Salford schools guide for the care of children and young people with asthma

School Name	**Lower Kersal CPS**
Head Teacher / Principal Name	**S Steward**
Asthma Lead Name & Job Role	**S Steward, Headteacher**
SENDCO Name	**F Jamieson**
Asthma Champion Name & Job Role	**C Boote – DSL and learning mentor**
School Nurse / Link Nurse Name	**Nicola Pearson**
School Nurse / Link Nurse Contact Number	
Date	**9th January 2024** **July 2025**
Policy Review Date	**July 2026**
Medication Storage Location *(if located in classrooms list individually)*	
All pupil inhalers are stored in a Asthma box in each class. **YN: Asthma box, in class during lesson time and outside with pupils at breaks and lunches near the steps.** **YR: Asthma box, in class during lesson time and outside with pupils at breaks and lunches near the steps.** **Y1: Asthma box, in class during lesson time and outside on the tyre benches at breaks and lunch breaks.** **Y2: Asthma box, in class during lesson time and outside on the tyre benches at breaks and lunch breaks.** **Y3: Asthma box, in class during lesson time and outside on the tyre benches at breaks and lunch breaks.** **Y4: Asthma box, in class during lesson time and outside on the tyre benches at breaks and lunch breaks.** **Y5: Asthma box, in class during lesson time and outside on the tyre benches at breaks and lunch breaks.** **Y6: Asthma box, in class during lesson time and outside on the tyre benches at breaks and lunch breaks.**	
Emergency Asthma Inhaler Storage Location *(if applicable)*	
One emergency inhalers stored in the front office **Second emergency inhaler stored in the canteen on the window sill in medical box**	
Asthma Register Storage Location	
Stored in each individual classroom inside cupboard door plus a copy in medical boxes	

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1. Introduction

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

Having asthma has implications for a child's schooling and learning. It impacts on care given within schools and early years settings. 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. If having an asthma attack all children and young people, regardless of age, will need support from a supervising adult.

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 with this condition.

In Salford, there are approximately 1,800 children and young people between the ages of 5 – 18 years diagnosed with asthma. Data from the NHS highlights that childhood hospital admissions due to asthma related emergencies remain a challenge for Salford, with figures showing Salford's admission numbers being above the England average. This highlights the need for improved preventative measures, education, and management to effectively address the impact of asthma on the young population in Salford. This can only be achieved through better multi-agency community support for children to ensure that every opportunity is taken to support the young person to manage their condition.

Purpose and summary of this document

The purpose of this document is to enable schools to manage children and young people with asthma effectively in a school setting. The following is a summary of the recommendations contained within this document and are based on national guidelines and contributions from key health professionals in Salford:

- The school will maintain a register of children and young people with asthma.
- 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 immediate access to their inhalers ideally in the classroom. It is the school's responsibility to make sure staff know where the inhalers are kept.
- Schools should log the use of inhalers for children on their respective log and inform parents. Where a blue inhaler has been used more than 3 times per week, school nurses should be informed.

- **In an asthma attack the respective named inhaler should always be taken to the child**. In no circumstance, should inhalers belonging to other children be used.
- Schools should consider keeping at least one emergency asthma inhaler kit on the school premises.
- Early years and primary schools age children may require support to manage their asthma in school in line with the Children and Families Act 2014.
- Secondary school age students will be largely independent but may require intermittent support.
- Staff will have access to appropriate training and annual updates – this will be provided by school nurses who deliver long term condition training to schools. In addition, specific asthma related training can be accessed free of charge on the e-learning for health webpage - Asthma (Children and young people) - elearning for healthcare (e-lfh.org.uk).

This policy reflects the requirements of key legislation (Appendix 9.1) and 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])

This policy sets out how a school can support students with asthma and how a school can work closely with students, parents, and health colleagues to ensure it has robust procedures in place for the administration, management, and storage of asthma inhalers at school. Parents/guardians are kept 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 (Appendix 9.4.3). Parents should assist in the completion of their child's school asthma plan and provide the school with one named inhaler and spacer in the original packaging detailing the prescription at the beginning of each school year. For primary school children the inhaler and spacer should be kept in the classroom whilst secondary school students should carry the inhaler (and associated spacer) themselves. The school management and governors should ensure that an Asthma Champion (see Appendix 9.3 for definition of roles) will check the expiry dates of medications every half term and advise parents if new medication is required. It is the responsibility of parents/ guardians to ensure all medication is in date as advised by the school Asthma Champion and that the school is kept informed of any changes to children's medication/ care needs throughout their time at school.

School staff are not obliged to administer medication however some will be happy to do so. School staff are insured to administer medication under the school's or local education authority's public liability insurance policy. Students with asthma should be fully integrated into school life and able to participate fully in all activities including Physical Education (PE). Students always require open and immediate access to their reliever medication (inhaler) for all school activities; schools should have clear procedures in place that facilitate this.

2. Record Keeping

It is the responsibility of parents/guardians to inform school, on admission, of their child's medical condition and needs (Appendix 9.4.3). It is also important that the school is informed by parents of any changes. The school will keep an accurate record of each occasion a student

[1] Department of Health (2014) Supporting Pupils t school with medical conditions - Supporting pupils at school with medical conditions (publishing.service.gov.uk)
[2] Department of Health (2015) Guidance on the use of emergency salbutamol inhalers at school - Guidance on the use of emergency salbutamol inhalers in schools (publishing.service.gov.uk)

is given or supervised taking their inhaler. 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 one record which details the supervising staff member, student, dose, date, and time (see Appendix 9.5.1 for an example). Parents will be informed if a student uses their inhaler at any time unless taken pre-sport as agreed (Appendix 9.4.1). If a pupil refuses to use their inhaler, this is also recorded, and parents are informed as soon as possible.

Schools keep an asthma register (Appendix 9.5.3) so that they can identify and safeguard students with asthma; this is held centrally in the school office and is the responsibility of the Asthma Champion to maintain. Students with asthma will have a personalised asthma plan (example Appendix 9.5.5) This is written jointly between health, education, and parent/student.

In the event a student's inhaler and spare inhaler are unavailable the school emergency inhaler should be used (if the parent/guardian has consented) and inform the parent as soon as possible (Appendix 9.4.2). Consent to use emergency inhalers should be recorded on the asthma register and the pupil's Individual Health Care Plan (IHCP). In circumstances where an emergency inhaler is not available the school should contact emergency services for guidance and inform the parents as soon as possible.

3. Asthma Management Responsibilities

3.1 Parents responsibilities

- Informing the school if their child has asthma.
- Ensure their child has an up-to-date written Personalised Asthma Action Plan (PAAP) from their doctor or specialist healthcare professional and that they share this with the school. There will be some children and young people who will need their own individualised plan, relating to specific medication.
- 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 labelled with the child's full name and date of birth and in the original pharmacy packaging.
- Ensure that their child's medicines are within their expiry dates once advised by the school Asthma Champion.
- Ensure that their secondary school student takes their inhaler to school and are confident about telling others if they are feeling unwell and needs to use their inhaler.
- If their child is off school, they catch up on any schoolwork they have missed.
- Ensure their child has regular reviews (at least annually and after each exacerbation) with their doctor or specialist healthcare professional.
- Ensure in date medicines come into school on the first day of the new academic year. Spacers need to be replaced annually if used regularly.

3.2 School Management & Teachers' Responsibilities

- School management team should 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.
- The school asthma policy will be shared and available to parents on the school website

- Be 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.
- Inform parents if a child uses their inhaler after an exacerbation.
- Encourage parents to seek a clinical review if a child regularly uses their inhaler at school.
- 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, special educational needs co-coordinator and welfare officers if a child is falling behind with their work because of their condition.
- Use opportunities such as Personal Social Health & Economic (PSHE) education to raise pupil awareness about asthma.
- Understand asthma and the impact it can have on students (students should not be forced to take part in an activity if they feel unwell). If school identify a pattern or are concerned about an individual student, they will inform their parent/guardian and make the school nurses aware.
- Ensure students with asthma are not excluded from activities in which they wish to take part.
- Ensure secondary school students have the appropriate medication with them during activity or exercise and are allowed to use them when needed.
- School management review the asthma policy annually and conduct an annual review of the safe management of asthma in the school.
- Ensure that students with asthma don't use materials or, where possible, do not come into contact with any materials that may trigger asthma symptoms such as perfumes, dust, moulds, smoke, air fresheners etc

3.3 School Asthma Leads and Champions Responsibilities

The Asthma Lead is a member of school staff who takes a lead role within the school to ensure the asthma policy is implemented. They should be part of the Senior Leadership Team within the school and support the Asthma Champion roles within the school.

The school Asthma Champions have delegated responsibility by the head teacher and school governors to ensure:

- Where applicable, schools have an adequate supply of emergency kits and know how to obtain these from their local pharmacy.
- Procedures are followed.
- The asthma register is up-to date and accessible to all staff.
- All children on the register have consent status recorded, an inhaler, a spacer, and a care plan.
- That medication use in school is monitored. For any salbutamol inhaler use during the school day apart from pre-agreed sport use, parents should be informed (Appendix 9.4.1). If a pattern of regular use is emerging at school for example, if a child was using their rescue inhaler three times a week – the school nurse (or asthma nurse specialist

if family already has links) should be informed. The school nurse should then liaise with the child's GP/practice nurse or specialist.

- Expiry dates are checked at least every half term and impending expiry dates are communicated to parent/guardian.
- Replacement inhalers are obtained before the expiry date.
- Empty/out of date inhalers are disposed of appropriately (see section 4).
- Their own training is up to date.
- The school's policy in practice is audited annually. The Asthma Leads enable the school nurse to undertake the annual audit (Appendices 9.5.4)
- Ensure Inhalers and spacers are washed and checked regularly according to instructions; care should be taken not to muddle the components as this could pose a risk to the allergic child. If the inhaler and spacer have not been used and have been stored correctly in their own sealed packaging, there is no need for them to be washed.
- Emergency kits are checked regularly, and contents replenished immediately after use.

Asthma Leads and Asthma Champions should be trained and confident to support in an emergency. NHS partners in Salford recommend all staff working with young people who has asthma undertake the e-learning for health supporting children and young people's health :improving asthma care together tier 1 training course - Asthma (Children and young people) - elearning for healthcare (e-lfh.org.uk) which takes approximately 1 hour to complete.

3.4 All Staff Responsibilities

- Attend asthma training yearly.
- Know what the procedures are, and which students have asthma, be familiar with their care plans.
- Communicate parental concerns and updates to the Asthma Champion.
- Inform the Asthma Champion if a school emergency inhaler has been used.
- Record inhaler usage as per their school system for recording. 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 one record.
- Record the usage in the main asthma register located in the school office if the school's emergency inhaler has been used.
- Ensure all students with asthma have easy access to their reliever inhaler and spacer
- Encourage all students to carry and administer their own inhaler when their parents and health care provider determine they can start taking responsibility for their condition. This is likely to be only secondary school students.
- Ensure students who do not carry and administer their own emergency medication know where their inhalers are stored. This should preferably be in the classroom in an easily accessible location (i.e., not a locked cupboard) and not in the main school office. This is likely to be for primary school students.
- Ensure all staff attending off site visits are aware of any students on the visit with asthma and have brought their medication. They should be trained what to do in an emergency.
- Ensure that, if a student misuses medication, either their own or another student's, their parents are informed as soon as possible, and they are subject to the school's usual disciplinary procedures.

4 Medication

4.1 Safe Storage – General

All inhalers are supplied and stored, wherever possible, in their original containers. All medication needs 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 at room temperature. All inhalers and spacers are sent home with students at the end of the school year. Medications are not stored in school over the summer holidays.

Reliever inhalers and spacer devices must be stored in a location that allows students unrestricted access during school hours. The medication must be kept within close reach of the student while they are in the classroom and, where possible, should accompany them when they leave the classroom for activities such as physical education or breaktime.

4.2 Safe Storage - Emergency Medication

Emergency medications are readily available to students who require them during the school day whether they are on or off site. Secondary school students who are self-managing are reminded to always carry their inhalers and spacers with them.

4.3 Safe Disposal

Parents are responsible for collecting out of date medication from school. A named member of staff is responsible for checking the dates of medication and arranging for the disposal of those that have expired. Manufacturers' guidelines 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, is free, and does not usually need to be renewed in future years: https://www.gov.uk/register-renew-waste-carrier-broker-dealer-england.

The disposal of emergency inhalers should be in line with national guidance on the use of emergency salbutamol inhalers which recommends that spent inhalers are returned to the pharmacy to be recycled, and never thrown away in general waste bins. 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.

5. Physical Education/Activities

The school management and governors need to ensure that the whole school environment, which includes physical, social, sporting, and educational activities, is inclusive and favourable to students with asthma.

Physical Education (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. This includes out of school visits, which schools ensure 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 schools to prevent and deal with problems in accordance with the school's anti bullying and behaviour policies.

Staff use opportunities such as Personal, Social Health & Economic (PSHE) education lessons to raise awareness of asthma amongst students and to help create a positive social

environment and eliminate stigma. School staff understand that pupils with asthma should not be forced to take part in an activity if they feel unwell.

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

PE teachers should make sure students have their inhalers with them during PE and take them when needed as stated in their plan; before, during or after PE. For primary school children this will be the school held inhaler and for secondary school students, their own.

Risk assessments will be carried out for any out of school visits. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency. Schools should recognise there may be additional medication, 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 all members of school staff are required under common law duty of care, to act like any reasonable parent. This may include administering medication. The school management should ensure that there are asthma emergency procedure posters on display in prominent places e.g., the staff rooms, the school office, reception, and gymnasiums.

6. School Environment

The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack. They should not keep warm blooded pets (for example dogs, rabbits, or guinea pigs) inside the school premises. Smoking is explicitly prohibited on the school site. There are other asthma triggers, for example house dust mites, viruses, damp, mould, and air pollution. Idling in cars, which means keeping the engine running while stationary when waiting to drop off or pick-up children from school, increases the number of toxic pollutants in the air which can trigger asthma symptoms. Exposure to these triggers should be limited wherever possible.

7. Students Who Miss School Due to Asthma

The school management should be monitoring students' absence. For example, if a student 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 contact the parent to work out how they can be supported. The school may need to speak with the school nurse or other health professional to ensure the student's asthma control is optimal.

There is no reason for a child to miss out on education due to asthma. For more information on training, contact your local school nursing team. Poor asthma control should not be accepted as a reason for missing school or being late, and as such local policy around missing school and referral to educational welfare teams should not be delayed for this reason, however, it must also trigger referral to the school nursing team and the safeguarding lead at the school.

8. Asthma Attacks

Staff should be trained to recognise an asthma attack and know how to respond. For more information on training, contact your school nursing team. It is good practice to clearly display the procedure to be followed on posters in the staff room and office as a reminder. See Appendix 9.81 and 9.8.2 for sample posters and Appendix 9.6 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 (other students should not be left to supervise a child / young person having an asthma attack).

No student should ever be sent to get their inhaler in this situation; the inhaler must be brought to the student. Emergency services and parents will be informed. Post attack the school nurse will be informed who will ensure that others in primary and community care are informed so that a post attack review can be triggered. A member of staff will accompany the student to hospital until their parent/guardian arrives.

9. Appendices

9.1 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 asthma. Schools must make arrangements to support pupils at school with medical conditions and have regard to the statutory guidance: See 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 ensure 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 and doing it.

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 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 decide to promote cooperation between the authority and relevant partners. Relevant partners include the governing body of a maintained school, the proprietor of an academy, integrated care systems and NHS England and Improvement. 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 17 of the Children 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

9.2 Legal duties on the NHS

Section 3 of the NHS Act 2006

This gives Integrated Care Systems (ICSs) a duty to arrange for the provision of health services to the extent they consider it necessary to meet the reasonable needs of the people for whom it is responsible. This means ICSs should provide the healthcare the people in its area need if these needs are reasonable. This section also provides for ICSs to arrange such services as it considers appropriate to secure improvements in physical and mental health, and in the prevention, diagnosis, and treatment of illness, in people for whom it is responsible in relation to children with asthma, this means that an ICS 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 ICS have a responsibility to the child's health and welfare.

Equality Act (2010)

This states 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 asthma is covered by the definition, in many cases asthma is covered by the definition of 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 year's framework in England, including maintained (non-fee paying) and fee-paying schools

9.3 Definition of roles

Asthma Lead – A school Asthma Lead is a member of school staff who takes a lead role within the school to ensure the asthma policy is implemented. They should be part of the Senior Leadership Team within the school and support the Asthma Champion roles within the school.

Asthma Champion A school Asthma Champion is a non-clinical member of staff who takes an active role supporting the school with the practical implementation of their asthma policy. They should link with others outside the school for support e.g., asthma clinical nurse specialist (CNS), a local GP and local community asthma team. An Asthma Lead is usually a member of staff at the school - the welfare officer is ideally placed or a staff member with an interest in children's asthma and they may be part of a local asthma network. The Asthma Lead should liaise with the school safeguarding lead and identified school nurse if there are concerns around a child's asthma control.

Asthma CNS (clinical nurse specialist) – Asthma CNSs are registered nurses that have had extra training in paediatric asthma care. These nurses specialise in supporting children with asthma who may need extra support, for example, frequent admissions to hospital, high usage of reliever inhalers. Their skills, knowledge and expertise are particularly geared towards helping children, their families, and other involved parties, i.e., schools, from childhood through to young adulthood when they move into adult services. A close working relationship should be maintained between the 0-19 team and the asthma CNS.

School nurse – A school nurse is a registered nurse who has experience and training in public and child health. Each school has a named school nurse who work in and across several schools both primary and high schools. School nurses provide health promotion services in schools and weekly drop-in sessions or one-to-one appointments for students or parents to discuss any concerns they may have. The school nurse has a pivotal role to play in asthma care with children and young people at school. This should include liaising and signposting to the appropriate asthma services in their locality. A close working relationship between the school nursing team and asthma CNS should be developed.

School support staff – There are many types of support staff that help children learn: teaching and classroom assistants; learning support assistants; learning mentors; librarians; science technicians; ICT technicians; food technicians; and design and technology technicians. They help the school run smoothly and include school business managers; cover supervisors; examination officers; school attendance officers; admin assistants; finance officers; and secretaries.

9.4 Asthma Letter Templates

9.4.1 Specimen parent letter - salbutamol inhaler use except for pre-agreed sport use

Appendix 9.4.1 - Specimen parent let

9.4.2 Specimen parent letter - to inform parents of emergency salbutamol inhaler use

Appendix 9.4.2 - Specimen parent let

9.5 Other Asthma Templates

9.5.1 Record of inhaler administered to children in primary school

Appendix 9.5.1 - Record of inhaler ac

9.5.2 Record of emergency inhaler administered to pupils

Appendix 9.5.2 - Record of emergenc

9.5.3 School asthma register template

Appendix 9.5.3 - School asthma regis

9.5.4 Suggested audit checklist template

Appendix 9.5.4 - Suggested audit ch

9.5.5 Sample school asthma plan

Appendix 9.5.5 - School Asthma Plan

9.6 Emergency Kit Checklist

Appendix 9.6 - Checklist Emergency

9.7 Spacer Device User Guides

Information on spacer use in children and young people can be accessed through Asthma UK's videos on inhalers and spacers and from Rightbreathe.

The International Primary Care Respiratory Group (IPCRG) has developed a gallery to offer free downloadable images that can be used by healthcare professionals, journalists and others who influence public and professional knowledge about respiratory (breathing) diseases, including the correct use of medicines and devices such as inhalers and spacers.

9.8 Posters

9.8.1 How to recognise an asthma attack – beat asthma
https://www.beatasthma.co.uk/wp-content/uploads/2017/10/1-HOW-TO-RECOGNISE-AN-ASTHMA-ATTACK-pdf.pdf

9.8.2 How to manage and asthma attack – beat asthma
https://www.beatasthma.co.uk/wp-content/uploads/2022/07/How-to-manage-an-asthma-attack-2022.pdf

9.9 Useful resources: Where to find more information online

Website

- Gov.uk, Emergency asthma inhalers in schools PDF: https://bit.ly/3kiw3da
- Gov.uk, Supporting pupils at school with medical conditions and how to complete an IHCP: https://bit.ly/3pQ0yZa
- Asthma UK schools' advice: https://bit.ly/2MkeCwj
- Asthma action plan and resources: Child Asthma Action Plan – Asthma + Lung UK (asthmaandlung.org.uk)
- Medical conditions at school – Schools Health Alliance: http://medicalconditionsatschool.org.uk/
- Monkey Wellbeing resources and story books: https://www.monkeywellbeing.com/

- Education for Health, Educational resources for staff: Asthma (Children and young people) - elearning for healthcare (e-lfh.org.uk)
- Beat asthma – supporting schools with pupils with asthma: Schools - Beat Asthma
- Moving on asthma - Helping young people with asthma to live independently: Home - Moving on Asthma

Useful videos

- What is Asthma? – Pathophysiology of Asthma: https://bit.ly/3klIJjO
- Dr Ranj and Peppa Pig, the unsung hero of paediatric medicine: https://bit.ly/2ZZzY5D
- Operation Ouch and asthma: https://bit.ly/2ZN0M8Y
- Importance of using a spacer: https://bit.ly/2ZKpPtp
- Asthma4children: https://bit.ly/37JBTPR
- Steroids for asthma and their side effects - Asthma UK: https://bit.ly/37Kh86x
- Parents talk to Asthma UK: https://bit.ly/3bEg9Wy

This document is a modified version of the London Asthma friendly school policy that has been adapted for Salford.