



# ASTHMA POLICY



## Document Status -

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| <b>Policy Authors</b>               | Hollinswood Primary School & Nursery     |
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## **Asthma Policy Statement**

1. **The School Asthma Leads are Mrs Susan Gill and Mrs Anne Hitchin**
2. Hollinswood Primary School and Nursery is an inclusive community that aims to support and welcome pupils with asthma.
3. We ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favorable to pupils with asthma.
4. The school's asthma policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.
5. Hollinswood Primary School and Nursery ensures all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency. All school staff receive annual asthma awareness training.
6. **The Schools Asthma Leads are working towards achieving the Asthma Friendly Schools Initiative**
7. We have a clear guidance on the administration of medicines at school **(See Administration of Medication in School Policy)**.
8. There is clear guidance on the storage of medicines at school.
9. We have clear guidance about record keeping.
10. Each member of the school staff knows their roles and responsibilities in maintaining and implementing an effective medical condition policy. The asthma policy is regularly reviewed evaluated and updated. Updates occur every year.

**Hollinswood Primary School and Nursery is an inclusive community that aims to support pupils with asthma.**

- Pupils with asthma are encouraged to take control of their condition.
- Pupils feel confident in the support they receive from the school to help them do this.
- Pupils with asthma are included in all school activities.
- All staff feel confident in knowing what to do in an emergency.
- The school asthma policy is understood and supported by the whole school and local health community.

**Hollinswood Primary School and Nursery ensures that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favorable to pupils with asthma.**

- Hollinswood Primary School and Nursery is committed to providing pupils with a physical environment, which is accessible to pupils with asthma.
- This school's commitment to an accessible physical environment includes out of school visits and the school ensures these visits are accessible to all pupils.
- We ensure the needs of children and young people with asthma are adequately considered to ensure they have full access to extended school activities such as school discos, school productions, after school clubs and residential visits.
- All staff at Hollinswood Primary School and Nursery are aware of the potential social problems that pupils with asthma may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti bullying and behaviour policies.
- Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of asthma amongst pupils and to help create a positive social environment.
- We ensure that all classroom teachers; PE teachers and sporting coaches understand that pupils with asthma should not be forced to take part in activity if they feel unwell.
- The school ensures all pupils have the appropriate medicines with them during physical activity and that pupils take them when needed.
- Risk assessments must be carried out for any out of school visit and asthma must be considered during this process. Factors to consider include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency.
- 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.

**Hollinswood Primary School and Nursery's asthma policy has been drawn up in consultation with a wide range of local key stakeholders both within the school and health settings.**

- Hollinswood Primary School and Nursery has consulted on the development of this asthma policy with a wide range of key stakeholders both within the school and health settings.
- We recognise the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow up to suggestions put forward.

**All staff understand asthma and are trained in what to do in an emergency.**

- Staff at Hollinswood Primary School and Nursery understand their duty of care to pupils in the event of an emergency.
- In an emergency situation school staff are required under common law duty of care, to act like any reasonably prudent parent. This may include administering medicines.
- All staff who work with children at this school receive training annually and know what to do in an emergency for the children in their care with asthma.
- Training is refreshed for all staff at least once a year.
- We use school asthma healthcare plans to inform the appropriate staff (including supply teachers and support staff), of pupils in their care who may need emergency help.
- We have procedures in place for a copy of the pupil's health care plan to be sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent or the information on it is communicated to the hospital as soon as possible.
- If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.
- Generally, staff should not take pupils to hospital in their own car.

**Hollinswood Primary School and Nursery has clear guidance on the administration of medicines at school.**

#### **Guidelines for Pupils with Asthma**

At Hollinswood Primary School & Nursery, pupils with asthma are encouraged to:

- Take control of their condition and take part in all school activities
- Have the appropriate inhalers with them during physical activity and take them when needed

Children should not be forced to take part in activity if they feel unwell.

#### **Inhalers**

Inhalers are the commonest form of medication for asthma and basically are either:

- Relievers (blue) or

- Preventers (commonly brown)

Preventers are usually regularly taken once or twice a day and therefore do not normally need to be taken at school.

Relievers should be available immediately and used before exercise. They should also be used if the child becomes breathless or wheezy or coughs excessively. Relievers are best kept on the child's person, but if not, must be available within one minute wherever the child is. Relievers cause no harm if taken by a non-asthmatic.

**From 1 October 2014 Schools will be allowed to keep a salbutamol inhaler for use in emergencies when a child with asthma cannot access their own inhaler.**

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent (**Appendix 1**) has been given and who have both been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

A record of the administration of the emergency inhaler must be recorded and a letter sent to the parents (**Appendix 1**)

**For further information on using emergency inhalers, please refer to the Protocol for the use of emergency salbutamol inhalers in schools (November 2017) and the Guidance for the Management of Asthma in Secondary and Primary Schools in Shropshire and Telford & Wrekin Updated March 2016.**

Reliever inhalers:

- Are essential in treating asthma attacks
- Come in different shapes and sizes but they are usually blue
- Are very safe and effective and have few side effects - some children get a faster heart rate and may feel shaky if they take a large dose
- Are often used just before children do strenuous exercise to prevent an asthma attack

Examples of what relievers can look like are shown below:

|   |   |   |  |   |
|---|---|---|--|---|
|  |  |  |  |  |
| <b>Metered Dose Inhaler</b>   | <b>Accuhaler</b>  | <b>Easyhale</b>   | <b>Easibreath</b>  | <b>Turbohaler</b>   |

Please note, there are also preventer inhalers, which can be purple, green, brown and orange.

Preventor medication should not normally be kept in school. Some children require inhalers which are taken on a regular basis, to try and prevent asthma symptoms. These are called preventers. **They are not used to treat an established asthma attack. Preventers are expected to be administered by parents/carers at home, outside of normal school hours.** In general, preventer medication is indicated if a child needs to use their reliever inhaler more than once or twice a week. Preventer inhalers are usually brown, orange, green or purple.

### **Where do we keep inhalers?**

All pupils keep their inhalers in a clearly labelled bags in the classroom.

Children with asthma must be able to access their own relieving medication:

- Children who are able to use their inhalers themselves should be allowed to carry them with them
- If a child is too young or immature to take responsibility for their own inhaler, staff should make sure the inhaler is provided then stored in a safe but readily accessible place, clearly marked with the child's name
- Inhalers should never be in locked storage
- Inhalers should always be easily available during physical education, sports activities and educational visits (see below)
- Pupils with asthma need to be able to access their reliever medicine freely, including whilst away from school on education visits. If children are considered able to carry their own reliever, remind the child to carry the school staff accompanying the child on the visit should keep the reliever in an easily accessible place. This information should be included on school circulars and in advice to parents
- All asthma medicine taken to school should be clearly labelled with the pupil's name
- Staff should ensure that children only receive their own medication.
- Children's inhalers should not be used for other children
- All medication should be stored in their original containers
- All medication should be sent home with pupils at the end of the school year and should not be stored in school during the summer holidays
- Out of date medication should be returned to parents, who should be asked to return the item to a pharmacy for safe disposal
- When a pupil leaves the school, their medication should be returned to parents
- All expiry dates are recorded in the Asthma Folder, which is located under Mrs Gills desk in the school offices; this is checked and updated on a regular basis

### **Emergency medicines**

- All pupils at Hollinswood Primary School and Nursery with asthma have easy access to their emergency medicines
- All pupils are encouraged to carry and administer their own emergency medicine, when their parents and health specialists determine they are able to start taking responsibility for their condition



- Pupils who do not carry and administer their own emergency medicines, should know where the drugs or medicines are stored and how to gain access
- All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent. In an emergency situation, this may include taking action such as administering medicines
- Hollinswood complies with the Protocol for the use of emergency salbutamol inhalers in schools produced by NHS Telford and Wrekin, Medicines Management Team.

### **Non-emergency medicine**

- All staff are aware that there is no legal or contractual duty for any member of staff to administer medicine or supervise a pupil taking medicines unless they have been specifically contracted to do so
- Many other members of staff who are happy to take on the voluntary role of administering medicines may administer prescribed and non-prescribed medicines to pupils under the age of 16, but only with the written consent of the parent
- Training is given to all staff members who agree to administer medicines to pupils and the Local Education Authority provides full indemnity
- Should the medicine change or be discontinued, or the dose or administration method change, parents will notify the school immediately
- If a pupil refuses their medicine, staff should record this. Parents or carers should be informed as soon as possible
- All staff attending off site visits should be aware of any pupils on the visit with asthma. They should receive information about what to do in an emergency and any other additional support necessary, including any additional medicines or equipment needed
- If a trained member of staff, who is usually responsible for carrying or administering medicine, is not available the school should make alternative arrangements to provide the service. This should be addressed in the risk assessment for the activity
- If a pupil misuses medicines, either their own or another pupil's, their parents will be informed as soon as possible and they will be subject to the school's usual disciplinary procedures

## **Hollinswood Primary School and Nursery has clear guidance on the storage of medicines at school**

### **Safe storage - emergency medicine**

- Emergency medicines are readily available to pupils who require them at all times during the school day or at off site activities
- Most pupils at this school carry their emergency medicine on them at all times. Pupils keep their own emergency medicines securely
- Pupils are reminded to carry take their emergency medicines with them at all times
- Pupils, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self-manage and carry their own emergency medicines on them, know exactly where to access their emergency medicines

### **Safe storage – general**

- All medicines are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the pupil's name, 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
- Some medicines for pupils at this school may need to be refrigerated. All refrigerated medicines are stored in an airtight container and are clearly labelled. Refrigerators used for medicine storage are in a secure area inaccessible to pupils without supervision or lockable as appropriate
- All medicines are sent home with pupils at the end of the school year. Medicines are not stored in school over the summer holidays
- 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

### **Safe disposal**

- Parents are asked to collect out of date medicines from school
- If parents do not pick up out of date medicines or at the end of the school year medicines are taken to a local pharmacy for safe disposal
- Sue Gill and Anne Hitchin (working with the class Teaching Assistants and First Aiders) are responsible for checking the dates of medicines and arranging for the disposal of those that have expired. This check is done at least three times a year

## **Hollinswood Primary School and Nursery has clear guidance about record keeping**

### **Enrolment forms**

- Parents at Hollinswood Primary School and Nursery are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year
- Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

### **Drawing up School Asthma Health Care Plans**

- This school uses an adapted School Health Care Plan from “Managing Medicines in Schools and Early Years Settings” guidance to record important details about individual children's medical needs, their triggers, signs, symptoms, medicines
- A school health care plan accompanied by an explanation is sent to all parents of pupils with asthma for completion:
  - at the start of the school year
  - at enrollment
  - when a diagnosis is first communicated to the school



- The parents are asked to fill out the pupil's school Asthma Health Care Plan (**See Appendix 1**). Parents then return these completed forms to the school. Parents may need to liaise with their child's health care professionals to complete the form
- This school ensures that a relevant member of school staff is available, if required to help complete the health care plan for pupils with particularly complex healthcare needs

### **School Asthma Register**

- The school Asthma Health Care Plans are used to create a centralised register of pupils with asthma
- **The School Asthma Leads** have responsibility for the register at this school
- **The School Asthma Leads** are responsible for following up any of the details on a pupil's Asthma Health Care Plan or if permission for administration of medicines is unclear or incomplete
- Parents at this school are regularly reminded to update their child's Asthma Health Care Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse) or their medicines and treatments change
- Staff at this school use opportunities such as teacher-parent interviews to check that information held by the school on a pupil's condition is accurate and up to date
- Every pupil with a health care plan at this school has their plan discussed and renewed at least once year
- Parents and pupils at this school are provided with a copy of the pupil's current agreed health care plan
- Health care plans are kept in a secure central location at school
- All members of staff who work with groups of pupils, have access to the health care plans of pupils in their care
- When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the health care plans of pupils in their care
- The school ensures that all staff protect pupil confidentiality
- This school seeks permission from parents to allow the health care plan to be sent ahead to emergency care staff should an emergency happen during school hours or at an out of school hours' school activity
- This school seeks permission from the pupil and parents before sharing any medical information with any other party, such as when a pupil takes part in a work experience placement
- This school uses the health care plans to:
  - Inform the appropriate staff and a supply teacher about the individual needs of a pupil with a medical condition in their care
  - Identify common or important individual pupil triggers at school that bring on symptoms and can cause emergencies
  - Ensure that all medicines stored at school are within the expiry date
  - Ensure this school's local emergency care facilities have a timely and accurate summary of a pupil's current asthma management and healthcare in the event of an emergency

- Remind parents of pupils with asthma to ensure that any medicines kept at school for their child are within their expiry dates

### **Consent to administer medicine**

- If a child requires regular prescribed or non-prescribed medicines at school parents are asked to provide consent giving staff permission to administer medicines on a regular/daily basis, if required. A separate form is available for short programs of medicine if parents and school require it **(See Appendix 3)**
- All parents of pupils with asthma are asked to provide consent on the health care plan giving staff permission to administer medicines in an emergency
- If a child requires regular/daily help in administering their medicines, then the school outlines the school's agreement to administer those medicine/s on the health care plan. The school and parents keep a copy of this agreement
- Parents of pupils with asthma at this school are all asked at the start of the school year on the healthcare plan if they and/or the child's healthcare professional believe the child is able to self-manage, carry and administer their own emergency medicines
- Parents are sent a medicines form to be completed and returned to school shortly before their child leaves for an overnight or extended day trip. This form requests up to date information about the pupil's current condition and their overall health. This provides up to date information to relevant staff and school supervisors to help the pupil manage their condition while they are away including information about medicines not normally taken during school hours
- The medicines form is taken by the relevant staff member to the off-site trip and for all out of school hours' activities along with a copy of the pupil's health care plan
- All parents of pupils with asthma attending a school trip or overnight visit are asked to give consent for staff to administer medicines at night or in the morning if required
- The medical form also details what medicines and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away

### **Other record keeping**

- This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medicines. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medicines administered, this is also recorded and parents are informed as soon as possible

### **Staff Training - record keeping**

- This school holds training on asthma once a year
- All staff attending receives a certificate confirming the type of training they have had
- A log of the asthma training is kept by the school and reviewed every 12 months to ensure all new staff receives training
- **The School Asthma Leads attend bi-annual training**
- All school staff that volunteer or are contracted to administer medicines are provided with training by a healthcare professional

## Each member of the school and health community know their roles and responsibilities in maintaining an effective medical condition policy

This school works in partnership with all interested and relevant parties including the school's governing body, all school staff, school nurses, parents, employers of school staff, healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully. The following roles and responsibilities are used for the asthma policy at this school. These roles are understood and communicated regularly:

### **This school's employer has a responsibility to:**

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips
- Ensure health and safety policies and risk assessments are inclusive of the needs of pupils with asthma
- Make sure the asthma policy is effectively monitored and regularly updated
- Provide indemnity for teachers who volunteer to administer medicine to pupils with asthma

### **This school's head teacher has a responsibility to:**

- Ensure the school is inclusive and welcoming and that the asthma policy is in line with local and national guidance and policy frameworks
- Liaise between interested parties including pupils, school staff, SEN coordinators, welfare assistants, teaching assistants, school nurses, parents, governors, the school health service the local authority transport service and local emergency care services
- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils individual health plans
- Ensure pupil confidentiality
- Assess the training and development needs of staff and arrange for them to be met
- Ensure all supply teachers and new staff know the asthma policy
- Delegate a staff member(s) to check the expiry date of medicines kept at school and maintain the school asthma register **(Asthma Leads)**
- Monitor and review the policy at least once a year, with input from staff and external stakeholders

### **The School Asthma Leads have a responsibility to:**

Every school should identify at least one or two members of school staff to take on a lead role for asthma. These asthma leads should:

- Attend an asthma awareness training session every two years.
- Compile and maintain the school's asthma register
- Ensure that all parents are asked every year if their child has asthma
- Ensure a covering letter and health care plan (Appendix 1) are sent to all parents of children with asthma. The parents should complete the School Asthma Health Care Plan and return it to the school
- Review the School Asthma Health Care Plan in conjunction with the child's parent

- Ensure that all parents are asked to complete the agreement for the school to administer medicine in school (Appendix 3)
- Raise awareness within the school about the school's asthma policy and guidelines
- Liaise with the school nurse about individual children, especially when there are any concerns that a child's asthma may be getting worse
- Liaise with teachers who look after children with asthma to ensure children have access to their relieving inhalers
- Support all school staff to understand and manage asthma within the school setting.
- Ensure that all children with an asthma health care plan have a reliever metered dose inhaler in school for emergency use with an individual spacer
- All medication to go home with the individual at the end of the school year along with a new parental consent and health care plan.

**All staff at this school has a responsibility to:**

- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency
- Understand the school's asthma policy
- Know which pupils have asthma and be familiar with the content of their individual health plan
- Allow all pupils to have immediate access to their emergency medicines
- Maintain effective communication with parents including informing them if their child has been unwell at school
- Ensure pupils who carry their medicines with them, have them when they go on a school trip or out of the classroom
- Be aware that long term conditions can affect a pupil's learning and provide extra help when pupils need it
- Be aware of pupils with asthma who may be experiencing bullying or need extra social support
- Liaise with parents, the child's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- Use opportunities such as PSHE to raise pupil awareness about asthma
- Understand asthma and the impact it can have on pupils. (Pupils should not be forced to take part in activity if they feel unwell)
- Ensure all pupils with asthma are not excluded from activities they wish to take part in
- Ensure pupils have the appropriate medicines with them during activity or exercise and are allowed to take it when needed

**The school nurse at this school has a responsibility to:**

- Help update the school's asthma policy
- Help provide regular training for school staff in managing asthma at school
- Provide information about where the school can access training in areas that the school nurse has not had specialist training
- Provide support and information to the identified member of staff responsible for ensuring that parents complete the health care plans

**First Aiders have a responsibility to:**

- The minimum first aid provision in schools should include:
  - Suitably stocked first aid container
  - Appointed person to take care of emergencies and the first aid container
  - Information on emergencies
  - This minimum provision must be supplemented with a risk assessment to determine any additional provision needed

**Special Education Needs Officer have a responsibility to:**

- Know which pupils have asthma and which have special education needs because of their condition
- Ensure pupils who have been unwell catch up on missed school work
- Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangement in exams or course work

**Welfare officers have a responsibility to:**

- Know which pupils with have a medical condition and which have special education needs because of their condition
- Ensure all pupils with asthma are not excluded from activities they wish to take part in

**Individual doctors and specialist healthcare professionals caring for children who attend this school, have a responsibility to:**

- Help complete the school health plans provided by parents if appropriate
- Where possible and without compromising the best interests of the child, to try to prescribe medicines that can be taken outside of school hours
- Offer the parents of every child a written self-management plan to ensure parents and children know how they self-manage at school and at home
- Ensure the child knows how to take their medicines effectively
- Ensure children have regular reviews of their condition and the medicines they take
- Provide the school with information and advice if a child in their care has severe asthma symptoms (with the consent of the pupil and their parents)
- Understand and provide input to the school's medical condition policy

**The parents at this school have a responsibility to:**

- Tell the school if their child has asthma
- Ensure the school has a complete and up-to-date school healthcare plan for their child
- 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 or field trips and other out-of-school activities such as school team sports
- Tell the school about any changes to their child's medicines, what they take and how much
- Inform the school of any changes to their child's condition
- Ensure their medicines and medical devices are labeled with their full name
- Ensure that their child's medicines are within their expiry dates
- Keep their child at home if they are not well enough to attend school
- Ensure their child catches up on any school work they have missed

- Ensure their child has regular reviews with their doctor or specialist healthcare professional
- Ensure their child has a written self-management plan from their doctor or specialist healthcare professional to help them manage their child's condition

### **Asthma and Physical Education**

Children with asthma may experience asthma symptoms during exercise. However, children and young people with asthma, like everybody else, benefit from regular activity. There has been a large emphasis in recent years on increasing the number of children involved in exercise and sport in and outside of school. The health benefits of exercise are well documented, and this is true for children and young people with asthma.

School sports staff should:

- Involve pupils with asthma as much as possible in their lessons and encourage them to get involved in after school clubs and sport activities in the normal way
- Be aware of the potential triggers for pupils with asthma when exercising and should know what to do to minimise these triggers
- Make time to speak to parents to relieve their concerns or fears about children with asthma participating in PE
- Children and young people with asthma should:
  - Take their reliever inhaler immediately before they warm up. This ensures that the airways are open and the effects of the reliever inhaler can last during the period of exercise
  - Always warm up and down thoroughly
  - Stop exercise if they start experiencing asthma symptoms. The child should then take their reliever inhaler and wait until they feel better (at least five minutes) before starting again
  - If relatively unfit, gradually increase their exercise levels

### **Asthma and Educational Visits**

There are some extra measures that should be taken when a child with asthma is attending an educational or residential visit away from school. The asthma lead should discuss these measures in conjunction with the child, parents, the class teacher, school head teacher and school nurse if appropriate.

- Ensure that all inhalers are readily available to the pupils who require them at all times during the educational or residential visit
- Ask the parents about their child's asthma and current treatment and check if the school Asthma Health Care Plan is up to date
- Sometimes additional safety measures may need to be taken for educational or residential visits, such as a risk assessment
- Additional supervisors, parents or another volunteers who are accompanying the child may need asthma training
- A copy of the child's School Asthma Health Care Plan should be taken on the visit
- During residential visits, children may need to take their preventer and their reliever inhalers. Information about these inhalers should be included in the School Asthma Health Care Plan
- Children may need supervision when taking their asthma medication

## **ASTHMA ATTACK – WHAT TO DO.....**

It is recognised “best practice” amongst health professionals that any inhaler medication administered to a child either for a MILD/MODERATE or SEVERE attack should be administered through a spacer device (**see Appendix 4 for use of a Spacer**).

### **Mild to Moderate Attack**

(Cough, wheeze, tight chest, but child able to talk in sentences.)

1. Ensure their usual reliever dose is taken immediately – usually blue inhaler.

This should relieve breathing difficulty in 5 to 10 minutes: IF NOT – Follow ‘Severe Attack’ guide.

2. Stay calm and reassuring. Help child breathe. Attacks are frightening. Listen to the child.

Assist to sit comfortably. Encourage slow, deep breaths.

3. After a mild attack, children can resume normal activities as soon as they feel better.

Inform their parents.

### **Severe Attack – Emergency Situation**

The following indicates a severe attack, which must be dealt with at once:

- Reliever has no effect within 5 to 10 minutes.
- Child is distressed or unable to talk normally.
- Child is getting exhausted.
- Blue tinge around the lips.
- You have any doubts about the child’s condition: only ONE sign needed to indicate severity.

N.B. the child may not wheeze.

1. Ensure child takes a second dose of reliever.

2. Second adult dials 999 for ambulance.

State the child is having severe asthma attack requiring immediate attention. Always transport to hospital by ambulance, not staff cars as the child may deteriorate rapidly.

3. Continue giving reliever until help arrives. Use the child’s own reliever.

4. Inform the child’s parent or guardian of the situation and actions taken.

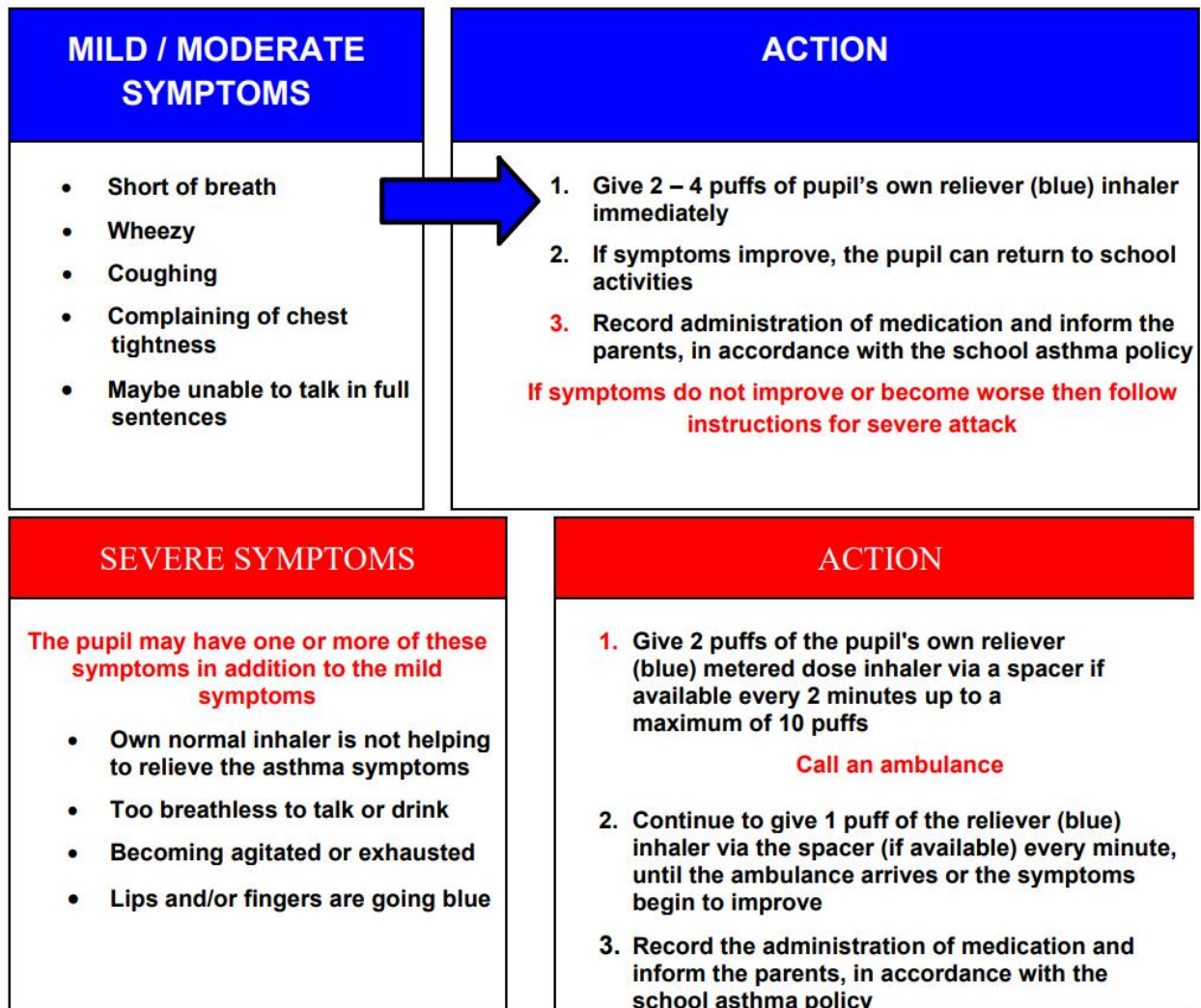
5. After the event – the link person should document the incident and inform the school nurse.

### **Staff and visitors on site who suffer with Asthma**

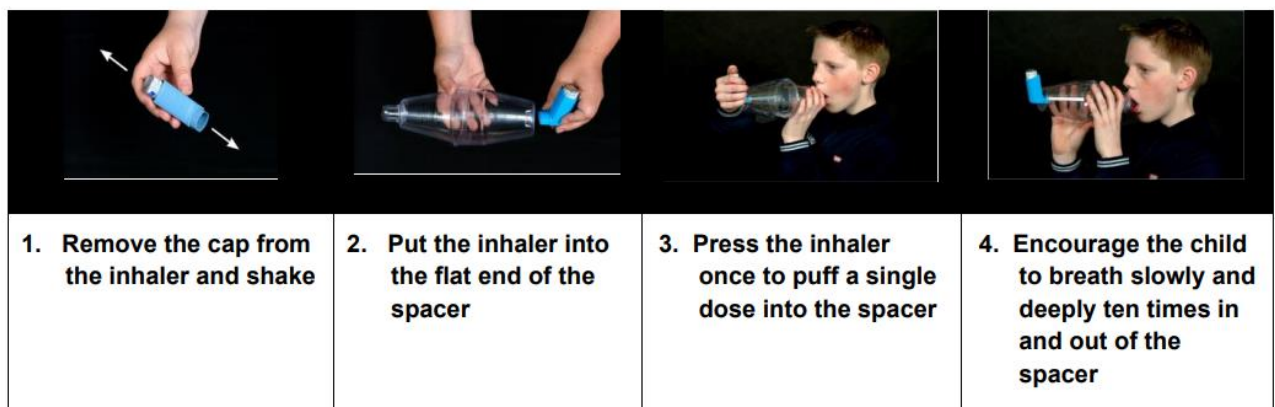
Staff and visitors to school should carry their own inhalers and have access to them should they need them. In the event that an adult in school suffers an attack and staff cannot locate their inhaler, they would call emergency services and seek advice which most probably would be for us to administer the emergency inhaler we have on site.



# Flowchart for the Management of an Asthma Attack in School



## How to Use an Inhaler and Spacer



## Frequently Asked Questions

**Q What happens if a pupil takes too much reliever medicine?**

**A.** Relievers are a very safe and effective medicine and have very few side effects. Some children and young people may feel shaky if they take a lot of reliever. However, they cannot 'overdose' on reliever medicines and these side effects pass quickly.

**Q What happens if a pupil without asthma experiments with another child's reliever inhaler?**

**A.** It is undesirable, but not harmful, for a pupil without asthma to use another pupil's reliever inhaler. If they take a lot of reliever inhaler, they may experience an increased heart rate or tremor and be a little shaky, but this will pass quickly and will not cause any long-term effects.

**Q Do inhalers have an expiry date?**

**A.** Yes, all relievers have an expiry date. Parents are responsible for ensuring that their child's medicines are within the expiry date.

**Q Should a pupil with asthma use another pupil's inhaler if they are having asthma symptoms and their reliever inhaler is not available?**

**A.** Reliever inhalers are prescribed for an individual and they should not be used by anyone else. It is extremely important to ensure that all pupils with asthma have easy access to their own reliever inhaler.

**USE OF *EMERGENCY* SALBUTAMOL INHALER CONSENT FORM:**

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.
4. If my child has had to use the Emergency Salbutamol Inhaler, the school will contact me and I will replace my child's inhaler in school as a matter of urgency.

**Signed: Date:** .....

**Name (print)**.....

**Child's name:** .....

**Class:** .....

**Parent's address and contact details:**

.....  
.....  
.....

**Telephone:** .....

**E-mail:** .....

**I consent to photo ID being used on the asthma register    Yes / No [delete as appropriate]**

**SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE**

Child's name:

Class:

Date:

Dear

[Delete as appropriate\*]

*\*This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....*

*\*A member of staff helped them to use their asthma inhaler.*

*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.*

*\*Their own asthma inhaler was not working, 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 you have your child seen by your own doctor as soon as possible.

Yours sincerely,

Dear Parents / Guardians

**Re – The School Asthma Health Care Plan**

Thank you for informing us of your child’s asthma on his/her registration form.

As part of accepted good practice and with advice from the local PCT, hospital specialists, and the Department for Education & Skills, our school has recently established a School Asthma Policy.

As part of this policy, we now ask all parents/guardians of children with asthma to help us by completing a School Asthma Health Care Plan for their child/children. This is attached to this letter. The completed School Asthma Health Care Plan will store important details about your child’s current medicines, triggers, individual symptoms and emergency contact numbers. The Plan will help school staff to better understand your child’s individual condition and needs.

Please complete this Plan and return it to the school as soon as possible.

I look forward to receiving your child’s completed School Asthma Health Care Plan.

Thank you for your help.

Yours sincerely

Kath Osborne

**Headteacher**

**Enc**

**Advice for Parents**

Remember:

- It is your responsibility to tell the school about any changes in your child’s asthma and/or their asthma medications.
- It is your responsibility to ensure that your child has their “relieving“ medication with them in school and that it is clearly labelled with their name. You should confirm this with your child’s class teacher.
- It is your responsibility to ensure that your child’s asthma medication has not expired.
- Your child should not be **EXPOSED** to **CIGARETTE SMOKE**.

## SCHOOL ASTHMA HEALTH CARE PLAN

### **Child's Details :**

|                       |  |
|-----------------------|--|
| Child's Full Name     |  |
| Child's Date of Birth |  |
| Child's Class         |  |
| Child's Address       |  |
| Date Asthma Diagnosed |  |

### **Family Contact Information :**

|                           |  |
|---------------------------|--|
| Parents / Guardians Names |  |
| Phone No – Work           |  |
| Phone No – Mobile         |  |
| Phone No – Home           |  |
| Parents / Guardians Names |  |
| Phone No – Work           |  |
| Phone No – Mobile         |  |
| Phone No – Home           |  |

### **G.P. Contact Information :**

|               |  |
|---------------|--|
| G.P. Name     |  |
| G.P. Phone No |  |

### **Clinic / Hospital Contact Information :**

|          |  |
|----------|--|
| Name     |  |
| Phone No |  |

**Describe how the asthma affects your child including their typical symptoms and asthma “ Triggers “.**

**Describe your child’s daily requirements including the name of their asthma medicine(s), how often it is used and the dose. ( e.g. *once or twice a day / just when they have asthma symptoms / before sports activities etc )***

**Describe what an asthma attack looks like for your child and the action to be taken if this occurs.**

**Who is to be contacted in an emergency? Give three contact telephone numbers.**

1. Name..... Phone No .....

2. Name..... Phone No .....

3. Name..... Phone No .....

**Form copied to; (To be completed by the Schools Asthma Lead)**



### Advice for Parents

Remember :

- It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medications.
- It is your responsibility to ensure that your child has their "relieving" medication with them in school and that it is clearly labelled with their name. You should confirm this with your child's class teacher.
- It is your responsibility to ensure that your child's asthma medication has not expired.
- Your child should not be **EXPOSED** to **CIGARETTE SMOKE**.

**REQUEST FOR A CHILD TO CARRY THEIR OWN MEDICATION**

**PARENTS TO COMPLETE FORM.**

If you have any concerns about any of the information required for this form they should discuss this with the school nurse.

|  |  |
|--|--|
| Name of School                         |  |
| Child's Name                           |  |
| Child's Class                          |  |
| Child's Address                        |  |
| Name of Medicine                       |  |
| Procedures to be Taken in an Emergency |  |

**Family Contact Information :**

|                           |  |
|---------------------------|--|
| Parents / Guardians Names |  |
| Relationship to Child     |  |
| Phone No – Work           |  |
| Phone No – Mobile         |  |
| Phone No – Home           |  |

I would like my son / daughter to keep their medicine themselves for use as necessary.

Signed ..... Date .....

Print Name ..... Relationship to Pupil .....

**PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE**

**The school will not give your child medicine unless you complete and sign this form.**

|   |  |
|---|--|
| Name of Child.  |  |
| Date of Birth.  |  |
| Child's Class.  |  |
| Medical Condition or Illness.                                   |  |
| Name and Phone No of Child's GP.                                |  |
| Name / Type of Medicine ( As described on the container ).      |  |
| Dosage and Method.  |  |
| Are there any side effects that the School needs to know about? |  |
| Procedures to be taken in an Emergency.                         |  |

**Family Contact Information :**

|                            |  |
|----------------------------|--|
| Parents / Guardians Names. |  |
| Relationship to Child.     |  |
| Phone No – Work.           |  |
| Phone No – Mobile.         |  |
| Phone No – Home .          |  |
| Address.                   |  |

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes to my child’s medication in writing.

Signed .....

Print Name .....

Relationship to Pupil .....

Date .....

|   |
|---|
| Please Note : It is your responsibility to ensure that the school is kept informed about changes to your child’s medicines, including how much they take and when. It is also your responsibility to provide the school with medication that is clearly labelled and in date. |
|---|

**RECORD OF MEDICINE ADMINISTERED TO INDIVIDUAL CHILDREN**

**Fill in the child's details in section 1 and then one form in section 2 each time medicine is given in school.**

**Section 1 –**

|  |  |
|--|--|
| Name of School   |  |
| Name of Child  |  |
| Date Medicine Provided by Parent                                 |  |
| Child's Class  |  |
| Quantity Received  |  |
| Name and Strength of Medicine ( As described on the container ). |  |
| Expiry Date  |  |
| Quantity Returned  |  |
| Dosage and Frequency of Medicine                                 |  |

**Section 2 –**

|                         |  |
|-------------------------|--|
| <b>Date</b>             |  |
| Time Given              |  |
| Dose Given              |  |
| Name of Member of Staff |  |
| Staff Signature         |  |

|                         |  |
|-------------------------|--|
| <b>Date</b>             |  |
| Time Given              |  |
| Dose Given              |  |
| Name of Member of Staff |  |
| Staff Signature         |  |

|                         |  |
|-------------------------|--|
| <b>Date</b>             |  |
| Time Given              |  |
| Dose Given              |  |
| Name of Member of Staff |  |
| Staff Signature         |  |

|                         |  |
|-------------------------|--|
| <b>Date</b>             |  |
| Time Given              |  |
| Dose Given              |  |
| Name of Member of Staff |  |
| Staff Signature         |  |

|                         |  |
|-------------------------|--|
| <b>Date</b>             |  |
| Time Given              |  |
| Dose Given              |  |
| Name of Member of Staff |  |
| Staff Signature         |  |

|                         |  |
|-------------------------|--|
| <b>Date</b>             |  |
| Time Given              |  |
| Dose Given              |  |
| Name of Member of Staff |  |
| Staff Signature         |  |

|                         |  |
|-------------------------|--|
| <b>Date</b>             |  |
| Time Given              |  |
| Dose Given              |  |
| Name of Member of Staff |  |
| Staff Signature         |  |

|                         |  |
|-------------------------|--|
| <b>Date</b>             |  |
| Time Given              |  |
| Dose Given              |  |
| Name of Member of Staff |  |
| Staff Signature         |  |

|                         |  |
|-------------------------|--|
| <b>Date</b>             |  |
| Time Given              |  |
| Dose Given              |  |
| Name of Member of Staff |  |
| Staff Signature         |  |

|                         |  |
|-------------------------|--|
| <b>Date</b>             |  |
| Time Given              |  |
| Dose Given              |  |
| Name of Member of Staff |  |
| Staff Signature         |  |

|                         |  |
|-------------------------|--|
| <b>Date</b>             |  |
| Time Given              |  |
| Dose Given              |  |
| Name of Member of Staff |  |
| Staff Signature         |  |

|                         |  |
|-------------------------|--|
| <b>Date</b>             |  |
| Time Given              |  |
| Dose Given              |  |
| Name of Member of Staff |  |
| Staff Signature         |  |

|                         |  |
|-------------------------|--|
| <b>Date</b>             |  |
| Time Given              |  |
| Dose Given              |  |
| Name of Member of Staff |  |
| Staff Signature         |  |

|                         |  |
|-------------------------|--|
| <b>Date</b>             |  |
| Time Given              |  |
| Dose Given              |  |
| Name of Member of Staff |  |
| Staff Signature         |  |







**Telford & Wrekin**  
C O U N C I L

### Form MED1

School: Hollinswood Primary School & Nursery

Address: Dale Acre Way, Hollinswood, Telford, Shropshire, TF3 2EP.

## PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICATION

| DETAILS OF PUPIL ( <i>Capitals please</i> )   |  |                                     |               |     |       |    |
|---|--|-------------------------------------|---------------|-----|-------|----|
| Name  |  | M/F                                 | Date of Birth | / / | Class |    |
| Condition or illness ( <i>eg Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc</i> ):   |  |                                     |               |     |       |    |
| DOCTOR'S DETAILS  |  |                                     |               |     |       |    |
| Doctor's Details (Name, Address, Tel No)  |  |                                     |               |     |       |    |
| MEDICATION AND ADMINISTRATION   |  |                                     |               |     |       |    |
| Name of Medication ( <i>give full details given on the container label issued by the pharmacist</i> )   |  |                                     |               |     |       |    |
| Type of Medication ( <i>eg tablets, mixture, inhaler, Epipen, other (please specify)</i> )  |  |                                     |               |     |       |    |
| Date Dispensed:   |  | Dosage and method:                  |               |     |       |    |
| Times to be taken in School:  |  | Is precise timing critical? Yes/ No |               |     |       |    |
| <b>Time of last dosage?</b>   |  |                                     |               |     |       |    |
| For how long will your child need to take this medication?  |  |                                     |               |     |       |    |
| For medication that need not be administered at pre-set times please indicate when it should be given: ( <i>eg before exercise, onset of asthma attack, onset of migraine etc</i> ) |  |                                     |               |     |       |    |
| The medication needs to be administered by a member of staff  |  |                                     |               |     | Yes   | No |
| My child is capable of administering the medication him/herself under the supervision of a member of staff  |  |                                     |               |     | Yes   | No |
| I would like my child to keep his/her medication on him/ her for use as necessary   |  |                                     |               |     | Yes   | No |
| The medication needs to be readily accessible in case of emergency  |  |                                     |               |     | Yes   | No |
| ADDITIONAL INFORMATION  |  |                                     |               |     |       |    |
| Precautions or Side Effects:  |  |                                     |               |     |       |    |
| What to do in an emergency:   |  |                                     |               |     |       |    |

**(Please read the notes on the reverse of this form carefully If you are in doubt about how the medicine is to be given you must seek the advice of your child's doctor before completing this form.)**

The doctor named above has advised that it is necessary for my child to receive his/her medication during school time. I understand that teachers have no *obligation* to give or supervise the administration of medicines at school. However, I request that the medication named above be administered by/taken under supervision of a member staff, who may not have had any first aid or medical training. The school, the Headteacher and staff accept no responsibility for any injury, death or damage suffered by a pupil as a result of the administration of medicine mentioned in this form, other than any injury, death or damage which arises because the school or any members of its staff have been negligent, I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

**Signed: Parent/Carer.....**

**Date:.....**

## NOTES

1. The school will consider each request on its merits. Where it is practicable the school may well prefer parents to come into school at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.
2. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school. For example where timings of administration are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.
3. The school will not agree to administer any medication in school without a written request using this form, having first been made.
4. The school will not agree to administer any medication in school that is not essential to be administered during the course of the school day. (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day).
5. All requests will need to be discussed fully with the head teacher or other authorised member of staff before any medicines are sent into school.
6. Any prescribed medicine must be supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. Any non-prescribed medicine bought by the family should be in the original container bearing the manufacturer's instruction/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.
7. For pupils on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.
8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.
9. Parents are responsible for notifying the school immediately the doctor has stopped the medication.
10. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.
11. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.
12. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctors note to support/confirm the information given on the request form.
13. You may find it necessary to seek your Doctor's help in completing this form.

## Advice for children from Royal children's Hospital website Large Volume Spacers



### How to use your Large Volume Spacer

1. Put together the spacer following the instructions that come with your spacer
2. Remove the protective cap from the puffer
3. Shake the puffer well and insert (place) it firmly into the end of the spacer
4. Place the mouthpiece of the spacer in your mouth and put it between your teeth. Now, close your lips around the spacer mouthpiece. Make sure your lips cover the entire mouthpiece so there are no gaps. Hold the spacer level so that it does not tilt up or hang down.
5. Breathe out gently.
6. Press the puffer ONCE to release a dose of the medicine into the spacer. Do not remove the puffer.
7. Breathe in very slowly until you have taken a deep breath. You will hear a whistle sound if you are breathing in too fast. Hold your breath for a few seconds, then breathe out slowly and deeply through your mouth. Breathe in and out 4 or 5 times (do not remove your mouth from the mouthpiece in between each breath - there is a 2 way valve system which will prevent any of the medication from escaping from the chamber).

---

If a second dose is needed, **shake the puffer again** and repeat steps 4-7. You can shake the puffer while it is still attached/connected to the spacer.

- Make sure this has been shown to you and that you understand it.

### **How to care for your spacer**

- The spacer should be cleaned once a week
- Take the spacer apart and wash it in warm water containing a little dishwashing detergent or mild soap.
- **DO NOT RINSE**
- Allow the spacer to drip dry. Do not wipe the spacer dry with a tea towel. Allow it to air dry. This can be done overnight.
- Put the spacer back together
- Do not allow anyone else to use your spacer