New River College – Asthma Policy

Introduction

This Asthma specific guidance is part of the school's medical policy and should be read in conjunction with the following documents:

- Supporting Pupils at school with medial conditions (2014)

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

- Guidance on the use of emergency salbutamol inhalers in schools (2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

New River College is an Asthma Friendly School and has gained asthma friendly status to enable better care of pupils with asthma. We advocate inclusion, are clear on our procedures and have designated school asthma champion leads to ensure these are adhered to. We commit to auditing our procedures annually. We welcome parent/carers and pupils' views on how we can continue to improve and build upon our standards.

New River College recognises that asthma is a prevalent, serious but manageable condition. At New River College we welcome all, pupils with asthma. This policy was drawn up in consultation with parents, the school nurse, Local authority, school governors and health professionals.

We ensure all staff are aware of their duty of care to pupils. We have a whole school approach to regular training so staff are confident in carrying out their duty of care. We have two school asthma leads on each of our sites. SENCOs ensure procedures are followed and a whole school approach to training is delivered on an annual basis.

Parent/carers are required to ensure the school is aware of their child's needs. Parent/carers should assist in the completion of their child's school asthma plan and also provide school with two named inhalers and spacers (one in the school office and one in the classroom).

It is the responsibility of parents/carers to ensure all medication is in date and the school are kept informed of any changes to a child's medication/care needs throughout their time at school.

This policy is intended to be used to support pupils with asthma. We work closely with pupils, parent/carers and health colleagues to ensure we have robust procedures in place for the administration, management and storage of asthma inhalers at school. We will keep parent/carers informed if their child has had medication during the school day. We work with health care professionals and government bodies to keep asthma management high on the school agenda.

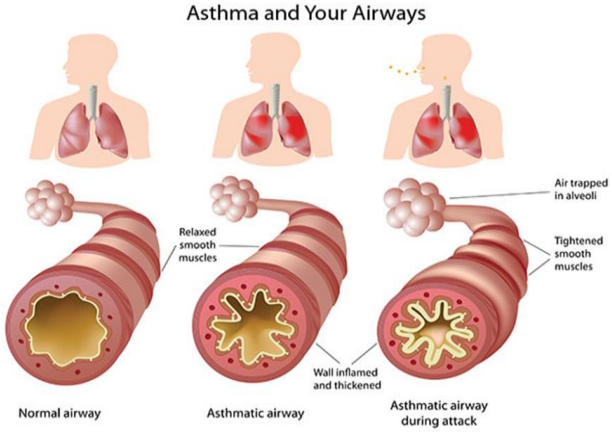
Legislation

Asthma is a long-term condition that affects over a million pupils in the UK (Asthma.UK, 2017). Due to legislation passed 2015 by Department of Health, schools are now able to hold emergency salbutamol inhalers and spacers in school for use on pupils who have a confirmed diagnosis and parent/carer consent to use the emergency medication. In a situation where a pupil's medication has run out, has been left at home, staff may administer emergency medication if the pupil has an asthma attack.

For optimum management of asthma, a preventer inhaler or inhaled corticosteroid (ICS) is prescribed to target airway inflammation, keeping the airway clear and preventing airway obstruction. This is usually Clenil Modulite which is a brown inhaler and this should be given as prescribed for each child, in the morning before attending school and before bedtime via a spacer. The preventer inhaler should only be used at home. However, if poor compliance has been identified at home by a health professional, the school may be required to record and administer the preventer in school.
The reliever inhaler (blue inhaler) is used when the child or young person is having an asthma attack. This is usually Salbutamol and should be given as prescribed for each child/young person, via a spacer. Each pupil should be reviewed by a health professional at least annually so treatment, inhaler technique, compliance and triggers can be reviewed and care plan updated. A copy of this care plan must then be given to school. It is the parent's responsibility to ensure that the school have a copy of the care plan. See escalation plan (Appendix 1).
This guidance is intended to support staff, parent/carers and pupils with asthma management. Asthma contributes to one of the highest reasons for a child to miss school due to illness and this can impact on their capacity to reach their full academic and social potential in school.

Liability and indemnity
The local authority has appropriate levels of insurance in place to cover staff when supporting pupils relating to the administration of asthma and viral wheeze medication. This is a legal requirement under *'Supporting Pupils at school with medial conditions' (2014).* The only exception to this are acts of serious and wilful misconduct. **Carelessness or a simple mistake does not amount to serious and wilful misconduct.**

What is Asthma?
Asthma is a condition that causes inflammation in the airways and restricts airflow to the lungs when breathing, by causing reversible bronchial obstruction, associated with bronchial hyper-responsiveness and evidence of chronic airway inflammation. This causes airway narrowing, small contraction of bronchial smooth muscle, chronic airway obstruction causing airflow obstruction. This involves bronchial hyperactivity, inflammation and remodelling of the airways by a response in the airway to a trigger (Sequeria, 2007).



What are the symptoms of Asthma?
- Shortness of breath
- Wheezing
- Tightness in the chest
- Coughing
- Difficulty in walking and talking

Reliever medicine is short acting and quickly reverses these symptoms for up to 4 hours; it works by enabling the airway to open, relieving bronchial spasm, chest tightness and wheezing. The reliever medicine is normally a blue inhaler called salbutamol which must be used with a spacer to achieve maximum effectiveness.

What are the triggers of Asthma?

- Cigarette smoke
- Colds and flu
- Pollen
- Mould and fungal spores
- Air pollution
- Dust mites
- Weather changes
- Dog or cat hair
- Exercise
- Stress

What are the Asthma triggers in school?

- Chemicals
- Aerosols
- Perfume
- Dust
- Exercise
- Stress
- Animal fur

Managing Asthma in school

The SENCO ensures staff are aware of which pupils have asthma and there is an asthma register for each site. All staff should read this guidance and attend an annual asthma update provided by the Asthma Friendly Schools Service.

The school ensures that pupils have access to their inhaler and spacer and that medication for asthma is not locked away. Staff should never refuse a child requiring their inhaler and spacer and support pupils to use their medication.

Staff are trained to recognise the signs that a child is having an asthma attack and follow emergency plan (Appendix 5)

How to avoid asthma triggers?

Once you acknowledge the triggers for a pupil with asthma, take simple steps to avoid triggers to reduce their impact

- Damp dust classrooms to get rid of mould, dust mites and pollen
- Do not keep furry pets in the classroom
- Try to avoid fumes and chemicals in art classes
- Ensure smoke free zone and a non-smoking policy for school
- Make sure school is cleaned regularly
- Damp dust white boards
- Air the classroom to avoid mould from condensation

- Keep away plants that contain pollen
- Support children with stress and anxiety
- Ensure play areas are free from mounds of autumn leaves that can contain moulds and fungal spores.

The school environment is to be kept free of most common triggers that may cause an asthma attack where possible. Smoking is explicitly prohibited on the school site. We are aware that chemicals in science, cookery and art have potential to trigger an asthma response and school will be vigilant of any pupil who may be at risk from these activities. School will not exclude pupils who are known to have specific chemical triggers but will endeavour to seek an alternative. Cleaning and grass cutting should be carried out at the end of the school day. Avoid cut grass and mowing the grass while the school is open

For any pupil having an asthma attack use a spacer with the inhaler, do not leave the pupil alone or send the pupil to go and get their inhaler and spacer. Use the TIME emergency plan (appendix 5). An adult always accompanies a pupil to hospital until the parent/carer can arrive.

Supply, storage, care, use and disposal of Inhalers and Spacers(s)

Supply

The school can purchase their own supply of emergency inhalers and spacers from a local pharmacy *without a prescription*, but this is subject to the following rules:

- Only a reasonable number can be purchased, on an occasional basis.
- The school does not intend to profit from the purchase.
- A request, signed by the Executive head teacher on appropriate headed paper, is provided which states:
- the name of the school for which the product is required;
- the purpose for which that product is required, and
- The total quantity required.
- A template letter to pharmacy is used to request purchase for emergency inhaler and spacer (Appendix 8)
- Pharmacies are not required to provide asthma medication free of charge to schools.

Asthma Medication

Inhalers are small spray devices that release a puff of medication which is breathed directly to the lungs and they work best when used with a spacer or aero chamber.

It is important to aware of the different medication that a pupil may need to manage their asthma. Asthma treatment usually consists of two treatments relievers and preventer and sometimes a combination inhaler.

Spacers

A spacer is a plastic container that should be used with every inhaler to ensure correct delivery of the drug to the lungs. The spacer has two openings one for the mouthpiece or mask and at the other end to insert the inhaler.

Reliever Inhalers

Relievers are the medication that is required during school. This type of medication works by relaxing the muscles around the airways widen allowing the flow of oxygen that has been reduced during an asthma attack when the muscles go into spasm during an asthma attack. This type of mediation should always be used with a spacer or aero chamber. Reliever inheres are usually blue in colour and contain the drug salbutamol and work quickly. They can be taken before a child comes into contact with a trigger i.e.,

exercise to avoid an asthma attack. Common names for a reliever inhaler can include Ventolin, salbutamol and serevent (long acting)

Preventer Inhalers

A preventer medication must be used daily via a spacer even when a PUPIL is well. The preventer medication contains a steroid called corticosteroids and this does not control symptoms immediately, but build up over a period of time to reduce swelling in the airways and keep the airway free from inflammation. Preventer medication is normally brown this needs to be taken daily even when the PUPIL is well. The effect of the preventer treatment builds up over time to reduce inflammation and should be taken via a spacer in the morning before school and in the evening after school. Common names for the preventer inhaler are: beclomethasone, clenil, and budesonide.

Combination Inhalers

Combination inhalers are a combined reliever and preventer in one which should always be used at home via a spacer these inhalers are normally double strength and are long acting. Any pupil prescribed a combination inhaler will still require a reliever salbutamol inhaler and spacer for school. Common names for a combined inhaler include seretide, atrovent.

Which and how many inhalers and spacers to purchase

The school purchases sufficient emergency inhalers to cater for the number of asthmatics in the school and has these on each floor.

Storage & location

- Emergency medicines are accessible to all pupils who may require them whether they are on-site or off-site. Each emergency pack should contain a reliever medication (blue) for primary school a yellow spacer, a blue spacer, for secondary school a reliever medication (blue) and a blue spacer. An asthma register (appendix 2) which contains documented consent from the parent for the emergency inhaler to be used and an emergency TIME plan (Appendix 5).
- If the parents agree that their child is capable, allow the pupil to take responsibility for managing their own inhalers and equipment. This decision is reflected in the pupil's individual healthcare plan.
- Pupils who are self-managing are reminded to carry their inhalers and spacers at all times and to notify a member of staff so documentation can be recorded regarding inhaler usage.
- All inhalers are supplied and medicines stored, wherever possible, in their original containers. All medicines must have a pharmacy label with the pupil's name, date prescribed, expiry date and instructions of dosage, instructions for administration and frequency of dose.
- Medicines are stored in accordance with instructions and at the correct temperature.
- All inhalers and spacers are sent home with the pupil at the end of the school year. Medicines are not stored in school over the summer holidays.
- Consent must be given from the parent/carer for the use of the school emergency inhaler should the child's inhaler be missing from school, empty or broken. The consent must be documented on the pupil's individual school asthma care plan or recorded on the school asthma register (appendix 2).
- In the event a pupil's inhaler and spacer are not available the school will use the school emergency inhaler and spacer if consent has been given by parent/carer and school will inform the parent/ carer as soon as possible. Consent to use the emergency inhaler and spacer will be recorded on the asthma register (appendix 2).

Disposal

- Parent/carers are responsible for collecting out of date medicines from school

- The Lead for safeguarding/SENCO is responsible for checking the dates of medicines and arranging for the disposal of those that have expired. This check is done termly.
- This school is registered as a lower tier waste carrier so we can dispose of expired emergency inhalers and return them to the pharmacy to be recycled.

Record Keeping

- The schools medical and asthma policies detail staff responsibilities for checking and maintaining the Emergency medication.
- It is a parent/carers responsibility to inform the school on admission of their child's medical condition and needs. It is important that the school is informed of any medical changes.
- School will keep an accurate record of each occasion a pupil uses an inhaler and spacer either supervised by a member or staff or self-administered by the pupil.
- Details of the supervising staff member, pupil, dose and time are recorded see (Appendix 9)
- Parent/carers will be informed if a pupil uses their inhaler more than 3 times a week in excess of their usual requirements e.g. If a pupil normally uses their reliever inhaler pre or post exercise this should be recorded.
- If they also require their inhaler in addition to this 3 times or more a letter should be sent to their parent informing them of this see (Appendix 4)
- If a pupil refuses to use an inhaler, this is also recorded and parents are informed as soon as possible (appendix 10).
- This school keeps an up-to-date asthma register, see appendix 2, so pupils can be identified with asthma, this is to safeguard all pupils with asthma; this is kept in the staff room and school office.
- Pupils who have asthma will have an individual asthma health care plan. This will be provided by the pupil's health professional and delivered to the school by the parent/carer.

School Trips and sporting activities

- New River College will ensure that the whole school environment, which includes physical, social, sport and educational activities, is inclusive and favourable to pupils with asthma.
- PE teachers will be sensitive to pupils with asthma who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents should be made aware so medical help may be sought.
- All pupils should be able to attend off site visits/ trips. Pupils with asthma will have equal access to extended activities, school productions, after school clubs and residential visits.
- Staff will have training and be aware of the potential social problems that pupils with asthma may experience. This enables school to prevent and deal with problems in accordance with the school's anti bullying and behaviour policies.
- Staff should 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 and eliminate stigma. School staff understand that pupils with asthma should not be forced to take part in activity if they feel unwell.
- Staff are trained to recognize potential triggers for pupil's asthma when exercising and aware of ways to minimise exposure to triggers.
- PE teachers should ensure that pupils have their inhalers and spacers with them when needed, before or after PE.
- Risk assessments will be carried for any out of school visit and asthma is part of this assessment. Factors considered include: how routine and emergency medicines will be stored and administered, and where help can be obtained in an emergency. We recognise there may be additional medicines, triggers,

equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.

- In an emergency situation school staff are required under law duty of care, to act like any reasonable prudent parent. This may include administering medicines. We have posters on display in school that reiterate the steps to be taken in an emergency (Appendix 5).

School absenteeism due to asthma

As a school we monitor pupil's absence, if a pupil is missing a lot of time off school due to asthma, or if pupils are identified as constantly being tired in school, staff will make contact with the parent/carer to work out how school can support them. School may need to speak with the school nurse or other health professionals to ensure optimal asthma control is achieved.

Asthma Friendly Schools (AFS) Project

Asthma Friendly Schools was a funded community-based project, for school children and young people with asthma in the London borough of Islington. Approximately 26,572 children attend school with approximately 10% of theses school children with asthma. The project was designed to educate children and young people, parents, carers, and teachers to understand asthma management and improve asthma outcomes. Five standards of asthma management in were introduced in schools to improve asthma care. These included:

- School Asthma Policy
- Asthma Register (appendix 2)
- Every child to have a spacer, inhaler and care plan (appendix 3)
- Emergency Plan (appendix 5)
- Every school to have an asthma lead

School staff are not obliged to administer medication. However, at this school some staff are happy to do this.

Pupils with asthma are fully integrated in to school life and are able to participate fully in all activities including PE. Pupils require open and immediate access to their reliever medication (inhaler) at all times; we have clear procedures in place that facilitate this. Where pupils carry their own inhalers, we request that parent/carers provide school with a spare inhaler and spacer.

Purpose of the AFS Project

To ensure, safety for every child in school with asthma by ensuring school asthma management is safe and no child is put at risk of an asthma death. To ensure that; all staff are trained and understand how to manage asthma in the school environment and this is in accordance with this policy and in a safe and professional manner. That school have an emergency plan of how to manage an asthma attack and also emergency salbutamol inhalers and spacers. The National Review of Asthma Deaths 2015 identified that a large majority of children and young people who had died from asthma had no asthma action care plan, no annual asthma review and were not competent to use treatment correctly.

Register of pupils with asthma *(see Appendix 2)*

The register must contain:

a) Details of the pupils that have medically diagnosed asthma or viral wheeze.

b) Details of pupils prescribed asthma medication with documented health care professional (GP/Asthma clinic) & parental consent for administration of the medication).

To support staff to know which pupils have been prescribed asthma medication an asthma register is accessible and easy to read. Schools need to ensure they have a proportionate and flexible approach to checking the register. **Delays in administering have been associated with fatal outcomes.** Allowing pupils to keep inhalers and spacers with them will reduce delays, and allows for confirmation of consent without the need to check the register.

Parent consent for administering medication is gained when a pupil's individual healthcare plan is agreed. Consent is updated annually when the health care plan is reviewed and to take account of any changes.

Asthma Care Plans:

- Every child with medically diagnosed asthma/ viral wheeze must have an individual school asthma care plan (Appendix 3)
- It is the parent/carer responsibility to provide school with an up-to-date care plan, inhaler and spacer.
- If parent /carer is not able or co-operative with providing the school with a current care plan and medication please see escalation plan (Appendix 1).

Governing bodies

- Should ensure that pupils with asthma are supported to enable the fullest participation possible in all aspects of school life.
- Should ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Head teachers

- Should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. For food allergies, the policy should also include strategies to **reduce the risk of asthma attacks**.
- Should ensure that all staff, that need to know, are aware of which pupils have asthma and which pupils are at risk of asthma death.
- Should ensure that sufficient trained numbers of staff are available to provide treatment to a pupil having an asthma attack.
- Should have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Parent/ Carer should:

- Inform the school if their child has asthma
- Ensure that the school has a complete and up to date asthma plan for their child.
- Inform the school about the medicines that their child requires during school hours.
- Inform the school of any medicines that their child requires while taking part in visits, outings, field trips and other out of school activities such as school sports events.

- Inform the school of any changes to their child's condition.
- Ensure that their child's medicines and medical devices are labelled with their name and date of birth and in the original pharmacy packaging.
- Ensure that their child's medication is within its expiry dates
- Ensure that if their child is off school, due to asthma, that they catch up on any school work that they have missed.
- Ensure that their child has regular reviews (usually 3-6 months) with their doctor or special health care professionals.
- Ensure that their child has a written self-management plan from their doctor or specialist healthcare professional and they share this with school.
- Ensure that new and in date medicines are brought in to school on the first day of the new academic year.

Pupils

- Are often best placed to provide information about how their asthma or wheeze affects them.
- Should be fully involved in discussions about how to reduce their risk of an asthma attack, and be empowered to take steps to **reduce the risk of an asthma attack**
- Pupils should be sensitive to the needs of those with medical conditions.

Teaching staff:

- To read and understand the school's asthma policy
- To be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency
- To know which pupils have asthma and be familiar with the content of their individual health plans.
- To allow all pupils to have immediate access to their emergency medicines
- To maintain effective communication with parents including; informing them if their child has been unwell at school and has used their inhaler.
- To ensure pupils who carry their medicines with them, have them when they go on a school trip or out of the classroom
- To be aware that asthma can effect a pupil's learning and provide extra help when needed
- To be aware of children who may need extra social support
- To liaise with; parents, healthcare professionals, special educational needs coordinator and welfare officers, if a child is falling behind with their work because of their condition
- To use opportunities such as PSHE to raise pupil awareness about asthma.
- To understand asthma and the impact that it can have on pupils (pupils should not be forced to take part in activities if they feel unwell). If the school identifies a pattern or are concerned about an individual pupil, then they will inform the parents/carers and medical advice should be sought
- To ensure pupils with asthma are not excluded from activities that they wish to take part in.
- Attend annual updates and complete annual audits (appendix 7).

School Asthma Lead

The school asthma lead/leads is a voluntary position, they are delegated responsibility by the head teacher. They should:

- Ensure that the school has an adequate supply of emergency kits and know how to obtain these from their local pharmacy
- Ensure that all procedures are followed as per the asthma policy
- Ensure that all children on the asthma register (appendix 2) have their consent status recorded, an inhaler, a spacer and an asthma care plan
- Ensure that expiry dates are checked monthly and impending expiry dates are communicated to parents/carers
- Ensure that replacement inhalers are obtained before the expiry date
- Ensure that empty/ out of date inhalers are disposed of correctly
- Ensure that the asthma register (appendix 2) is up to date and accessible to all staff
- Ensure that asthma training is up to date
- Complete the audit process annually (appendix 7).
- Ensure that individual spacers are washed regularly according to instructions; care should be taken not to muddle the components as this could pose a risk to the allergic child
- Ensure that emergency kits are checked regularly and the contents are replenished immediately after use.
- Ensure that the blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant emergency kit after use
- Be confident that they can offer support in an emergency situation

School Nurses should:

- Support families with their child's health and wellbeing
- Refer to specialist health services (if required)
- Provide annual Training for staff in emergency medicines management.
- Work in partnership with school and health colleagues to support children and young people with long term conditions and complex needs

Long Term Condition (LTC) Nurse

- The long-term condition nurse (Asthma Friendly School Nurse) will support schools with the management of conditions such as asthma and allergy within the school setting. By working synergistically with the school, school nurses, community children's nurses, general practitioner, consultants and specialist nurses. The LTC nurse will:
- Ensure that Islington Schools are encouraged and supported to become an Asthma Friendly School.
- Support schools with the management of asthma and allergy
- Support children and young people with self- management
- Support parent/carers with asthma and allergy management
- Support children and young people who have low school attendance due to asthma
- Deliver annual whole school teacher training on safe management of asthma in schools
- Deliver asthma education in school assemblies
- Hold pupil asthma groups
- Hold parent workshops and coffee mornings.
- Hold asthma school group consultations

All School Staff should:

- Attended annual asthma training
- Know and follow procedures as per the asthma policy
- Know which children have asthma and be familiar with their care plans
- Ensure that all children have a care plan in place, see escalation plan (appendix 1).
- Communicate parental concerns and updates to the asthma lead/s
- Inform the school asthma lead/s if a school emergency inhaler has been used
- Record inhaler usage (where, when, whom, number of times)
- Record the usage in the main asthma register located in the school office stating that it is the school's emergency inhaler that has been used
- Ensure that all pupils with asthma have easy access to their reliever inhaler and spacer
- Ensure that all pupils are encouraged to carry and administer their own inhaler when their parents and health care provider determine that they are able to start taking responsibility for their condition
- Ensure that pupils who do not carry and administer their own emergency medicines, should know where they are stored
- Ensure that when attending off site visits that they are aware of any pupils on the visit with asthma. They should be trained about what to do in an emergency

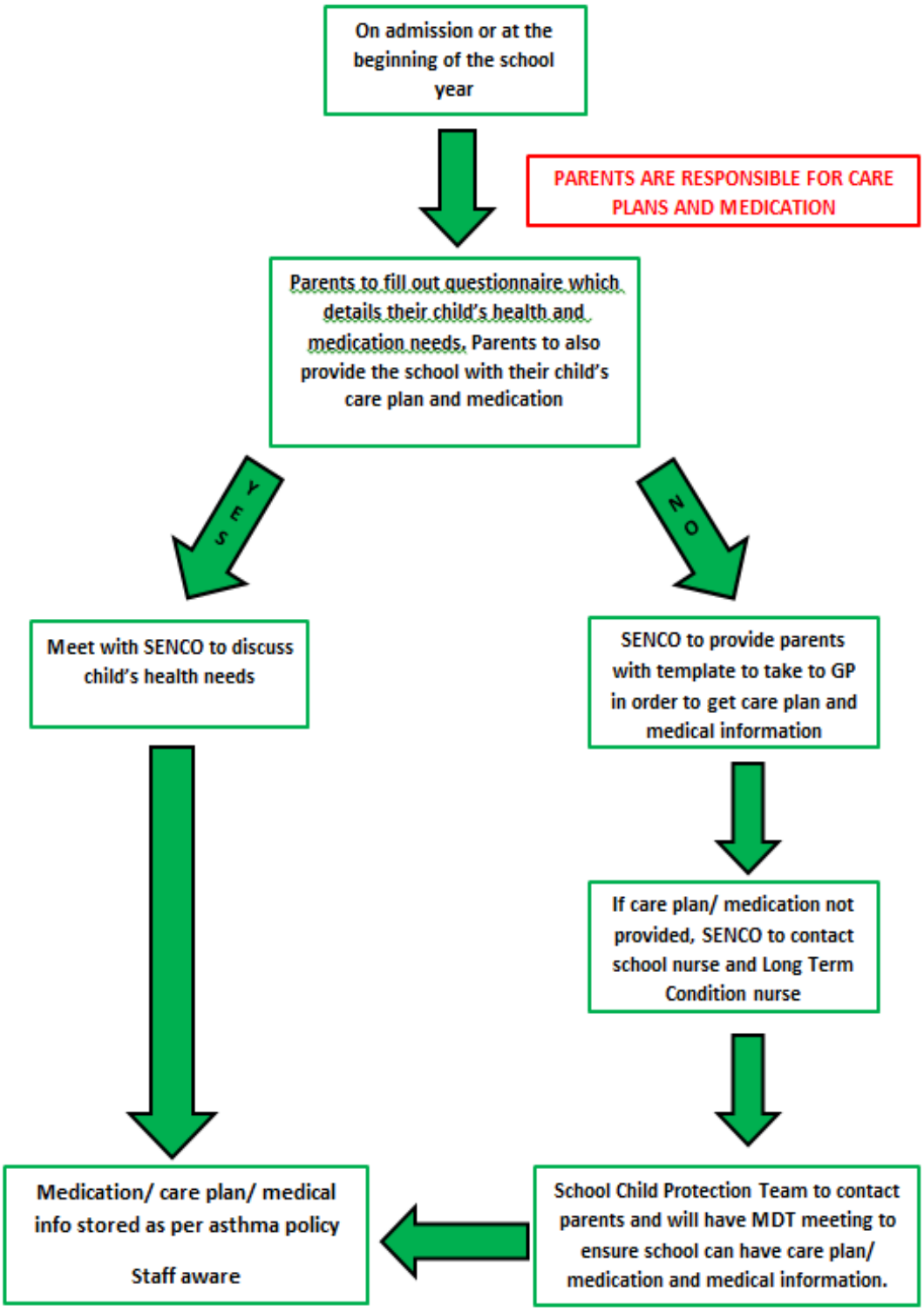
If a pupil misuses medicines either their own or another pupil, their parent/carers will be informed as soon as possible

If a child and/or parent/carer are not engaging with adhering to this policy e.g., health care plan and/or prescribed medication are not brought to school, and there is sufficient concern, then refer to the school's safeguarding policy.

Further information

- Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014). https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- Asthma UK https://www.asthma.org.uk/
- BTS/SIGN British guidelines on the management of asthma: BTS/SIGN British guideline on the management of asthma
- Asthma Toolkit: Asthma Tool Kit (Healthy London partnership)
- Asthma UK, (2018). *Reliever Inhalers* [online] Available at: https://www.asthma.org.uk/advice/inhalers-medicines-treatments/inhalers-and-spacers/reliever/
- Asthma UK, (2018). *Preventer Inhalers* [online] Available at: https://www.asthma.org.uk/advice/inhalers-medicines-treatments/inhalers-and-spacers/preventer/

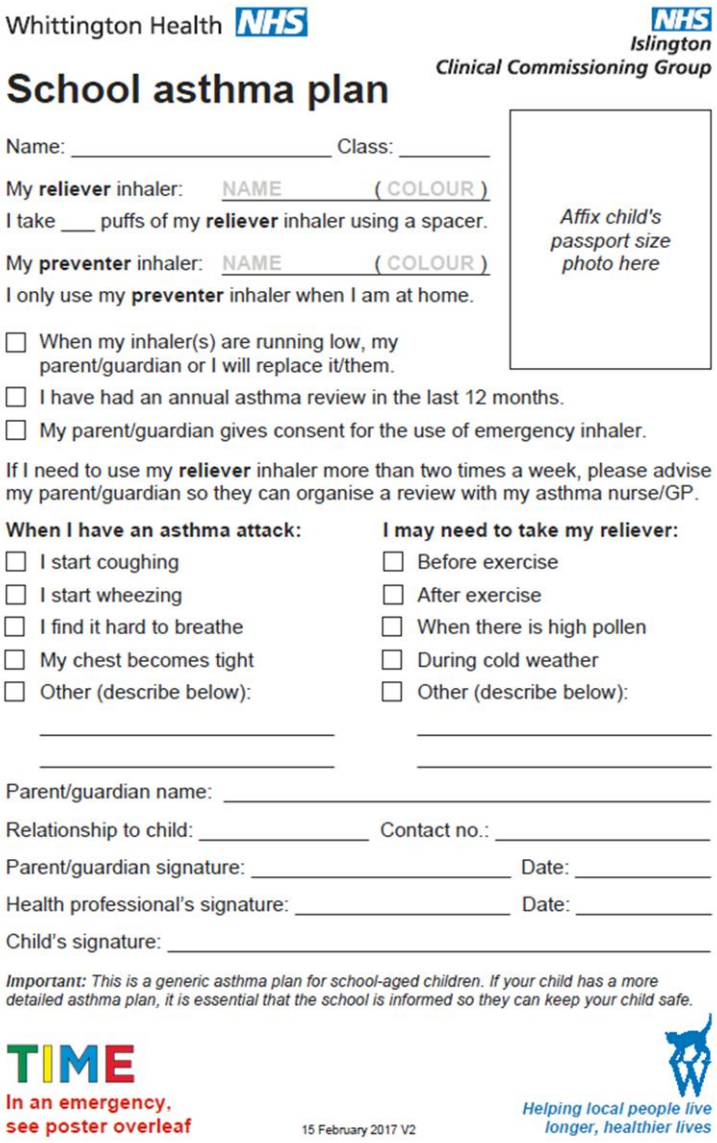
Appendix 1: Care Plan and Medication Escalation Plan



Appendix 2: Asthma Register

Child Name	D.O.B	Class/ Year Group	Parent/ Carer contact number	Consent to use the emergency inhaler and expiry date	Date HCP issued

Appendix 3: School Asthma Care plan



Whittington Health NHS

NHS Islington Clinical Commissioning Group

School asthma plan

Name: _____ Class: _____

My **reliever** inhaler: NAME (COLOUR)

I take ___ puffs of my **reliever** inhaler using a spacer.

My **preventer** inhaler: NAME (COLOUR)

I only use my **preventer** inhaler when I am at home.

Affix child's passport size photo here

☐ When my inhaler(s) are running low, my parent/guardian or I will replace it/them.

☐ I have had an annual asthma review in the last 12 months.

☐ My parent/guardian gives consent for the use of emergency inhaler.

If I need to use my **reliever** inhaler more than two times a week, please advise my parent/guardian so they can organise a review with my asthma nurse/GP.

When I have an asthma attack:	**I may need to take my reliever:**
☐ I start coughing	☐ Before exercise
☐ I start wheezing	☐ After exercise
☐ I find it hard to breathe	☐ When there is high pollen
☐ My chest becomes tight	☐ During cold weather
☐ Other (describe below):	☐ Other (describe below):
_____	_____
_____	_____

Parent/guardian name: _____

Relationship to child: _____ Contact no.: _____

Parent/guardian signature: _____ Date: _____

Health professional's signature: _____ Date: _____

Child's signature: _____

Important: This is a generic asthma plan for school-aged children. If your child has a more detailed asthma plan, it is essential that the school is informed so they can keep your child safe.

TIME
In an emergency, see poster overleaf

15 February 2017 V2

Helping local people live longer, healthier lives

Appendix 4: Specimen Letter To Inform Parent Of Inhaler Usage Exceeding (3x More) Than Stated On Asthma Plan

SCHOOL NAME HERE –

Date

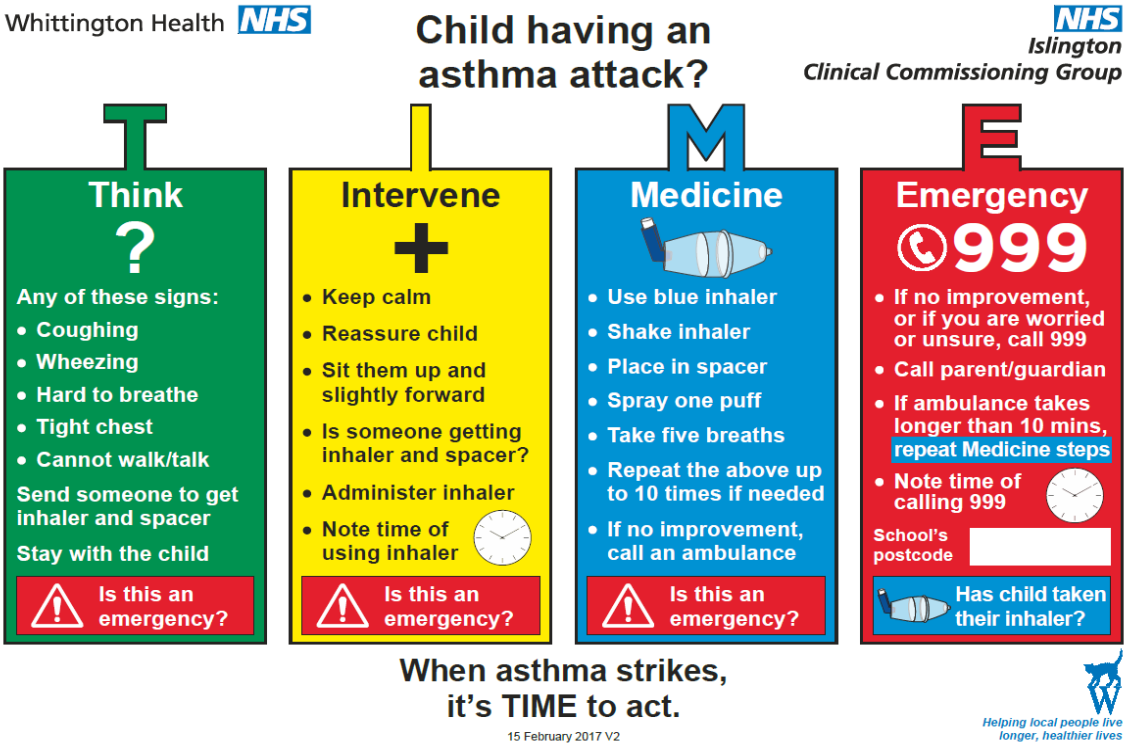
Dear _____

Childs Name _____has required their reliever inhaler on the following occasions this week

Monday (date) – state am or pm ☐
Tuesday (date) – state am or pm ☐
Wednesday (date) – state am or pm ☐
Thursday (date) – state am or pm ☐
Friday (date) – state am or pm ☐

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

Appendix 5: TIME Poster



Appendix 6: Asthma Friendly Schools Guidelines

Asthma Friendly School Guidelines		
School ……	**Name of contact** ……	**Borough** ……
Standard 1 **Policy** Schools policy should be available to view, all staff should be aware of where it is kept.	**Details** Amended the Template policy to reflect internal procedures. All staff and parents are aware of the policy. (please note evidence source) Date for review	**Criteria Met** **Yes** **No** **Action**

	Named contact that has responsibility for review of policy**.**	
Standard 2 **Asthma Register**	Register Should clearly state name and DOB of pupil. Consent to administer emergency medication should also be recorded. If prevalence was low (less than 10%) at initial audit a sweep of whole school should have been undertaken and register updated with newly identified pupils. Consent for use of emergency inhaler recorded on register Must be displayed in School office and staffroom/common room with Emergency poster.	**Yes** **No** **Action**
Standard 3 **Emergency Kits/Procedures**	Emergency Kits (minimum of 2 in any school) conveniently located at key points throughout the school. Staff aware of where these are and have easy access to them. Emergency Kit for off - site activities/evacuation of building. Contains Checklist and clear procedures on monitoring use and contents. Parents are informed promptly if emergency kit is required and advised to bring child for review. Asthma Champion/ Leads are easily identified by staff members	**Yes** **No** **Action**
Standard 4 **Individual Health Care Plan (IHCP)** **Recording use of pupils medications**	Pupils have a care plan and know where it is kept – usually school office. IHCP signed by a Dr or Nurse. Records kept of medication usage and parents informed	**Yes** **No** **Action**

Pupils who self-Manage **Storage of Inhalers/spacers**	promptly of any incidents/usage outside of the IHCP. Check that if recording takes place in more than one location i.e. classroom and office – the record is amalgamated to clearly reflect frequency of use. Pupils should be encouraged to self-manage their condition where appropriate. Where pupils self-manage a spare inhaler and spacer must be kept in school. Asthma medication and spacer is clearly labelled and stored in a cool Location Expiry dates are checked regularly by staff and Replaced when required. Inhaler is administered via a spacer Spacers are single person use Procedure in place for washing spacers at regular intervals .	
Standard 5 **Whole School Training**	Asthma training should be taken up by the whole school – a minimum of 85% is required to achieve Kite Mark status.	**Yes** **No** **Action**

Benefits of Kite Mark –	. Whole School Asthma training A **FREE** Asthma Emergency Kit: bag and necessary paperwork. free templates & Emergency guidelines and posters Advice and support every step of the way Certificate awarding you Asthma Kite Mark status	

Whittington Health NHS New River College

Appendix 7: AFS Review Audit

Name of School –

Name/number of School contact –

Date of audit/meeting –

Date of follow up -

Number on roll –

Number of staff-

Whittington Health NHS

School Address:

	YES/NO	Supplementary questions	Action required for KR	Action required for the school
Does the school have an asthma policy?				
Does the school have an up to date asthma register?		**How is it kept?** **Electronic copy:** ☐ **Paper copy:** ☐		

How many pupils currently have asthma at the school?		**No. of pupils with asthma:**		
Have staff had annual training on asthma?		**Which staff?** **All staff** ☐ **Teaching assistants** ☐ **Teachers** ☐ **Non- teaching staff** ☐		
Do all children with asthma have individual care plans stored at the school?				
Do all children with asthma have individual inhalers and spacers stored at the school?		**Where are the stored:** **Schl office:** ☐ **Class room** ☐ **On their person** ☐		
Do you have an up to date emergency asthma plan at the school?		**Which emergency plan?**		
Do you have emergency		**How many inhalers?** **How many spacers?** **Where are they stored?**		

inhalers and spacers stored at the school?		**How often do you check the date?** ☐ **Monthly** ☐ **Termly** ☐ **Yearly**		
Do you have an emergency Action Plan for Asthma?				
Are aware of the new legislation in regards to asthma?				
Are /have Children with Asthma been advised not to partake in any aspect of school life?				
Do you have a designated asthma lead/champion?				

Appendix 8: Letter to Pharmacy

NHS
Islington
Clinical Commissioning Group

338-346 Goswell Road
London
EC1V 7LQ

Tel: 020 3688 2900
www.islingtonccg.nhs.uk

Dear Islington Pharmacists

RE: Change to Legislation: Schools can now Purchase Salbutamol Inhalers for Emergency Use

From 1 October 2014, new legislation has been introduced to enable schools to legally hold a spare emergency inhaler to use in the event of a potentially life-threatening asthma attack. Schools are therefore now allowed to purchase a salbutamol inhaler without a prescription for use in emergencies.
To comply with the new legislation Pharmacists must obtain a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.

Schools may also need guidance on the different plastic spacers available and what is most appropriate for the age-group in the school. Schools have been advised that pharmacies cannot provide inhalers and spacers free of charge and therefore supply will incur a charge.
If you have any questions about this guidance please contact the Medicines Management Team on 0203 688 2971.
Yours sincerely

The Medicines Management Team
Reference:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

Appendix 9: Record of inhaler administered to pupils

Parents should be notified if a pupil is using their Inhaler more frequently than 3 times per week more than stated on their care plan. (For example some pupils will use their inhaler routinely before PE).

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

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

Appendix 10: Specimen Letter to Inform Parent/carer of Pupil Refusal To Use Inhaler Or Spacer

SCHOOL NAME HERE
Date
Dear _____We are duty bound to inform you that
Pupils Name _____ has declined to use their inhaler today

We have been advised to inform you of this in line with our asthma policy as you may wish to discuss this with your child.

Appendix 11: Specimen Letter To Inform Parents Of Emergency Salbutamol Inhaler Use

SCHOOL NAME HERE

Child's name:
……

Class:
……

Date: ……

Dear……..,

This letter is to formally notify you that……has had problems with their breathing today.

This happened when…….

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …… puffs.

Although they soon felt better, we would strongly advise that your child is seen by their own doctor as soon as possible.

Please can you ensure your child brings in a working in-date inhaler and spacer for use in school both should be clearly labelled with your child's name and date of birth?

Yours sincerely,

Parents are responsible for supplying school with health information including healthcare plan. School are responsible for ensuring a plan is in school.