



Asthma Friendly Schools Programme Guide

Pre-school, primary and secondary school years

Mainstream and special schools

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Introduction

Asthma is the most common long-term medical condition in children. It is a condition that causes the airways to become red, swollen and tight. It cannot be cured, but with appropriate management, a good quality of life can be achieved.

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 wellbeing and optimal academic performance. Whilst some older children may be fully independent with their condition, younger children, children with learning difficulties or those newly diagnosed are likely to need support and assistance from school staff during the school day, to help them to manage their asthma in the absence of their parents.

The 2010 Children, Schools and Families Act and the Children and Families Act 2014 introduced a legal duty on schools to look after children with medical conditions. This is inclusive of children with asthma. 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 asthma.

Following several student deaths in schools in England, due to asthma, the Asthma Friendly Schools Programme was developed. This sets out effective partnership arrangements between health, education and local authorities for managing children and young people with asthma at primary, secondary and special schools.

The programme aims to improve outcomes for children living with asthma and to enable schools to achieve recognition by meeting agreed standards of care. The programme supports school staff by providing asthma education to help make the school environment a safer place for students to thrive and learn.



Improving asthma management in schools has many benefits, including:

- Improved attendance
- Improved academic achievement
- Improved participation in physical activity
- Reduced medical complications related to asthma
- Reduced number of emergency attendances to hospital
- Improved quality of life for students
- Increased confidence and knowledge in schools with students, parents/carers and school staff on asthma management.

Each school participating in the programme should nominate an Asthma Lead and an Asthma Champion to implement and manage each module.

A school **Asthma Lead** is a member of the Senior Leadership Team who holds responsibility for the overall implementation of the programme.

A school **Asthma Champion** is a non-clinical member of staff within the school who takes an active role in the implementation of the Asthma Friendly Schools programme; typically, this is the welfare officer or a staff member with an interest in children's asthma. Asthma Champions are expected to engage with other professionals outside the school for support when required e.g. school nurse, asthma clinical nurse specialist (CNS), local GP and local community asthma team; this includes the school safeguarding lead and school nurse if there are concerns around a child's asthma control.



Accreditation

In order to attain Asthma Friendly Schools Programme Accreditation, a school must achieve a set of mandatory deliverables defined within five modules.

The modules are:

1. Asthma Policy
2. Asthma Register
3. Asthma Kits
4. Asthma Care Plans
5. Whole School Asthma Training.

Once registered on the programme, monthly Asthma Friendly Schools Drop-in Sessions are available for schools to utilise for support and guidance in implementing the programme deliverables.

Registration and access to the drop-in sessions can be requested by emailing asthmafriendlyschools@staffsstoke.icb.nhs.uk. Once a school has implemented all deliverables, they should request a call with the NHS Integrated Care Board (ICB) Programme Lead for confirmation of accreditation and sign-off.

Accreditation will be valid for 12 months after which time schools will be required to contact the ICB for re-accreditation.

The next section of the document outlines each of the deliverables in greater detail.



Asthma Policy

1.1 School should have an up-to-date policy on supporting children with Asthma.

The policy should be a standalone asthma policy and should not be included within an overarching medical policy. Once signed up to the programme the school will be provided with a suite of resources including an Asthma Policy template for the school to adopt and tailor to suit their own school (e.g. attach their own school logo, add name and contact details of their Asthma Lead and Asthma Champion, and update the list of asthma kit locations).

1.2 All staff and parents should be aware of the policy. The policy should be available on the school website and parents should be made aware of this. The policy should also be available on a shared internal drive for school staff to access at all times. Staff of any external clubs (after school/sports clubs etc) should also have access to the Asthma Policy. Schools can ensure this by printing off a copy of the policy and including it in an emergency asthma kit for use by external clubs (see 3.2).

1.3 The Asthma Policy should clearly state the date of issue and date of review.

The date of issue is usually the date that the policy was approved by school governors. The policy should be reviewed on an annual basis. It is the responsibility of the schools Asthma Champion to ensure that this is carried out on an annual basis.

1.4 The Asthma Policy should include the name and contact details of the Asthma Lead and Asthma Champion. Every Asthma Friendly School should nominate an Asthma Lead who will hold ultimate responsibility for the Asthma Friendly Schools Programme. The Asthma Champion will hold responsibility for asthma management within school and will also be responsible for the implementation and day to day management of the Asthma Friendly Schools Programme. The Asthma Champion will ensure that all school staff are aware of and trained in asthma management and the programme processes. It is suggested that schools also nominate an Asthma Support Champion to provide support and to ensure continuity in the event of absence of the Asthma Champion.

1.5 The Asthma Policy should include the locations of all of the schools Emergency Asthma Kits. This is to ensure that every member of staff is able to locate an emergency asthma kit at all times. Every kit should be listed within the policy.

1.6 The Asthma Policy should outline that all school staff will continually recognise, manage and reduce asthma triggers within the school environment. School staff should recognise each individual child has unique triggers and symptoms, and that different school environments can create different triggers. E.g. if a school owns a school pet or is located on a busy road, it will be the responsibility of the school to ensure that mitigating actions are implemented to ensure that these factors do not affect students whose asthma may be triggered by this.



Asthma Register

2.1 The Asthma Register is a detailed list of all students who have asthma. The register should include the following:

- Name
- Date of birth
- Inhaler expiry date
- Diagnosis (e.g. asthma, viral wheeze)
- Triggers
- Parental consent received for the school to administer emergency medication
- School received a completed Asthma Care Plan from the parent for that academic year.

2.2 The Asthma Register should be reviewed and updated on a termly basis. Additional updates should be made mid-year if a student's condition or medication has changed. The Asthma Champion should hold full responsibility for maintaining the Asthma Register.

2.3 The Asthma Register should be printed off and displayed on the wall in the school office, staff room and medical room, alongside an emergency procedures poster.

Schools are asked to only display the emergency procedures that are appended to the back of the Asthma Policy template as the ICB are confident that this is the most up to date and in line with current government guidance.

2.4 The Asthma Register should be made available to all staff members including any external staff e.g. sports and after school club staff. Schools should store the Asthma Register on a shared computer drive for internal staff to access at all times. For external staff, a printed, up to date version should be kept in the emergency asthma kit for use by all external clubs.

2.5 Schools should identify/record/monitor all absences and exacerbations due to poorly controlled asthma. This should be monitored on a monthly basis to identify changes in a child's asthma and parents should be notified. Asthma Champions may wish to obtain support from class teachers or other members of staff to ensure children with asthma are monitored throughout the day. Staff should record when a child is displaying asthma symptoms (e.g. coughing, wheezing etc), along with any absences and exacerbations using a standard template. The ICB can share an example of this template with schools. It is the responsibility of the Asthma Champion to check these records regularly to identify any changes in a child's condition or emerging patterns. If a child's condition appears to worsen or exacerbations increase, it is the responsibility of the Asthma Champion to advise parents to arrange an appointment for an asthma review, symptoms can often be improved through a change in medication.

2.6 Schools should record and monitor medication usage monthly to identify changes in a child's asthma and parents should be notified. As above (2.5), the Asthma Champion, with the support of class teachers and other members of school staff, should record each time asthma medication is taken in school using a standard template. The template can be shared by the ICB.

It is the responsibility of the Asthma Champion to ensure that these instances are recorded and to check these records monthly to spot any changes or emerging patterns in a child's asthma. As noted above (2.5) parents should be notified if a child's condition has worsened and advised to seek an asthma review.



Module 3

Asthma Kits

3.1 A minimum of 2 emergency kits should be located at convenient points throughout the school. Schools may keep additional kits on site if required e.g. if the building is large or if there is a high number of students; however, there should be no less than two. All kits should be strategically located so that they can be easily accessed from anywhere on the school premises. These kits should remain in their locations permanently and only removed in the event of an emergency or for cleaning. A list of kit contents can be found in section 3.6 below.

3.2 Extra emergency kits should be available for off-site activities, evacuation of the building and external clubs. An emergency asthma kit should always be taken on off-site school trips, in addition to the students own asthma kit. The school should plan the number of kits required for any off-site school trips; especially when multiple trips occur on the same day (e.g. a swimming trip on the same day as a residential trip. In this case two off-site kits would be required). Schools should also ensure that an emergency asthma kit is provided for any external clubs e.g. after school clubs or sports clubs.

3.3 A child's own spare inhaler and spacer must be kept in school. All primary school age children with asthma should keep a spare inhaler and spacer (if using a pressurised Metered Dose Inhaler (pMDI)) in their own asthma kit bags in school. A Count It Out record sheet should be available and completed when the inhaler has no dose counter. School staff must notify parents when inhalers are empty or expired and request new inhalers be sent into school. Each kit should be made in the same way as the school's own kits and stored in the classroom. A list of kit contents is outlined below in section 3.6. All senior school age children with asthma should keep their own inhaler and spacer with them at all times and be responsible for replacing once expired.

3.4 Staff should be aware of where all kits are located and have easy access at all times. Staff should be informed of kit locations via the listing within the asthma policy and also via regular staff update sessions and staff meetings. Kits should not be kept within locked cupboards or locked rooms and should be accessible for use 24/7.

3.5 Kits should contain a 'contents monitoring checklist', usage instructions, clear procedures for an acute asthma attack, count it out document, asthma register, care plan and asthma champion contact details. A full list of kit contents is as follows:

Emergency Asthma Kits:	Children's Own Asthma Kits (primary schools only):
<ul style="list-style-type: none">• 1x blue inhaler• A minimum of 2x plastic spacers• Inhaler/spacer usage instructions• NHS emergency procedure guidance• Count it out sheet• Copy of asthma register• Asthma Champion name/contact details• Contents checklist	<ul style="list-style-type: none">• 1x blue inhaler• 1x plastic spacer (if using a pMDI)• Inhaler/spacer usage instructions• NHS emergency procedure guidance• Count it out sheet• Copy of care plan• Asthma Champion name/contact details• Contents checklist



Module 3 - continued

3.6 All asthma kits, medication and spacers should be clearly labelled and stored in a cool location. All asthma kits, including school kits, off-site kits, external club kits and children's own kits should be clearly labelled on the outside of the bag and also the contents inside the bag. All kits should be stored in breathable fabric bags (drawstring PE bags work best). Bags should be stored individually and not kept in plastic boxes as this may attract condensation which could affect the usage of the inhaler if the medication powder were to become damp.

3.7 Inhaler casing and spacers should be washed, and air dried every half term. Inhaler casing and spacers from all kits (both school kits and children's kits) should be washed in warm soapy water and left to air dry every half term. The schools' own kits should also be washed following every use. The Asthma Champion Holds responsibility to ensure that this is carried out. It may be done by a member of school staff but should always be recorded with name and date for auditing purposes.

3.8 Inhaler expiry dates and kit contents should be checked every half term by staff and replaced where required. Inhaler expiry dates on all school inhalers and all children's inhaler should be recorded and replaced when needed. Parents should be informed in good time when a child's inhaler is due to be replaced.

3.9 Parents should be informed promptly when medication is required and advised to seek review. Parents should be notified each time a child uses an inhaler in school and advised whether the school emergency inhaler or the child's own inhaler was used. If the student has started to require asthma medication on a more regular basis than what is normal for them, parents should be advised to seek an asthma review with their GP or practice nurse. As a general rule, rescue inhaler usage more than three times per week may suggest unmanaged asthma.

3.10 The school Asthma Lead and Asthma Champion should be easily identified by staff members, parents, students and visitors. The name and contact details of the schools Asthma lead/Champion should be listed within the asthma policy and on the school website as a minimum. Other ideas to support identification of the Asthma Lead/Champion are:

- Posters around school with name and contact details
- Asthma Lead/Champion may wear lanyard or pin badge stating 'Asthma Lead' or 'Asthma Champion' – can be purchased from Amazon.



Asthma Care Plans

4.1 Students should have a care plan and know where it is kept. The local care plan template should be used in all schools across Staffordshire and Stoke-on Trent. A care plan template should be sent out to parents for completion at the start of every academic year. This should be done again mid-year if there have been any changes in a child's condition or medication. The master copy of the care plan should be kept centrally by the Asthma Champion. A photocopy of the child's care plan must also be kept in their asthma kit in school. Each child should be aware of where their care plan is kept (in their kit) in case it is ever needed in an emergency.

The NHS have developed a standard care plan template which is used in various settings across Staffordshire and Stoke on Trent including schools, school nursing teams and hospital clinics. This was developed to simplify and streamline the management of asthma in schools. Each Asthma Friendly School is requested to use this care plan template which can be shared by the ICB.

4.2 A named member of staff with responsibility for asthma in schools (Asthma Champion) is to maintain all care plans. It is the responsibility of the Asthma Champion to ensure that all care plans are completed on an annual basis and also kept up to date mid-year following changes to a student's condition or prescribed medication. The master copy of the care plan should be held centrally by the Asthma Champion. A photocopy of the care plan must be kept in the child's own asthma kit bag. The Asthma Champion should keep a log of whether they hold an up-to-date care plan for each child on the asthma register for auditing purposes.

4.3 Plans should be updated annually and following any change in child's condition or medication. It is the responsibility of the Asthma Champion to ensure that this is done on an annual basis.

4.4 All students should be encouraged to self-manage and receive asthma education. Teaching staff should support students with correct inhaler and spacer technique when required. Primary School Asthma Champions should consider including students in the Asthma Friendly Schools Programme by establishing 'Student Asthma Ambassador Groups'. These groups may be held on a regular (termly) basis and include all students with asthma. Students should be encouraged to bring their asthma kits along with them so that they can look at and talk about the contents. It will provide an opportunity for them to understand what school staff are monitoring and recording on their behalf. The groups should look at what asthma is, how it affects a person's body, triggers, symptoms etc. Both primary schools and high schools should include asthma education in assemblies and PHSE lessons. The NHS school nursing team may be able to support with this or provide education resources.

4.5 Pressurised Metered Dose Inhalers should always be administered via a spacer. Anyone using a pressurised Metered Dose Inhaler (pMDI) should always use an appropriate spacer device. This is to ensure that the medication is delivered into the lungs sufficiently and is applicable to people with asthma of any age, not just children. If using a Dry Powder Inhaler (DPI), a spacer is not required.



Whole School Asthma Training

5.1 Asthma training should be taken up by the whole school and renewed annually. This offer should include lunchtime supervisors, classroom support staff etc. Every member of staff should attend asthma training and renew this on an annual basis. This is not only applicable to teaching staff.

5.2 Asthma Champion to arrange training by local NHS school nurse teams. It is the responsibility of the Asthma Champion to ensure that asthma training is arranged and that all staff attend. The training should be delivered by the NHS School Nursing Team. Any schools who are unable to utilise the NHS school nursing team training, for commissioning or other reasons, should use the NHS England e-Learning for Healthcare (ELFH) Tier 1 training. The weblink for this can be found in the 'Useful Resources' section of this document. Any other training provider is not recognised by the programme.

5.3 Record to be kept of all staff attending training (min 85% to be evidenced). The Asthma Champion should keep a record of all staff and their asthma training attendance. The date of attendance should be logged along with their renewal date for auditing purposes. A minimum of 85% of school staff should have received asthma training. This provides flexibility for any members of staff who are on long term sick leave or maternity leave.

5.4 Asthma education should be made available for parent and pupil groups annually. As an Asthma Friendly School, it is the responsibility of the Asthma Champion to ensure that all parents and pupils receive basic asthma awareness training. Staffordshire and Stoke-on-Trent ICB have developed a flyer to support with this. The flyer should be shared with parents of children with asthma at the start of each academic year; and also, mid-year when new students join school at a later date. The Asthma Champion should also ensure that education is available to students via Student Asthma Ambassador Groups, whole school assemblies and PHSE lessons as per item 4.4 above. The NHS School Nursing teams can also provide support around parent education if required.



Whole School Staff Responsibilities

- All members of staff including teachers, teaching assistants, support staff and catering staff should ensure that they have read and understood the school asthma policy and practice the safe management of asthma in school
- All school staff should be aware of potential triggers, signs and symptoms of asthma and know what to do in the event of an emergency
- All school staff should know which students have asthma and be familiar with the content of their individual health care plan
- All staff should allow students to have immediate access to their medication
- Inform parents each time a child uses their inhaler
- 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 that all students take their own medication when they go on a school trip or out of the classroom
- Ensure that the schools emergency asthma kits are taken on school trip
- 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 NHS school nursing team, Special Educational Needs Co-ordinators and Safeguarding 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 (Health London Partnership's website has example lesson plans and videos – [Lesson plans for teachers – Transformation Partners in Health and Care](#))
- 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 seek medical advice
- Ensure students with asthma are not excluded from activities in which they wish to take part
- Ensure students have the appropriate medication with them during activity or exercise and are allowed to use them when needed.



Parents Responsibilities

- Ensure that the school is aware of their child's needs
- Ensure that inhalers and spacers are kept at school at all times (primary school)
- Ensure that high school aged children take their inhalers and spacers to school with them every day
- Ensure that all children take sufficient medication on school trips
- Ensure their children use spacers with pressurised Metered Dose Inhalers (pMDI) at all times
- Ensure that all inhalers have a valid expiry date
- Complete and return care plans to school promptly
- Provide consent for their children to use the school's emergency asthma medication
- Take their children for regular asthma review appointments at their GP practice.

Students Responsibilities

- Always have access to their own inhaler and spacer whilst at school
- Learn how to use their inhaler and spacer with the correct technique
- Understand their own triggers and symptoms
- Always use a spacer with a pMDI inhaler
- Report when they are feeling unwell to the Asthma Champion or a member of staff.



Useful Resources

Resource	Link
Guidance on the use of emergency salbutamol inhalers in schools	Guidance on the use of emergency salbutamol inhalers in schools
NHS Asthma Friendly Schools web page	Asthma friendly schools – Transformation Partners in Health and Care Partnership
NHS MPFT School Asthma Training booking – Staffordshire	Staffordshire County Council :: Midlands Partnership University NHS Foundation Trust
NHS MPFT School Asthma Training booking – Stoke-on-Trent	Stoke-on-Trent City Council: Midlands Partnership University NHS Foundation Trust
NHSE e-Learning for Healthcare Tier 1 Asthma Training	Asthma (Children and young people) – elearning for healthcare
Asthma & Lung UK web page	Asthma + Lung UK
Beat Asthma web page	www.beatasthma.co.uk
Asthmanauts comic book for younger students	Asthmanauts launch - education and activity guide for CYP - Transformation Partners in Health and Care
Princess Asma comic book for younger students	Princess Asma Asthma Innovation Re
Additional local resources and useful links	Asthma and respiratory – Staffordshire and Stoke-on-Trent, ICS

If your school wishes to register for the Asthma Friendly Schools Programme, please contact the ICB at asthmafriendlyschools@staffsstoke.icb.nhs.uk. The programme leads will be able to register you as a participating school, share all templates and resources and also forward meeting invites to enable your attendance at the monthly Asthma Friendly Schools Programme Drop-in Sessions.

