

CLINICAL GUIDELINE

Asthma in Schools and Early Years Settings

Guideline Number	CLG003
Version:	V4
Purpose:	This guidance directs the Public Health Nursing Service in their support of staff employed in schools and early years settings in their care of children with asthma
Consultation:	Public Health Practice Development Group / Specialist Paediatric Respiratory Practitioner
Approved by:	Clinical Policy Group
Date approved:	10/03/2023
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Audience:	School Nurses, Health Visitors, Education settings, Early Years settings, Paediatric Specialist Respiratory Nurse, Health and Safety (GCC), Locality Service Leads, Deputy Manager of Children’s Services, Service Users
Dissemination:	Available on the Trust’s intranet and via communication cascade
Impact Assessments:	This Guideline has been subjected to an Equality Impact Assessment. This concluded that this guideline will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust.

Version History

Version	Date Issued	Reason for Change
V2	Aug 2016	Reviewed and updated
V2.1	31/12/2019	Transferred to GHC Template following merger
V3	06/03/2020	Appendix A was updated and includes the asthma UK link
V4	21/03/2023	Reviewed and updated and added to new template.

SUMMARY

These Guidelines will be available on Gloucestershire Health and Care Services NHS Foundation Trust (GHC) intranet. They will also be available through Gloucestershire County Council website.

These Guidelines and the school / early years’ settings own local procedures should be made known to **all** permanent, supply and volunteer staff, and parents (and older children in

schools) and be freely available for anyone to read.

Advice on developing procedures to reduce the risk of allergy and anaphylaxis in schools and early year's settings is available on www.medicalconditionsatschool.org with embedded guidance from Asthma UK.

All procedures adopted by the school / early years setting should be reviewed annually to ensure they are still relevant in the light of any changes that may have occurred.

Schools and Early years settings will be made aware of staff awareness sessions and these will be advertised in advance on GHC website.

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ABBREVIATIONS

Abbreviation	Full Description
GHC	Gloucestershire Health and Care NHS Foundation Trust

1. INTRODUCTION

- 1.1 Asthma is a lifelong condition, but having the condition should not prevent children from leading a full and active life in and out of education settings.
- 1.2 The UK has among the highest prevalence rates of asthma symptoms in children worldwide. Statistics from Asthma and Lung UK revealed that:

1.3 Asthma and Lung UK, 2021

- In the UK, 5.4 million people have asthma -1 in 12 adults, 1 in 11 children.
- 46% of asthma deaths were identified as avoidable if the appropriate guidelines were followed (National Review of Asthma Deaths, Royal College of Physicians, 2014).
- 4 out of 100 people have severe asthma.
- An estimated 3.53 million people per year did not receive basic asthma care-attending an asthma review, having an inhaler technique check and having an individualised asthma care plan.
- 2.17 million people are estimated to have uncontrolled asthma, which is especially in children and young people, and those on lower income.

1.4 Wherever possible, Gloucestershire County Council (GCC) and its partner organisations will support children with additional needs to enjoy the same range of experiences and opportunities, in the same places, as children with no additional needs (GCC, 2015; GCC, 2017).

1.5 The Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support pupils with medical conditions. Individual healthcare plans will normally specify the type and level of support required to meet the medical needs of such pupils. Where children and young people also have Special Education Needs (SEN), their provision should be planned and delivered in a co-ordinated way with the healthcare plan. (Department for Education/Department of Health, 2015) Schools are required to have regard to statutory guidance '*Supporting pupils at school with medical conditions*' (Department for Education, 2015).

1.6 These guidelines should be read in conjunction with the following Gloucestershire Health and Care Services NHS Foundation Trust (GHC) organisational policies (Available from the GNC Intranet and GCC website)

- Resuscitation Policy (CLP110)
- Allergy and Anaphylaxis in Schools and Early Years Settings within Local Authority Guideline (CLG044) (Children with asthma may also be at risk of Anaphylaxis).

1.7 The presentation can be accessed on the attachment section of this Guideline page or on the following link: [Awareness Sessions > Glos Health & Care NHS Foundation Trust \(ghc.nhs.uk\)](#).

1.8 The template in [Appendix 2](#) is for use by Schools or Early years setting in conjunction with the parent/carer.

1.9 For Schools and Early Years settings these guidelines should be used in conjunction with:

- Department of Health / Department for Education and Skills (2005) Managing Medicines in Schools and Early Years settings.

1.10 Within these guidelines the term child or children is used throughout to refer to any child in an early years setting within the Local Authority area and all children and young

people under the age of 19 in full time education.

- 1.11 Anyone who has a caring responsibility will be referred to as Parent/carer throughout the guideline.

2. PURPOSE

- 2.1 These guidelines are written for the use by both Gloucestershire Health and Care NHS Foundation Trust and the local authority employees. Primarily the guidelines direct the Public Health Nursing Service in their support of staff employed in schools and early years settings in their care of children with medical conditions (specifically Asthma). Gloucestershire Education Department encourages governing bodies and staff to help children with Asthma by facilitating awareness sessions within schools and early years settings.

3. SCOPE

- 3.1 This guidance applies to all Public Health Nurses offering support to schools and early years settings.

4. DUTIES

4.1 General Roles, Responsibilities and Accountability

Gloucestershire Health and Care NHS Foundation Trust (GHC) aims to take all reasonable steps to ensure the safety and independence of its patients and service users to make their own decisions about their care and treatment.

In addition, **GHC** will ensure that:

- All employees have access to up to date evidence based policy documents.
- Appropriate training and updates are provided.
- Access to appropriate equipment that complies with safety and maintenance requirements is provided.

Managers and Heads of Service will ensure that:

- All staff are aware of, and have access to policy documents.
- All staff access training and development as appropriate to individual employee needs.
- All staff participate in the appraisal process, including the review of competencies.

Employees (including bank, agency and locum staff) must ensure that they:

- Practice within their level of competency and within the scope of their professional bodies where appropriate.
- Read and adhere to GHC policy
- Identify any areas for skill update or training required.
- Participate in the appraisal process.
- Ensure that all care and consent complies with the Mental Capacity Act (2005) – see section on [MCA Compliance below](#).

- 4.2 **Public Health Nursing Service Leads** will be responsible for ensuring that guidelines

are updated as per the clinical policy group process or sooner to reflect significant changes in current evidence based practice.

- 4.3 The relevant operational and service leads within Public Health Nursing will be responsible for cascading these guidelines and associated Asthma awareness to identified members of the Public Health Nursing Service, and to assess the competence of these practitioners, ensuring that they have both the clinical knowledge and the presentation skills to deliver the session safely and effectively.
- 4.4 Public Health Nursing (PHN) team members will offer Asthma awareness sessions to schools. The dates are sent out to individual schools and can be accessed via the Trust website. The offer to Early Years settings is where the settings have identified there is a need. [Awareness Sessions > Glos Health & Care NHS Foundation Trust \(ghc.nhs.uk\)](https://www.glos.nhs.uk/awareness-sessions).
- 4.5 The Local authority (LA) is responsible for the dissemination of these Guidelines for the use by Schools and Early Years settings via their local processes, having reviewed and agreed their content. Where children are under the care of the local authority, the social worker (and parent, where appropriate, e.g. S20) will have overall responsibility for ensuring that the School and Early Years settings have been supplied with emergency medication. The Children in Care Nursing team are available to support with individualised care plans.
- 4.6 Head teachers / school governors and early years setting managers, in consultation with their staff, will be responsible for reviewing their own setting's Asthma management procedures, with reference to the content of these guidelines, taking into account any specific local issues present within their own setting.
- 4.7 Head teachers and early years setting managers are responsible for ensuring that any child with Asthma has an Individual Health Care Plan / Emergency Action Plan outlining management of the condition. It is their responsibility to seek advice from the author of the plan for any elements that they are unable to resolve in the plans.
- 4.8 School and Early Years staff are insured by the Local Authority to give medication such as Salbutamol provided they follow these guidelines, have received appropriate training, and carry out care as per the child's Individual Health Care Plan / Emergency Action plan. It is at the discretion of each individual school as to whether they hold their own spare inhalers for emergency use (Please refer to guidance on the use of emergency salbutamol inhalers in schools, Department of Health 2015).
- 4.9 Parents/carers are responsible for supplying school with the emergency medication (and required medication, as per individualised health care plans). Parents/carers are responsible for disposing of the emergency medication, if required.

5. MENTAL CAPACITY ACT COMPLIANCE

- 5.1 Where parts of this document relate to decisions about providing any form of care treatment or accommodation for young people aged 16 and 17, staff using the document must do the following: -
 - Establish if the person able to consent to the care, treatment or accommodation

that is proposed? (Consider the 5 principles of the Mental Capacity Act 2005 as outlined in section 1 of the Act. In particular principles 1,2 and 3) [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9).

- Where there are concerns that the person may not have mental capacity to make a specific decision, complete and record a formal mental capacity assessment.
- Where it has been evidenced that a person lacks the mental capacity to make a specific decision, complete and record a formal best interest decision making process using the best interest checklist as outlined in section 4 of the Mental Capacity Act 2005 [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9).
- Establish if there is an attorney under a relevant and registered Lasting Power of Attorney or a deputy appointed by the Court of Protection to make specific decisions on behalf of the person (N.B. they will be the decision maker where a relevant best interest decision is required. The validity of an LPA or a court order can be checked with the Office of the Public Guardian) [Office of the Public Guardian - GOV.UK \(www.gov.uk\)](https://www.gov.uk).

6. GUIDELINE DETAIL

6.1 Refer to the information contained in the [asthma presentation attachment](#) and templates found in: *Appendices 1 and 2*.

6.2 Parental/carer responsibility for medicines within schools or early year's settings

It is the parents/carer's responsibility to wash spacer devices (where used) when necessary.

Parents/carers are responsible for ensuring that the school / early years setting hold an adequate supply of inhaler devices and reliever medication. They are also responsible for ascertaining that these emergency treatments will not reach their expiry date before the end of the each academic term.

Parents/carers are responsible for safe disposal of date-expired medicines. They should also collect all medicines held at the end of each term. School and early year's staff, or School Nursing staff should not dispose of medicines held.

6.3 For local procedures in the management of Asthma in schools and early year's settings to be safe and effective, the following actions will be required:

- These guidelines and the school / early years' settings own local procedures should be made known to **all** permanent, supply and volunteer staff, and parents (and older children in schools, who have capacity to attend to their own medical needs and treatment as required) and be freely available for anyone to read.
- A regularly updated list should be kept in each school or early years setting of all children with Asthma and **all staff** should be aware of this list.
- The named health visiting team will offer, upon request from an Early Years setting, an awareness session. Schools should arrange to attend a School Nurse delivered awareness session.
- At all updates, an annual staff awareness session and presentation on the management of Asthma as per these Guidelines, with a demonstration of administration of reliever medication via inhaler will be delivered.

- Any additional training and information needs of school / early year's staff will be identified by educational setting. It is recommended that at least four key members of staff should be trained to give emergency medication.
- Schools can purchase an inhaler for emergency use as long as the guidance for emergency inhaler use is followed (DOH 2015).
<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>.
- An Individual Health Care Plan / Emergency Action Plan should be written for the child in partnership with parents/carers and the education setting. This plan should be kept up to date and amended with any changes as necessary.
- Parents/carers should give signed consent for education setting staff to be able to the administer medication for their child/children in school.
- Where children are under the care of the local authority, the social worker (and parent, where appropriate, e.g. S20) must provide consent, unless Authority has been delegated to the carers.

7. DEFINITIONS

- 7.1 Within these guidelines the term child or children is used throughout to refer to any child in an early years setting within the Local Authority area and all children and young people under the age of 19 in full time education.

Anyone who has a caring responsibility will be referred to as Parent/carer throughout the guidelines.

8. PROCESS FOR MONITORING COMPLIANCE

Are the systems or processes in this document monitored in line with national, regional, trust or local requirements?	YES
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Monitoring Requirements and Methodology	Frequency	Further Actions
Public Health Nurses should attend a yearly update and attendance should be recorded and monitored. Booking for these sessions will be available on Care to Learn.	Annually	Mandatory training compliance by Public Health Nurses should be reviewed annually as part of appraisal. Team Leaders can access information on training attendance via the electronic staff record / Care to Learn System.
Providing information of early years and school staff in attendance at awareness sessions	Annually	Copies of attendance records to be retained as evidence. These should be forwarded to the appropriate administrator for uploading to the "N" drive.
Evaluation of the awareness session should be undertaken by the Public Health Leadership team.	Annually	Any issues relating to effectiveness of training should be flagged to the relevant Public Health Nurse Team leader.

9. INCIDENT AND NEAR MISS REPORTING AND SPECIFIC DUTY OF CANDOUR REQUIREMENTS

- 9.1 To support monitoring and learning from harm, staff should utilise the Trust's Incident Reporting System, DATIX. For further guidance, staff and managers should reference the [Incident Reporting Policy](#). For moderate and severe harm incidents specific Duty of Candour requirements must be considered and guidance for staff can be found in the [Duty of Candour Policy](#) and Intranet resources.

10. TRAINING

- 10.1 Public Health Nurses are required to maintain their own mandatory training, of which Basic Life Support is a part (Paediatric and adult).
- 10.2 Public Health Nurses are required to be competent in the demonstration of the administration of reliever medication via inhaler in an emergency. They are also required to demonstrate competence in the use of the training resources, and to show effective presentation / facilitation skills. (Use of MS Teams).

11. REFERENCES

Children and Families Act (online2014) London: The Stationary Office. [Children and Families Act 2014 \(legislation.gov.uk\)](#)

Department of Education (2015) Supporting pupils at schools with medical conditions. Statutory guidance for Governing bodies of maintained Schools and Proprietors of academies in England. Supporting pupils at school with medical conditions (publishing.service.gov.uk)

Department for Education and Skills/Dept. of Health (2005) Managing medicines in schools and early year's settings. [Managing Medicines \(scot.nhs.uk\)](#)

*Department for Education/Department of Health (2015) Special educational needs and disability code of practise: 0 to 25 years. Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities
[SEND_Code_of_Practise_January_2015.pdf\(publishing.service.gov.uk\)](#)*

Department of Health (2009a) The Healthy Child Programme: Pregnancy and the first five years of life. [HCP - Pregnancy and the First Five Years of Life \(publishing.service.gov.uk\)](#)

Department of Health (2009b) The Healthy Child Programme: 5-19years. [Healthy Child Programme: 5 to 19 years old \(publishing.service.gov.uk\)](#)

Department of Health (2015) Guidance on the use of emergency salbutamol inhalers in schools. [Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](#)

Gloucestershire County Council (2015) Local Authority Guidance for

Schools: Supporting Children with Medical Needs. Available from: [Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/611212/supporting-pupils-at-school-with-medical-conditions.pdf).

Gloucestershire County Council (2017) Statutory guidance: Supporting pupils with medical conditions at school. Available from: [la-guidance-for-schools-supporting-pupils-with-medical-needs-amended-5917.pdf \(gloucestershire.gov.uk\)](https://www.gloucestershire.gov.uk/media/125626/la-guidance-for-schools-supporting-pupils-with-medical-needs-amended-5917.pdf).

Asthma and Lung UK (2021) Available from: [Asthma + Lung UK | Asthma home](https://www.asthma.org.uk/).

School healthcare resource at:

www.medicalconditionsatschool.org.uk

www.asthma.org.uk

[Anaphylaxis UK Homepage | Anaphylaxis UK](https://www.asthma.org.uk/)





<https://www.asthma.org.uk/advice/asthma-attacks/>

Appendix 1

Signs that a child is having an asthma attack:

- Their reliever inhaler (usually blue) isn't helping or they need it more than every four hours, or
- They can't talk or walk easily, or
- They're finding it hard to breathe, or
- They're coughing or wheezing a lot, or
- Their chest is tight or hurts, or
- Their peak flow is less than what it says on their asthma action plan.

What to do in an asthma attack

-  **1 Sit up straight** – try to keep calm.
-  **2 Take one puff of your reliever inhaler** (usually blue) every 30-60 seconds up to 10 puffs.
-  **3 If you feel worse at any point OR you don't feel better after 10 puffs call 999 for an ambulance.**
-  **4 Repeat step 2 after 15 minutes** while you're waiting for an ambulance.

IMPORTANT! Not applicable to SMART or MART medicine regimes. Speak to your GP or asthma nurse for further information.

www.asthma.org.uk



If your child goes to A&E, remember to take their **written asthma plan** with you – either as a photo on your phone or a paper copy.

If you don't need to call 999 because your child's asthma symptoms improved after they used their blue inhaler, you need to make an urgent same-day appointment with their GP or asthma nurse.

Appendix 2



Agreement for the Administration of Asthma Reliever

Name:
School/ Early years setting:
DOB: Year / Group:
Address
.....
.....
Telephone: GP:
Known Allergies:
.....

- The Reliever inhaler shall be kept in a safe, accessible place agreed between staff and parents
- A spare Reliever inhaler and spacer (where prescribed) is provided by parents and storage noted.
- Volunteer staff shall be trained in the management of Asthma - one person to be available at all times.
- Parents/carers are responsible for maintaining the Inhalers/ washing the spacer and ensuring reliever treatments in date

I give our consent for employees to administer an Asthma reliever and act as laid out in the action plan in the event of an emergency

Parent/Carer

Name: (print)
Signed: Date:

I give my approval for volunteer employees to administer Asthma relievers and act as laid out in the action plan in the event of an emergency

Head Teacher/ Centre Manager

Name: (print)
Signed: Date: