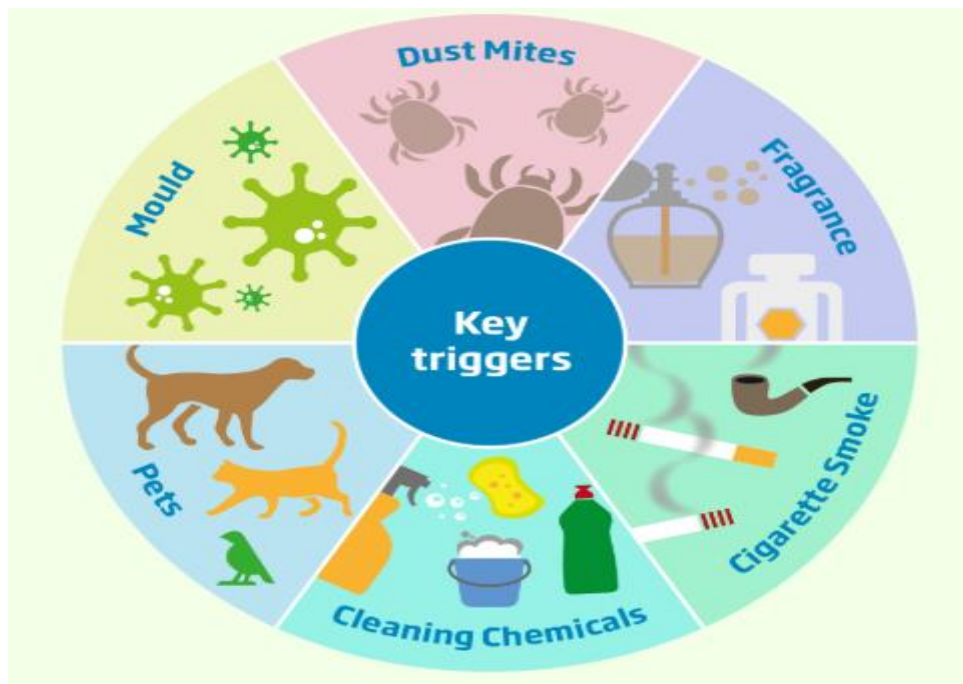
Local action to improve air quality in the vicinity of the school and walking/cycling routes to school will be taken. This will include:

- Reminding parents about how they can [access real time air quality reports](#) so they know when air quality is poor and the actions they can take to improve air quality on these days.

- Where appropriate and practicable support the planting and or maintaining of hedgerows between school playgrounds/fields and roads with busy traffic.
- Where appropriate and practicable work towards relocating the vehicular collection/drop off points so they are further away from school entrances, playgrounds and playing fields.
- Restrict the opening of doors and windows that face onto areas of vehicular traffic or parking zones such as collection/drop off points at busy times of day.
- Limit car access to the school to essential use only between the hours of 7-9am and 3-5pm.
- Prevent idling cars when parked close to school
- Actively promote and support walking, cycling and scooting to schools as modes of travel on roads close to the school. This will include
  - providing cycle and scooter storage at school
  - supporting active travel planning for pupil journeys to school
  - working towards making local streets around the school “school streets”
  - support the development and continuation of cycling and walking to and from school
- Embed air quality within the science, PHSE, PE and geography curriculums.



## Exposure to Allergens



Allergens can increase the likelihood of asthma attacks. To reduce exposure to allergens, the school will:

- Encourage the uptake of flu vaccines for all children in school.
- Close windows to reduce any wind-blown pollen and fungal spore entering the school during thunderstorms.
- Identify any child who may suffer an asthma attack because of outdoor play in cold temperatures and make allowances made for indoor activities during break times. Adequate heating will be provided indoors to reduce the triggering of asthma.
- Ensure that classrooms are well ventilated by opening the windows at appropriate times throughout the day. When there is a [high pollen count](#), cold weather or a risk of thunderstorms this will not be the case. Pupils with asthma will be able to use their salbutamol (preventer inhaler) if needed, when the pollen count is known to be high. Pupils may need to be given an option to do indoor PE if the pollen count is high. Where possible, grass cutting will be avoided during school hours.
- Classrooms will be well ventilated. Any evidence of mould and damp within the school will be acted on quickly. Where possible, autumn leaves falling from trees, forming piles will be kept away from pupil areas and cleared away as the mould from these can be a trigger to asthma unless leaves are used in composting within the school garden.
- Where possible choose cleaning products with pump sprays instead of aerosols and chose unscented products. If this is not possible chose products with pump sprays and unscented products. Where possible chose cleaning products which are certified to

produce low emissions. The use of products in spray and aerosol form should be limited, as much as possible, to times of the day when children are not in school.

- The COSHH assessment for science, art and craft materials and substances in use that are more likely to trigger asthma will be reviewed.
- Painting maintenance work will be planned during school holiday periods allowing reasonable time for ventilation of the building to allow fumes to diminish before children return. Paint exposure increases the risk of asthma attacks among children because of high levels VOCs persist for many weeks after painting.
- Encourage parents to send children to school having taken hay fever medication.
- Where possible and practicable, attempt to include low pollen plants within the school grounds and gardens balancing the need for encouraging biodiversity. This will include influencing the species of trees shrubs and hedges in the school grounds.
- If animals are brought indoors, consult the child's personal asthma action plan to identify potential trigger. Children with asthma who are triggered by pet dander should be risk assessed prior to coming into contact with animals. If pets are brought inside, the room must be well cleaned (vacuumed and damp dusted) before pupils with sensitivity are allowed back in the room.
- There is a strong link between asthma and mental health, with studies showing that anxiety and depression can worsen asthma symptoms and increase the likelihood of asthma attacks. Teaching children relaxation techniques like deep breathing or visualisation can help them stay calm and manage asthma symptoms when they experience strong emotions. If there is ongoing concerns about a child's mental health, the school, family or child should seek support via [Melo :: Onside, Worcestershire & Herefordshire](#)



# Medications and Inhalers

There are many forms of treatment for Asthma. All children will have some form of inhaled treatment.

## Preventer and Reliever Inhalers

The 'preventer inhalers' take time to build up in the system. They help stop asthma symptoms developing at all by protecting the airways by reducing inflammation. They can also reduce the risk of a potential life-threatening asthma attack. They are taken every day and usually at home.

The 'reliever inhalers' help symptoms to go away once they have started. These are the inhalers used during an asthma attack. It is important that in school the reliever inhaler is administered in using the [correct inhaler technique](#) if needed. Schools must record [administration of reliever medications](#); overuse of reliever inhalers (more than 2-3 times a week) is a sign of uncontrolled asthma leading to increased risk of asthma attacks, hospitalisation and even death. Where a pupil is recorded as needing their reliever inhaler more than 3 times per week; parents must be advised to access an urgent asthma review at their GP surgery.

There is also a type of inhaler with both preventer and reliever combined. This can be used for MART (maintenance and reliever therapy). This inhaler can be used according to the child's PAAP.

For all children aged 4 and above, inhalers should always be used with a spacer to ensure the child gets the correct dose of medicine. Children who are less able to use a mouthpiece may also use a mask to allow for easier administration of medications.

Children are encouraged to carry their reliever inhaler, we would expect this to be by Key Stage 3, or as soon as they are responsible enough to do so. However, this should be discussed and agreed with each child's parent or carer.

## Maintaining an Inhaler

Inhalers need to be cleaned and stored well so they can work properly.

- Care should be taken not to muddle the components as this could pose a risk to the child.
- Inhalers should be stored in a place which is accessible for use in the event of an asthma attack.
- Store inhalers at room temperature, avoiding direct sunlight or cold temperatures.
- Keep the cap on inhalers while out of use to avoid dust and debris from getting into the mouthpiece.
- Keep inhalers dry as moisture can affect how the medicine works.



## Emergency Asthma Kits

An emergency asthma kit should be readily accessible for use in the event of a pupil experiencing an asthma attack without their own medication. It is recommended that schools have at least two emergency asthma kits. Larger or multi-site schools may need more, as determined by their specific risk assessment. The kit should contain a salbutamol (reliever) inhaler and a spacer device. A mask is required for children who are unable to use the mouthpiece of a spacer.

The kits can be sourced from a local pharmacy without a prescription, using a signed request by the head teacher on schools headed paper. The letters should state:

- The name of the schools for which the product is required
  - The purpose for which that product is required
- The total quantity required (depending on the size of the school)
- Type of inhaler and spacer required (check with local pharmacy for further information and advice)

Children must have parent / carer consent in order to use an emergency salbutamol inhaler.

Spacer devices are for single patient use; they must not be used for more than one person due to risk of cross infection. Used spacers may be sent home with the child who used it or otherwise destroyed in a general waste collection (not for recycling).

Spent inhalers should be returned to the pharmacy for recycling or disposal rather than being thrown away with the general waste. To return inhalers to the pharmacy, schools have to register as lower-tier waste carriers as spent inhalers counts as waste for disposal. Registration as a lower-tier waste carrier is online, free and doesn't usually need to be renewed for future years.

The emergency kit should be checked regularly by a designated member of staff to ensure the inhaler is in date, the spacer is clean and unused, and all components are in good working condition. Clear records should be kept and used or expired items must be replaced promptly.

## Advice for Early Years Settings

Not all episodes of breathlessness in young children are caused by asthma. In fact, in children under the age of five, viral wheeze is a more common cause.

Viral wheeze is a condition in which young children develop a whistling sound (wheeze) when breathing out, usually during or after a viral respiratory infection such as a cold. It is caused by temporary narrowing and inflammation of the airways in response to the virus.

Viral wheeze can:

- Occur in otherwise healthy children with no long-term respiratory problems.
- Present with symptoms similar to asthma, including coughing, breathlessness, and wheezing.
- Often resolve as the child grows and their airways become larger and less sensitive.



Unlike asthma, viral wheeze is not always a long-term condition and may not require regular inhaler use outside of illness episodes. However, during acute episodes, children may be prescribed a reliever inhaler (such as salbutamol) to help ease symptoms.

Staff should recognise the signs of worsening symptoms is key, regardless of whether a child has a formal asthma diagnosis. Early years staff are encouraged to watch the video provided in the [Asthma Training](#) section of the Resources page in this document which provides further guidance on signs and symptoms to look out for and how to respond.

In early years settings, inhalers should not be accepted from parents without a Personal Asthma Action Plan (PAAP) or an equivalent written document. Early years settings typically do not administer medication without clear written guidance, so accepting inhalers without this documentation is not appropriate. If a child without an inhaler experiences symptoms such as shortness of breath, coughing, or wheezing, staff should contact NHS 111 for clinical advice and support, or contact an ambulance if the

child appears critically unwell. If a critical situation arises, and an emergency salbutamol inhaler and spacer are available, staff may choose to administer it, however, advice from NHS 111 should be sought wherever possible before doing so.

Young children often struggle to coordinate their breathing with the activation of an inhaler. To support effective medication delivery, a mask is typically used in for this age group.

The mask fits securely over the child's nose and mouth, allowing them to breathe in and out normally. This helps ensure that the medication is inhaled properly, even if the child is unable to take deep or timed breaths.





# Welfare of Children with Asthma

## School Trips / Residential Visits

No child will be denied the opportunity to take part in school trips / residential visits because of asthma, unless advised by their GP or consultant. The child's reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the supervising adult in the case of Key Stage 1 children.

For residential visits, staff will be trained in the use of all regular asthma treatments as well as emergency management. It is the responsibility of the parent / carer to provide written information about all asthma medications required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided which is clearly labelled with the prescribed instruction. Group leaders will have appropriate contact numbers and a copy of the Personal Asthma Action Plan. A school spare reliever inhaler will be taken on the trip.

## Exercise, Activity and After School Clubs

Sports, games and activities are an essential part of school life for all children and is a government recommendation. School staff and PE teachers will be informed which children in their class have asthma from the school's asthma register. Reliever inhalers will be accessible during sport. Ensure PE teachers are trained in how to manage asthma attacks and that they know where the child's asthma inhaler is stored for quick access.



## Students who miss school due to Asthma

The school management will monitor students' absence. For example, if a child is having a lot of time off school due to their asthma, or the student is identified as being constantly tired in school, staff will make contact with the parent to work out how they can be supported.

There is no reason for a child to miss out on education due to asthma. Poor asthma control should not be accepted as a reason for missing school or being late, and as such the school policy around missing school and referral to education welfare teams should not be delayed.

## Safeguarding Children with Asthma

It is everyone's responsibility to ensure children are protected from harm and it is important that children with medical needs have a clear care plan in place to ensure their individual needs are met. If there are changes in circumstances, their health deteriorates or concerns are raised around compliance with medication, overuse of medication or inappropriate use of medication, appropriate actions will be taken, and their care plan reviewed to reflect the child or young person's needs. Local safeguarding policies and threshold documents should be used to support this assessment. If a referral to children's social care is required, it will be clearly communicated and document the concerns and the impact to the child.



## Mould and Damp in the Home

Children with asthma who are living in [homes affected by mould and damp](#) may experience worsened symptoms and more frequent flare-ups. Exposure to mould spores and damp conditions can irritate the airways, trigger asthma attacks and reduce overall lung function. School staff should be aware of these environmental factors when supporting children with asthma. The school will be vigilant for signs of poorly controlled asthma and work closely with parents and carers to ensure the child's health needs are managed effectively, including encouraging families to seek support in addressing housing-related issues.

# Compliance Checklist

Criteria	Compliance Assessment
<b>School Asthma Policy</b> <ul style="list-style-type: none"> <li>School asthma policy in place, developed using the Herefordshire and Worcestershire asthma guidance.</li> <li>To be reviewed on a regular basis</li> <li>All staff know how to access the policy and understand and adhere to it's content.</li> </ul>	
<b>Asthma Register</b> <ul style="list-style-type: none"> <li>Have a named individual responsible for asthma.</li> <li>Asthma register in place and available to all staff, including supply teachers.</li> <li>Supply teachers informed what to do in an emergency.</li> <li>System in place to identify pupils who have frequent absences from school due to asthma.</li> </ul>	
<b>Individual Healthcare Plans</b> <ul style="list-style-type: none"> <li>Children with asthma must have an <a href="#">individual healthcare plan</a> in place at school. As a minimum, this should detail: child's name and date of birth, asthma triggers, what medications are being taken for asthma and how frequently, an emergency plan. The child's <a href="#">personal asthma action plan</a> could be used for this with more detailed information being recorded on a school plan in collaboration with the child's parent / carer.</li> </ul>	
<b>Asthma Medication</b> <ul style="list-style-type: none"> <li>Children must have asthma medication and spacer device provided by the parent; either kept in school or carried by the child if they are able to self-manage (usually by secondary school age).</li> <li>Medications must be clearly labelled with the child's name and expiry date.</li> <li>Inhalers (including emergency inhalers) and spacer devices should be made easily accessible with spacer devices throughout the day, and all staff and pupils know where it is stored.</li> <li>Inhalers must be kept in a cool environment and cleaned along with spacers after use.</li> <li>Use of reliever medication must be recorded and parents informed of use.</li> </ul>	

<p><b>Staff Training</b></p> <ul style="list-style-type: none"> <li>• All school staff must attend face to face asthma awareness training at least every 2 years. This can be through the school nursing service (Herefordshire only) or an independent provider. Asthma awareness training must be completed in conjunction with First Aid training to ensure staff are competent to manage an asthma attack.</li> <li>• Asthma awareness should be a minimum of 30 minutes and include the following elements: <ul style="list-style-type: none"> <li>- What is Asthma and why it is important</li> <li>- Asthma Triggers</li> <li>- Asthma signs and symptoms</li> <li>- How to use an inhaler</li> <li>- Cleaning and disposal of inhalers / spacers</li> <li>- What to do if a child has an asthma attack</li> <li>- Safeguarding Children with Asthma</li> <li>- Understanding of Care Plans</li> </ul> </li> <li>• Asthma attack flow charts must be displayed in school and all staff to be familiar.</li> <li>• Staff administering inhalers should be knowledgeable of the <a href="#">correct technique</a>.</li> <li>• All school staff to complete the <a href="#">free tier one online training</a> module provided by Education For Health on an annual basis. Also recommended for all staff to watch <a href="#">‘Preventable’</a> video on an annual basis as part of school training.</li> </ul>	
<p><b>Emergency Inhaler Kits</b></p> <ul style="list-style-type: none"> <li>• A minimum of 3 emergency kits must be conveniently located throughout the school and easily accessible during various times including lessons, PE and breaktime. Emergency kits consist of: <ul style="list-style-type: none"> <li>- Asthma Register</li> <li>- 1 spacer device (where not provided by the parent/carer)</li> <li>- 1 salbutamol 100mcgs per puff inhaler (where consented by parent/carer for emergency use)</li> <li>- Information leaflet on how to administer</li> <li>- Asthma Attack Flow Chart</li> <li>- <a href="#">Letter template</a> to send to parent informing them that an inhaler has been used.</li> </ul> </li> </ul>	

# Resources

## How to manage an Asthma Attack

Poster: Emergency Asthma Plan flow chart: [Asthma at School campaign poster – Asthma + Lung UK](#)

Poster: Signs and Symptoms of Asthma attack: [Microsoft Word - 1 HOW TO RECOGNISE AN ASTHMA ATTACK for schools.docx](#)

Video: How to manage an asthma attack; [What to do during an asthma attack | Asthma + Lung UK](#)

Video: Using a Turbohaler (prescribed for older children): [How to use a Turbohaler inhaler](#)

## School Asthma Training

Free online training for all teaching staff: [Supporting Children and Young People's Health: Improving Asthma Care Together tier 1 course](#)

Video: Preventable; Asthma Attack at School: [Preventable. A short film about asthma](#)

Asthma deaths in school: [Staff suspended after ignoring asthma attack that killed boy aged 11 | The Independent | The Independent](#)

Video: How to administer an inhaler with a spacer: [How to help a child use a spacer without a mask](#)

Video: How to administer an inhaler using a spacer and a mask: [How to use a spacer with a mask for a baby or child](#)

Video: Breathlessness in Young Children: [Breathing problems - What to look out for and when you should take your child to hospital](#)

Viral Induced Wheeze: [Viral Induced Wheeze | Recent Illness or Concern | Healthier Together](#)

## Specimen Letters and Tools

Emergency Salbutamol Inhaler consent form: [Beat Asthma Consent Form](#)

Use of inhaler in school: [Letter Template](#)

Recording use of reliever inhaler: [Microsoft Word - 7 Record of medicine administered to an individual child.docx](#)

Individual Healthcare Plan for Asthma: [Beat Asthma Template individual healthcare plan.docx](#)

School Asthma Register: [Microsoft Word - 2 Register of pupils diagnosed with asthma template.docx](#)

## PSHE Resources

[Lesson plans for teachers - Transformation Partners in Health and Care](#)

[Resources + projects for schools | Asthma + Lung UK](#)

## National Guidance

Supporting Pupils in School with Medical Conditions (Department for Education 2015)

[Supporting pupils with medical conditions at school - GOV.UK](#)

Guidance on the use of Emergency Salbutamol Inhalers in Schools (Department of Health, September 2014) [Guidance on the use of emergency salbutamol inhalers in schools](#)

## Medications Management

Disposal of Inhalers: [Register or renew as a waste carrier, broker or dealer - GOV.UK](#)

Looking after a spacer device: [Spacers | Asthma + Lung UK](#)

Looking after an emergency inhaler: [Maintaining and looking after your inhaler | Asthma + Lung UK](#)

## Safeguarding Children with Asthma

Serious Case Review Hakeem Hussain: [07-BSCB\\_2017-18-03\\_SCR\\_Report\\_-\\_01.09.22.pdf](#)

Video: Hakeem Hussain: [Drug addict mum jailed over 'needless' death of son](#)

Herefordshire Safeguarding: [Children's Policies & Guidance - Herefordshire Safeguarding Boards and Partnerships](#)

Worcestershire Safeguarding: [Contact Us - Worcestershire Safeguarding Boards](#)

## Mould and Damp in the Home

Herefordshire Council guidance: [Housing in Herefordshire – Herefordshire Council](#)

National Guidance: [Understanding and addressing the health risks of damp and mould in the home - GOV.UK](#)

## Smoking Cessation

NHS Quit Smoking Plans: [Quit smoking - Better Health - NHS](#)

Herefordshire Talk Community: [Stop smoking - Talk Community Directory](#)

Worcestershire Council: [Stop smoking support | Worcestershire County Council](#)

Healthy Worcestershire: [Stop Smoking Support - Healthy Worcestershire's Services](#)

Smoke Free Homes: [Our Services | Herefordshire and Worcestershire Health and Care NHS Trust](#)

## Air Pollution

Air Pollution forecast tool: [Home - DEFRA UK Air - GOV.UK](#)

Worcestershire Air Quality Portal: [Worcestershire Air | EarthSense](#)

Local Pollen Count: [Pollen count and allergy info - The Weather Channel | weather.com](#)