Bedfordshire Asthma Friendly Schools

A school guide for the care of children and young people with asthma.

Adopted by:

Ursula Taylor C of E School

June 2019

Bedford Borough Council and Central Bedfordshire Council working together

Local Services, Local Solutions SEPT

NHS Bedfordshire Clinical Commissioning Group

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Introduction

Asthma is a long-term condition that affects your airways - the tubes that carry air in and out of your lungs. You could say that someone with asthma has 'sensitive' airways that are inflamed and ready to react when they come into contact with something they don't like.

Asthma tends to run in families, especially when there's also a history of allergies and/or smoking.
When a person with asthma comes into contact with something that irritates their sensitive airways even more (an asthma trigger), it causes their body to react in three ways:

1. the muscles around the walls of the airways tighten so that the airways become narrower
2. the lining of the airways becomes inflamed and starts to swell
3. sticky mucus or phlegm sometimes builds up, which can narrow the airways even more.

These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to asthma symptoms, such as chest tightness, wheezing, or coughing.

In the UK, around 5.4 million people are currently receiving treatment for asthma. That's one in every 12 adults and **one in every 11 children**. Asthma affects more boys than girls. Asthma in adults is more common in women than men. Asthma can sometimes be defined as a type, such as 'occupational'. Approximately five per cent of people with asthma have severe asthma.

Having asthma has implications for a child's schooling and learning. 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/carers.

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

This policy sets out how we, at UTPS, support our children with asthma. We work closely with our children, parents/carers and health colleagues to ensure we have robust procedures in place to support asthma management.

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

1. Supporting pupils at school with medical conditions (2015)[1]
2. Guidance on the use of emergency salbutamol inhalers in schools (2015)[2]

To enable schools to effectively manage children and young people with asthma in a school setting and be an Asthma Friendly School:

- The school should have an up to date asthma policy that is self-audited regularly.
- The school should have two designated asthma leads.
- The school will maintain a register of children and young people with asthma that will be shared with school, staff and the School Nursing Service.
- Every child with asthma should have personal asthma plan (where required), from their doctor or specialist healthcare professional, which is shared with school, staff and School Nursing Service.
- There will be whole school training around asthma, signs and symptoms and what to do in an emergency as part of medicines management training.
- Children and young people should have easy access to their inhalers and spacers. These may be kept by the child, in the classroom or in the main office as deemed appropriate by the child, parent/carer and school.

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

Asthma Friendly School Statement

At UTPS we are an asthma friendly school and have audited our school practices and procedures in line with the recommendations in this policy. This means we advocate inclusion, are clear on our procedures and have designated Asthma Leads to ensure these are adhered to.

We welcome parents/carers' and childrens' 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 children with asthma.

We ensure all staff are aware of their duty of care to children. We have a 'whole school' approach to regular training so staff are confident in carrying out their duty of care, and children know what to do if a child with asthma feels unwell.

Our two School Designated Asthma Leads are:

1 Miss Debbie Daley Role: Officer Manager

2 Mrs Tracy Harte Role: Teaching Assistant and Out of School Care Club Manager.

Both Miss Daley and Mrs Harte are trained First Aiders, have completed 'Managing Medicines' Training and hav also complete 'Managing Asthma'.

Designated asthma leads ensure procedures are followed and a 'whole school' approach to training is delivered.

This policy will be reviewed bi-annually by:

The Senior Management Team and The designated Asthma Leads

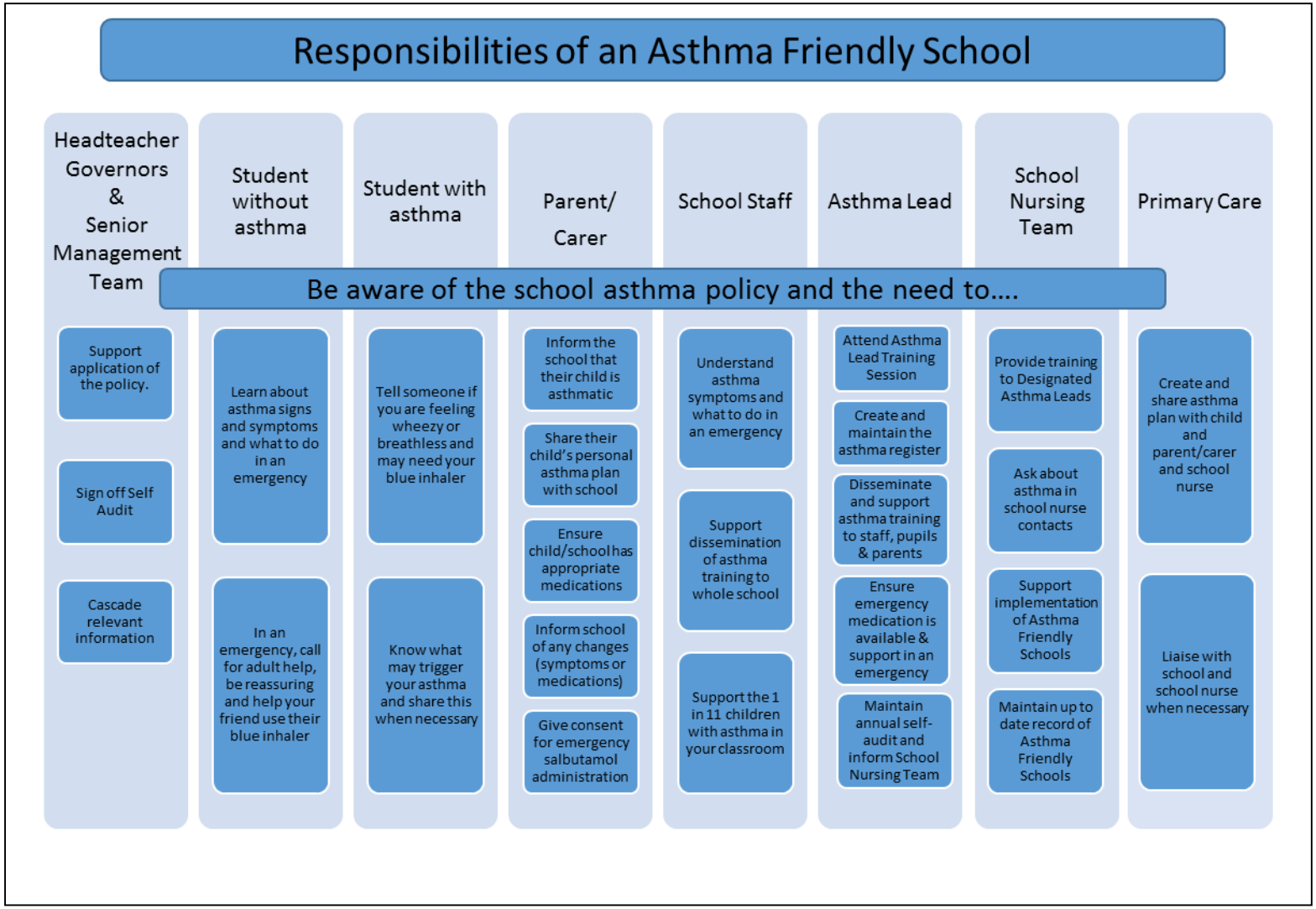
We commit to auditing our procedures yearly and publishing our annually reviewed Asthma Policy on our school website.

Signed
VJ Morrall

Date
June 2019

Review Date
June 2020

Summary of Asthma Friendly School Policy



Responsibilities:

Head teachers, Governors & Senior Management Team:

- Support school community to implement the policy.
- Signing off of the self-audit.
- Cascade relevant information to school staff and children.

Children:

Without asthma

- Learn about asthma, the signs and symptoms and what to do in an emergency.

With asthma

- Tell someone if you are feeling wheezy or breathless and may need your inhaler.
- Know what things can makes your asthma worse and tell a member of staff, so they can help you avoid it.
- Attend school asthma support sessions.

Parents/Carers:

- Inform the school if their child has asthma.
- Ensure their child has an up to date personal asthma plan (where required) from their doctor or specialist healthcare professional which is shared with the school.
- Inform the school of any changes to their child's condition.
- Ensure their child has regular reviews with their doctor or specialist healthcare professional.
- Parents need to confirm in writing, where consent is not given to the school, to administer salbutamol in the case of an emergency (see Appendix 7).

Medicines

- Inform the school about the medicines their child requires during school hours.
- Provide the school with one inhaler and spacer, labelled with their full name and date of birth, in the original packaging detailing the prescription.
- Even when students carry their own inhalers and spacer it is essential parents/carers provide the school with a spare.
- 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. Ensure that their child's medicines are within their expiry dates and dispose of out of date medicines.
- 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.

School Staff:

Knowledge

- Read and understand the school's asthma policy and attend school asthma training yearly (as part of the medicines management training, as directed by the head teacher).
- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- Know which children have asthma.
- Be aware that asthma can affect a child's learning and provide extra help when needed.
- Be aware of children with asthma who may need extra support.

Supporting asthma management in your school

- Allow all children to have immediate access to their emergency medicines. All children are encouraged to carry and administer their own inhaler when their parents/carers and health care provider determine they are able to start taking responsibility for their condition. Children, who do not carry and administer their own inhaler, should know where their inhalers are stored.
- Ensure children have the appropriate medicines with them during activity or exercise and are allowed to take it when needed.
- Ensure children who carry their inhalers and spacers with them, have them when they go on a school trip or out of the classroom.
- All staff attending off site visits should be aware of any children on the visit with asthma. They should be trained about what to do in an emergency.
- Ensure children with asthma are not excluded from activities they wish to take part in.
- Understand asthma and the impact it can have on children. If school identify a pattern or are concerned about an individual children they will inform parent/carer and advise medical advice should be sought.
- Get involved in the whole school training around asthma and use opportunities such as Personal Social Health Education (PSHE) to raise pupil awareness about asthma (see link for materials) www.asthma.org.uk

Communication and record keeping

- Maintain effective communication between parents/carers and the school including:
    - Informing parents/carers if their child has been unwell at school or if there is a pattern of asthma symptom.
    - Communicate any parental/staff concerns and updates to the designated Asthma Leads.
    - Liaise with parents/carers, the child's healthcare professionals, and special educational needs coordinator if a child is falling behind with their work because of their condition.

- If an inhaler has been used
    - Staff must record the usage in the record of emergency inhaler administered form. (see Appendix 2 – Record of emergency inhaler administered to pupils).
    - Staff must inform the designated asthma lead if a school emergency inhaler has been used.
    - Parents should be notified when the emergency inhalers has been used (see Appendix 3).

Designated Asthma Leads:

The Designated Asthma Lead will:

- Attend the Asthma Lead training provided by the School Nursing Service, updating knowledge and skills at least every 3 years.
- Ensure there is an up to date school asthma register (see Appendix 6).
    - All children on the register have opt out consent status recorded for use of emergency salbutamol inhaler, their own inhaler and spacer and personal asthma plan shared with the school (see Appendix 7).
    - Share the asthma register with staff and the School Nursing Service.
- Parents/carers should be notified by the designated asthma lead if a child is using their inhaler an additional 3 times per week, over what is stated on their care plan. (See Appendix 4 Specimen letter (increased inhaler use)).
- If a child refuses to use their inhaler or spacer the parent should be informed. (See Appendix 5 – Specimen letter (refusal to use inhaler/spacer))
- Arrange school-based asthma support sessions, these can be through assemblies, parent updates, form time or PSHE time.
- Carry out an Asthma Friendly School Audit annually with Senior Team and publish the policy on the school website (See Appendix 8 - audit checklist).
- Be confident to support in an emergency situation.

Medicines

Asthma Leads will ensure that:

- Schools have an adequate supply of Emergency kits and know how to obtain these from their local pharmacy (for further information please see resources page).
    - Emergency kits are checked regularly and contents replenished immediately after use (See Appendix 9).
    - The blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant Emergency kit after use.
- Individual spacers are washed regularly according to instructions; washed in warm soapy water and left to dry for approximately 15 minutes.
- Expiry dates of all medicines are checked monthly and impending expiry date are communicated to parent/carer.

School Nursing Team:

- Provide a rolling programme of Asthma Leads training. Staff to attend every 3 years.
- Deliver medicines management training to schools.
- Ask about asthma in appropriate school nurse contacts.
- Liaise with the child, parent/carer, school and other healthcare professionals to support effective asthma management where required.
- Support schools with the implementation of Bedfordshire Asthma Friendly Schools.
- Keep up to date records of training offered and attended.

Additional Information:

PE and activities

- Children and young people with asthma will have equal access to extended school activities school productions, after school clubs and residential visits.
- PE teachers will be sensitive to children who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents/carers should be made aware so medical help may be sought.
- Staff will have training and be aware of the potential social problems that children with asthma may experience.
- Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of asthma amongst children and to help create a positive social environment and eliminate stigma. School staff understand that children with asthma should not be forced to take part in activity if they feel unwell.
- Staff are trained to recognise potential triggers for children's asthma when exercising and in other settings and are aware of ways to minimise exposure to these triggers.
- Physical Education (PE) teachers should make sure children 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 and asthma is always part of 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 will be 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

- The school environment, as far is possible, is kept free of the most common allergens that may trigger an asthma attack.
- 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 child who may be at risk from these activities. We will not exclude children 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. When not possible, staff will reduce exposure where possible by shutting windows and/or offering alternative places for break or lunchtimes to children where this is a trigger.
- Staff will be made aware of high air pollution, high pollen days and reduce exposure or modify children's activities/medications accordingly.

Children who miss time off school due to their asthma

- As a school we monitor children's 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 parent to work out how we can support them.
- The school will liaise with the School Nurse and/or other health professional to ensure the child's asthma control is optimal.

Asthma Attacks

- Staff are trained to recognise an asthma attack and know how to respond. The procedure to be followed is clearly displayed on posters. Please also see appendix 10 for sample poster.
- 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. (**No child will ever be sent to get their inhaler** in this situation, the inhaler will be brought to the child).
- Emergency services and parents/carers will be informed.
- A member of staff will accompany the child to hospital until their parent/care giver arrives.

Safe Storage and Disposal

- All inhalers are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the child'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 children who require them at all times during the school day whether they are on or off site.
- Children who are self-managing are reminded to carry their inhalers and spacers with them at all times.

Disposal

- Parents/carers 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 3 times a year.
- Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years (https://www.gov.uk/waste-carrier-or-broker- registration).

Appendix 1 – Legislation

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.

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 emergency inhaler administered to pupils.

Name of school/setting: **Ursula Taylor Church of England Primary School**

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

Parents should be notified if a child is using their inhaler more frequently than 3 times per week more than stated on their care plan. For example, some children will use their inhaler routinely before PE.

Please be aware of those children who carry their own inhaler and self-medicate.

Appendix 3 - Emergency inhaler used

To inform parents of emergency salbutamol inhaler use

Ursula Taylor Church of England Primary School

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 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,

Appendix 4 - Increased inhaler use

To inform parents/carers of pupil increased inhaler use (3X more than stated on personal asthma plan)

Ursula Taylor Church of England Primary School

Date

Dear .....

_____ has required their reliever inhaler on the following occasions this week.

Mon (date) – state am or pm or both ☐

Tues (date) – state am or pm or both ☐

Wed (date) – state am or pm or both ☐

Thurs (date) – state am or pm or both ☐

Fri(date) – state am or pm or both ☐

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

Yours sincerely,

Appendix 5 - Refusal to use inhaler/spacer

(A telephone call maybe more appropriate)

To inform parent of student refusal to use inhaler or spacer

Ursula Taylor Church of England School

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 our asthma policy as you may wish to discuss this with your child.

Yours sincerely,

Appendix 6 - School Asthma Register

School Name – **Ursula Taylor Church of England Primary School**

Name	Class	Date of birth	Parent/carer opted out of emergency inhaler use	Relevant Information

Appendix 7 – Parent Asthma Letter

Dear Parent/Guardian

We are currently reviewing our asthma policy and would kindly ask you to up-date the information regarding your child so we can ensure our school records are accurate.

As part of our work to review our asthma policy we 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. 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 note that everyone with asthma should use a spacer with their inhaler in order to deliver maximum benefit 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.

Please complete the information below and return to school

Many Thanks

Yours Sincerely

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. I will have provided the school with a spare inhaler and spacer, in a named 'wash bag' style bag. ☐
5. Please tick if you **DO NOT** wish the school to use the schools inhaler in an emergency ☐

Signed: _____

Date: _____

Print name: _____

Child's name: _____

Class: _____

Appendix 8 – Self Audit Checklist

Name of School: Ursula Taylor Church of England Primary School
Asthma Leads: Miss Debbie Daley and Mrs Tracy Harte
Date of Audit: June 2019
Date of Follow up:

Bedfordshire Asthma Friendly School Checklist			
Action	**Details**	**Yes/No**	**Action required**
1 Policy **School's policy should be available to view. All staff should be aware of where it is kept.**	Policy reviewed by SLT and Chair of Governors. Amended the Template policy to reflect internal procedures. All staff and parents are aware of the policy. Policy on School Website. Date for review. Named contact that has responsibility for review of policy. Asthma Leads are easily identified by staff members.	Yes Yes Yes June 2020 Yes Yes	No
2 **Asthma Register**	Register Should clearly state name and DOB of child and if parents/carers have opted out to administer emergency inhaler. Ensure register is updated regularly with new/newly diagnosed children. Register to be readily displayed/available to all school staff.	Update required	

3 **Emergency Kits/Procedures**	Emergency Kits (minimum of 2 in any school) conveniently located at key points throughout the school. Staff aware of where these are, have easy access to kits and know what to do in an emergency. Emergency Kit for off - site activities/evacuation of building. Emergency kits contain checklist and clear procedures on monitoring use and contents. Parents are informed promptly if emergency kit is required and advised to take child for review.	Yes Yes Yes Yes Yes	
Action	**Details**	**Yes/No**	**Action required**
4 **Health Care Plan (HCP)** **Recording use of child's medications** **Children who self-manage** **Storage of inhalers/spacers**	Children have a care plan prepared by GP/healthcare professional and it is easily located in school. Children have access to their inhaler. Records kept of medication usage and parents informed promptly of any incidents/usage outside of care plan. 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. Children should be encouraged to self-manage their condition where appropriate. Where children self-manage a spare inhaler and spacer must be kept in school. Asthma medication and spacer is clearly labelled and stored in a cool location. Expiry dates are checked regularly by staff and replaced when required. Inhaler is administered via a spacer.	Yes Yes Yes Yes Yes Yes Yes Yes Yes	Review due Sep 19

5 **Whole School Training**	Asthma training should be taken up by school staff annually, as part of medicines management training. Asthma support is planned for the whole school community/pupils by the designated Asthma Leads.	Yes Yes	Renewal due Sep 19

Appendix 9 - The Emergency Kit Checklist:

An emergency asthma inhaler kit should include:

Ursula Taylor Church of England School

	Yes	No	Checked by/date
A salbutamol metered dose inhaler			
Once used the spacer should be washed in accordance with the guidance, in warm soapy water and leave to air dry for 15 minutes.			
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 Leads Details 1. Miss Debbie Daley (Office Manager) 2. Mrs Tracy Harte,TA and Active Kids Manager.			

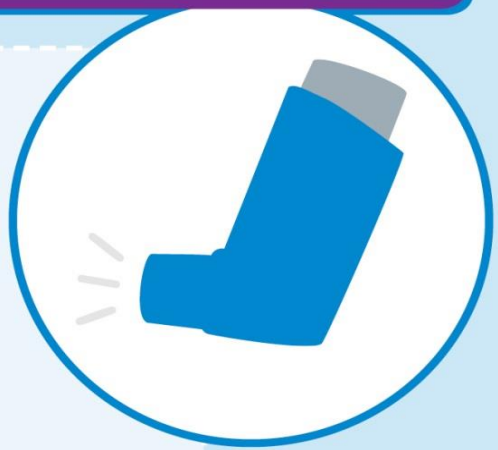
Appendix 10 – Sample Poster

You're having an asthma attack if any of the following happens:

- Your reliever isn't helping or lasting over four hours
- Your symptoms are getting worse (cough, breathlessness, wheeze or tight chest)
- You're too breathless or it's difficult to speak, eat or sleep
- Your breathing is getting faster and it feels like you can't get your breath in properly

What to do in an asthma attack

1. **Sit up** – don't lie down. Try to keep calm.
2. **Take one puff of your reliever inhaler** (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. **If you feel worse** at any point while you're using your inhaler OR you don't feel better after 10 puffs OR you're worried at any time, call 999 for an ambulance.
4. **If the ambulance is taking longer than 15 minutes** you can repeat step 2.



IMPORTANT! This asthma attack information is not designed for people using a SMART or MART medicine plan. Speak to your GP or asthma nurse to get the correct asthma attack information for them.

Any asthma questions or concerns?
Speak to our expert Helpline nurses,
Monday to Friday from 9am to 5pm

0300 222 5800
www.asthma.org.uk

asthma UK

If you go to A&E (Accident and Emergency) or are admitted to hospital, if possible take your written asthma action plan with you so staff can see details of your asthma medicines.

Useful resources:

Where to find more information online

Legislation

http://www.legislation.gov.uk/ukpga/2010/26/pdfs/ukpga_20100026_en.pdf

http://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf

Department for Education Guidance

Emergency asthma 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/publications/supporting-pupils-at-school-with-medical-conditions--3

Bedfordshire School Nursing Service

http://www.sept.nhs.uk/schoolnursingbeds

Asthma UK For more information and training:

https://www.asthma.org.uk/

Policy adopted 7.2.2017 Following Local Health Guidance.
Policy last reviewed June 2019
Review next due June 2020