



# Guidance for the Management of Asthma in Secondary and Primary Schools in Shropshire and Telford & Wrekin

Updated March 2016



*Even though you have asthma it doesn't stop you doing other things!*

<b>Contents</b>	
Introduction	<b>3</b>
Acknowledgements	<b>4</b>
Contact Details	<b>5</b>
Summary of Key Messages	<b>6</b>
Background	<b>8</b>
1.1. What is Asthma?	<b>11</b>
1.2 Types of Asthma Medication	<b>12</b>
1.3 Access to and Storage of Inhalers in School	<b>17</b>
1.4 Roles of the School Asthma Lead, Class Teachers and the School Nurse	<b>18</b>
1.5 Asthma, Activity and Exercise at School	<b>20</b>
1.6 Residential and Education Visits	<b>21</b>
1.7 Overview of Legal Issues : Administration of Medication in School	<b>21</b>
New legislation	<b>22</b>
1.8 Record Keeping	<b>24</b>
1.9 Staff Training	<b>25</b>
1.10 Frequently Asked Questions	<b>26</b>

<b>Section 2 The School Asthma Policy</b>	<b>28</b>
---	-----------

<b>Section 3 Flowchart for the Management of an Asthma Attack in School</b>	<b>30</b>
---	-----------

<b>Appendices</b>	
1. Salbutamol use in school letter home	<b>32</b>
2. School Asthma Health Care Plan	<b>33</b>
3. Inhaler Device Techniques	<b>35</b>
4. Request for a Child to Carry their own Medication	<b>36</b>
5. Example Letter for Parents/Guardians to Accompany School Asthma Health Care Plan	<b>37</b>
6, Parental Agreement for School to Administer Medicine	<b>39</b>
7. Record of Medicine Administered to Individual Children	<b>41</b>
8. Record of Medicine Administered to All Children	<b>43</b>
9. Record of Staff Training	<b>44</b>
10. Example of a School Asthma Policy	<b>45</b>

## Introduction

Asthma is one of the commonest health problems of childhood and potentially an extremely serious condition. Children with asthma can lead entirely normal lives, as long as they are supported by the adults who look after them.

The purpose of this guidance is to provide practical information and advice to support the management of asthma in schools across Telford & Wrekin, Shropshire County and Dudley. The document was developed by a local steering group, whose membership included asthma specialists, school nurses and representatives from Telford & Wrekin Council and Shropshire County Council. The guidance is based on professional experience and best practice from elsewhere, including the advice from Asthma UK. The key messages and recommendations contained in the guidance are for head teachers, school asthma leads, school staff and school nurses. The guidance should be used by schools in developing their School Asthma Policy.

On behalf of the Steering Group, we strongly encourage you to ensure that the approach and guidance contained in this document is implemented in your school.

Thank you for your support in helping children with asthma across Shropshire and Telford & Wrekin and Dudley

This policy has been updated and ratified by Dudley school nurse asthma leads, Dudley Respiratory Group and Dudley CCG

Review date –

March 2017

**Dr Catherine Woodward**  
**Director of Health Improvement**  
**Telford & Wrekin PCT**

**Dr Isabel Gillis**  
**Director of Public Health**  
**Shropshire County PCT**

**(Chair of the Shropshire and**  
**Telford & Wrekin Asthma Steering Group)**

**Dudley Clinical Commissioning Group.**

## Acknowledgements

This document was agreed by a group of professionals working in collaboration to develop guidelines for the management of asthma in primary schools in Shropshire, Telford & Wrekin and Dudley.

Policies and guidelines should be used alongside any current national and local legislation and guidance. During its preparation, the main documents referenced within this guidance included:

- The Department for Education and Skills - Medicines in Schools and Early Years Settings
- Healthy Schools Framework
- Every Child Matters, Change for Children

The members of the Steering Group were:

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Dr Catherine Woodward	Director of Health Improvement	Telford & Wrekin PCT
Dr Isabel Gillis	Director of Public Health	Shropshire County PCT
Dr Martyn Rees	Consultant Paediatrician	Shrewsbury & Telford Hospital NHS Trust
Lynette Williams	Children's Respiratory Nurse Specialist	Shrewsbury & Telford Hospital NHS Trust
Belinda Gower	Children's Respiratory Nurse Specialist	Shrewsbury & Telford Hospital NHS Trust
Trish Smith	School Nurse Co-ordinator	Shropshire County PCT
Sandra Williamson	Community School Nurse Team Leader Co-ordinator	Telford & Wrekin PCT
Sally Tyas	Senior Manager Healthy Schools and Parenting	Telford & Wrekin Council
Liz Hill	Professional Development Manager	The Development, Education and learning (DEL) service
Dr Uma Viswanathan	Locum Consultant in Public Health	Shropshire County PCT
Jacqui Duffin	Head of Medicines Management	Telford & Wrekin PCT
Tracy Savage	Joint Head of Medicines Management	Shropshire County PCT
Shelley Reid	Human Resources Development	Shropshire Council
Mary Anne Baxter	Administrative support	Telford & Wrekin PCT

Very particular thanks go to Lynette Williams, Children's Respiratory Nurse Specialist for her dedication, expertise and leadership in producing this document.

Thanks also to all the schools and staff who helped with the original asthma audit

Front Page illustration by: Jazmin Hudson-Owen, aged 10 years, Oxon C of E Primary School

Photographs By: Medical Illustration, Shrewsbury and Telford Hospitals NHS Trust

## Contact Details

### **Kirsten Ellmore**

School nurse Asthma lead (Shropshire)

Tel: 01743 277673

E-mail: [kirsten.ellmore@shropcom.nhs.uk](mailto:kirsten.ellmore@shropcom.nhs.uk)

### **Fiona Abbey**

School Nurse Asthma Lead (Telford)

Tel: 01952 621340

E-mail: [fiona.abby@shropcom.nhs.uk](mailto:fiona.abby@shropcom.nhs.uk)

### **Lynette Williams**

Children's Respiratory Nurse Specialist, Shrewsbury and Telford Hospitals NHS Trust (based at The Royal Shrewsbury Hospital)

Tel: 01952 641222

E-mail: [lynette.williams@sath.nhs.uk](mailto:lynette.williams@sath.nhs.uk)

### **Belinda Gower**

Children's Respiratory Nurse Specialist, Shrewsbury and Telford Hospital NHS Trust (based at The Princess Royal Hospital, Telford)

Tel: 01952 641222 ext 4003

E-mail: [belinda.gower@sath.nhs.uk](mailto:belinda.gower@sath.nhs.uk)

### **Gail Hooper**

Team Leader Dudley School Nursing, Tel: 07817074633

Email: [gail.hooper@nhs.net](mailto:gail.hooper@nhs.net)

### **Amanda Doyle-Gibbons**

School Nurse Asthma Lead, Tel: 07817075110 or 0121 423 3938

Email: [amandadoyle-gibbons@mhs.net](mailto:amandadoyle-gibbons@mhs.net)

### **Jackie Fox**

School Nurse Asthma Lead, Tel: 07817075089 or 0121 423 3938

Email: [Jackie.fox2@nhs.net](mailto:Jackie.fox2@nhs.net)

## Summary of Key Messages

1. One in ten children in the UK have asthma. On average, there are three to four pupils with asthma in every classroom in the UK. Children with asthma can lead entirely normal lives if appropriately supported
2. Relievers are medicines that can be taken immediately when asthma symptoms start. Relievers quickly relax the muscle surrounding the narrowed airways, making it easier to breathe
3. Children with asthma should have their relieving medication with them in school
4. Children with asthma should have easy access to their own normal relieving medication at all times while in school and whenever they are in the care of school staff. Relieving inhalers should never be in locked storage in school
5. Children with asthma should always have their own normal reliever inhaler readily available to them when they exercise or take part in physical activity
6. Preventer medication should not normally be kept at school
7. It is normally unnecessary for a pupil with asthma to have steroid tablets at school
8. Spacers are the most effective way to deliver medicine to the lungs, especially during a severe asthma attack
9. A nebuliser should not be used to treat asthma in school
10. Children with asthma should have a school asthma health care plan completed and kept up to date
11. Every school should have an asthma lead amongst its staff. The school asthma lead, teachers and the school nurse all have key roles in the school-based management of asthma
12. All form teachers and staff involved in physical activity should know what to do in the event of a child having an asthma attack
13. At the beginning of each school year and when a new child joins the school, parents should be asked if their child has any medical conditions, including asthma, on their enrolment form
14. If school staff have any questions or concerns about a pupil's asthma medication and/or inhaler device, they should discuss this with the pupil's parent or the school nurse as soon as possible
15. School Asthma lead should receive 2 yearly asthma awareness training from the school nurse asthma leads.
16. Every school should have a school asthma policy. A properly implemented school asthma policy will help to ensure that children with asthma can be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic wellbeing in the future

17. Every child with an individualised asthma health care plan should have access to an emergency metered dose inhaler and spacer in school.
18. From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

**The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**

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

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency salbutamol inhaler will need to conform to the principles in this guidance and the DOH guidance.

19. Volumatic spacers are for single use only and need to be replaced following individual use. These can be brought from a pharmaceutical supplier.

## Background

### **Key Message:**

**One in ten children in the UK have asthma. On average, there are three to four pupils with asthma in every classroom in the UK. Children with asthma can lead entirely normal lives if appropriately supported.**

Asthma is the most common long-term condition for children and young people in the UK and the impact this condition has on the lives of the 1.1 million children and young people with asthma is significant.

At a national level, childhood asthma has a major impact in the UK:

- Every week, over 7,000 children visit their GP to be treated for asthma
- Every 16 minutes, a child is admitted to hospital because of their asthma
- More than one in four young adults say they miss out on things at school or college, while one in ten feels their asthma has affected their education

However, with the right management, there is nothing to stop the vast majority of children and young people with asthma from leading normal, full and active lives.

Health professionals working in Shropshire County, Telford & Wrekin and Dudley had recognized, through young children admitted to hospital or seen in clinics and schools, that the management of asthma in local schools varied greatly. In order to fully understand the scale of any problems, a Shropshire and Telford & Wrekin School Asthma Steering Group was established which included a consultant respiratory paediatrician and children's respiratory and school nurses.

An audit of the management of asthma had already been completed. Permission to proceed with the audit was obtained from head teachers in both Local Authorities and aimed to include all 204 primary schools in Telford & Wrekin and Shropshire County and two special schools.



Key findings of this audit had included that:

- Personalised asthma management plans for pupils were drawn up for only 10% of pupils with asthma
- Only 44% of schools had written guidelines in place on how to manage an acute asthma attack
- Recent asthma training for staff was being achieved by only 57% of schools, but for most of these schools the training needed to improve
- Without appropriate support and against national prescribing guidelines, 13% of schools had made attempts to provide a reliever asthma inhaler for any pupil to use in the event of an emergency asthma attack
- Over 50% of inhalers kept by schools were of an inappropriate device type for pupils to use efficiently during an acute asthma attack
- 17% of inhalers kept by schools were beyond their expiry date
- 10% of inhalers kept in schools contained preventer medication, which would be of zero benefit if administered during an acute asthma attack

This guidance is designed to address the findings of this audit.

The fundamental principles of this guidance are that:

- 1. Children with asthma should have their relieving medication and volumatic spacer with them in school**
- 2. Children with asthma should have easy access to their relieving medication at all times while in school**
- 3. Preventer medication should not normally be kept in school**

Throughout the document, the term 'parent' is used to refer to the parent, guardian or carer of the child. The term 'school nurse' is used to refer to a qualified school nurse employed by Shropshire Community Health NHS Trust.

# **Section 1**

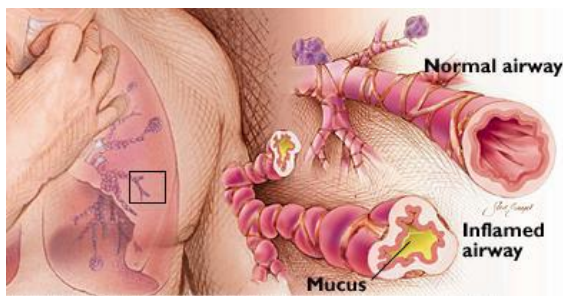
## **Key Guidance for Managing Asthma in Schools**

# Key Guidance for Managing Asthma in Schools

## 1.1 What is Asthma?

Asthma is a condition that affects the airways. The airways are the small tubes that carry air in and out of the lungs. Children and young people with asthma have airways that are often red and sensitive (inflamed). When they come into contact with an asthma trigger, their airways become narrower, making it more difficult to breathe.

Not every child's trigger is the same, but the common triggers are cigarette smoke, colds, viral infections, house-dust mites, pollen, furry or feathery animals, exercise, pollution, chemical fumes, cold air, excitement and stress.



During an asthma attack the lining of the airways becomes inflamed and begins to swell, making it difficult to breathe

The usual symptoms of asthma are

- Coughing
- Wheezing or a whistling noise
- Tightness in the chest
- Shortness of breath

Not all children will get all these symptoms. Children may say:

- 'It feels like someone is standing on my lungs'
- 'It feels like I am being squashed'
- 'When I'm having an attack, it feels like a rope is being slowly tightened around my chest'

Children's ability to verbalize their symptoms vary enormously and younger children may say:

- "My tummy hurts"
- "Someone is sitting on my chest"

**Key Message:**

**Children with asthma should have a School Asthma Health Care Plan completed and kept up to date**

The School Asthma Health Care Plan (Appendix 1) has been adapted from “Managing Medicines in Schools and Early Years Settings” (DfES 2005). The Plan is used to record important details about individual children’s medical needs, their triggers, signs and symptoms and any medication they may need.

## **1.2 Types of Asthma Medication**

**Key Message:**

**If school staff have any questions or concerns about a pupil's asthma medication and/or inhaler device, they should discuss this with the pupil's parent or the school nurse as soon as possible**

### **Reliever Inhalers**

**Key Message:**

**Relievers are medicines that can be taken immediately when asthma symptoms start. Relievers quickly relax the muscle surrounding the narrowed airways, making it easier to breathe**

**Key Message:**

**Children with asthma should have their relieving medication with them in school**

**Key Message:**

**Children with asthma should have easy access to their own normal relieving medication at all times while in school and whenever they are in the care of school staff. Relieving inhalers should never be in locked storage in school**

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:



Metered Dose inhaler



Accuhaler



Easyhaler



Easibreathe



Turbohaler

## Preventer Inhalers

### Key Message:

**Preventer medication should not normally be kept at 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, as shown below.



## Inhaler Devices

Asthma medicines usually have to be inhaled in order for them to work in the airways that carry air to and from the lungs. Inhalers are designed to get the right amount of medicine, whether reliever or preventer, to the airways. Children need inhaler devices which are appropriate for their age and ability.

There are three main types of inhaler that can be used with inhaled medicines for asthma. Each different type of device has a differing technique (Appendix 2 has further details).

Examples of inhaler devices include:

- **Breath-actuated pressurised metered dose inhalers**, which are the spray inhalers that automatically release the medicine. When the child breathes in, this triggers the device to release the medicine
- **Dry-powder inhalers** which, as the name suggests, release the medicine in the form of a dry powder that the child breathes in



- **Pressurised metered dose inhalers** are the



spray inhalers where the child has to press down on the metal canister to release the medicine and then, at the same time, breathe in. This type of inhaler device is difficult to use on its own, but are very effective when used with a spacer device



- **Spacers:** A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other



### Key Message:

**Spacers are the most effective way to deliver medicine to the lungs, especially during a severe asthma attack**

## Steroid Tablets

**Key Message:**

**It is normally unnecessary for a pupil with asthma to have steroid tablets at school**

A short course of steroid tablets (usually 3-5 days) is sometimes needed to treat a child's asthma after an asthma attack. Steroids are very effective at bringing severe asthma symptoms under control quickly. Steroid tablets are usually taken only once a day, either before or after school.

## Nebulisers

**Key Message:**

**A nebuliser should not be used to treat asthma in school**

A nebuliser is a machine that creates a mist of medicine that is then breathed in through a mask or mouthpiece. A nebuliser is sometimes used to give high doses of medicine in an emergency. However, research shows that spacers (see above) work as well as a nebuliser in asthma attacks. The use of a nebuliser in emergency situations is now becoming far less common.

- Some children and young people with asthma have a nebuliser at home. But a nebuliser should not be needed in schools
- If you are asked by parents to have a nebuliser in school for their child, your school nurse should provide advice and support for you, the child and the family



## 1.3 Access to and Storage of Inhalers in School

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 (Appendix 3 – example request form for child to carry their own medication)
- 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 their own reliever inhaler at all times. If, after discussion with the parents, it is believed that the child is too young to do this, a member of 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 labeled 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

## 1.4 Roles of the School Asthma Lead, Class Teachers and the School Nurse

### **Key Message:**

**Every school should have an asthma lead amongst its staff. The school asthma lead, teachers and the school nurse all have key roles in the school-based management of asthma**

### **Key Message:**

**All form teachers and staff involved in physical activity should know what to do in the event of a child having an asthma attack**

### **Roles of the School Asthma Lead**

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 (Appendix 4) 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 5)
- Raise awareness within the school about the school's asthma policy and guidelines (see Section 2)
- 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 (requested in Appendix 4 letter) 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.

### **Roles of Class Teachers**

- To be aware of any children who have asthma in their class and of the child's Asthma Health Care Plan
- To ensure the child's Asthma Health Care Plan is implemented
- Ensure these children have easy access to their relieving inhalers as described in previous sections
- To always inform parents if their child has had an asthma attack and used their reliever inhaler while in the care of school staff, please use letter in appendix
- To talk to the child's parents if the pupil is taking time off school or is frequently tired in class. This could be because they are having asthma symptoms during the night, disturbing their sleep
- To liaise with the school asthma lead and school nurse if there are concerns that a child's asthma is unstable or getting worse
- To encourage a positive attitude to asthma and to children with asthma amongst other class members

### **Roles of the School Nurse:**

- To fully support the school asthma lead(s) and teachers in their asthma roles (described above)
- To be the point of clinical contact in the school for other health care professionals caring for individual children
- To help update the school asthma policy and lead on aspects of its implementation in agreement with school staff
- To provide two yearly training to the school asthma lead, including managing an acute attack
- To learn and act on any lessons learned from the management of asthma in school

## 1.5 Asthma, Activity and Exercise at School

### **Key Message:**

**Children with asthma should always have their own normal reliever inhaler readily available to them when they exercise or take part in physical activity**

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

## 1.6 Residential 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.

- 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

## 1.7 Overview of Legal Issues: Administration of Medication in School

### Non-Emergency Situations:

- There is no legal or contractual duty for school staff to administer medicine or supervise a pupil taking medicines unless they have been specifically contracted to do so
- Administering medicines is a voluntary role and one that many school staff are happy to perform
- Employers are responsible for providing indemnity for those staff who agree to administer medicines

## Emergency Situations:

- In an emergency situation (for example, an unexpected severe asthma attack), school staff are required under a common law duty of care to act like any reasonably prudent parent or guardian. This may include administering medicines

For more information on managing pupils with medical needs in England and Wales, staff should refer to the DfES/DOH guidance 'Managing Medicines in Schools and Early Years Settings'. This is available from the DfES or can be downloaded from:

[www.publications.teachernet.gov.uk](http://www.publications.teachernet.gov.uk)

## 1.8 New Legislation

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

**The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**

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

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.

### Supply

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit.

A supplier will need 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.

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, **the plastic spacer should not be reused**. It can be given to the child to take home for future personal use.

The **inhaler itself however can usually be reused**, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

### **Disposal**

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years.

<https://www.gov.uk/waste-carrier-or-broker-registration>

FOR further guidance on the use of emergency salbutamol in school please refer to document

**Department of Health (Sept 2014) Guidance on the use of emergency salbutamol inhalers in schools.**

## 1.9 Record Keeping

### **Key Message:**

**At the beginning of each school year and when a new child joins the school, parents should be asked if their child has any medical conditions, including asthma, on their enrolment form**

### **The School Asthma Health Care Plan**

- The School Asthma Health Care Plan (Appendix 1) has been adapted from 'Managing Medicines in Schools and Early Years Settings' (2005)
- The plan should be used to record important details about individual children's asthma, their triggers, signs and symptoms and any current medication
- At the start of each school year, all parents of children and young people with asthma should be sent a School Asthma Health Care Plan to complete
- Parents should return the completed form to the school asthma lead
- From the information contained in the Asthma Health Care Plan, the school asthma lead should update the asthma register, which is available to all school staff
- Parents should also be asked to update their child's Asthma Health Care Plan if their child's asthma or medication changes

### **The School Asthma Register**

The School Asthma Register is important to identify all pupils at school with asthma, so that all school staff and supply teachers are aware of these children and their particular needs and asthma triggers. The School Asthma Register:

- Helps inform all school staff about the individual needs of pupils with asthma
- Allows the contact details for pupils with asthma to be kept in one central location
- Helps to ensure a consistent approach to asthma across the school and for the individual pupils



## Consent to Administer Medicines in School

As per new legislation,

*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>

The parents of pupils with any medical condition including asthma should be sent a consent form to complete and return to school, giving staff permission to administer medication both on a regular / daily basis and in an emergency. (Appendix 5)

The signed parental consent form (Appendix 5) should be updated on a yearly basis.

## Recording Administration of Medication in School

The school should keep an accurate record of each occasion an individual pupil receives any medication in school. The information should include:

- The child's details
- The name and dose of medication given
- The date and time it was given, to inform parents of medication given via letter home.

Appendix 6 and 7 are examples of records for individual children and a summary record for all children. Appendix 1 can be used to inform parents and highlight any concerns of e.g., regular absence of individual medication leading to regular use of the schools own emergency salbutamol, or regular use of own medication suggestive of poorly controlled asthma.

## 1.10 Staff Training

### Key Message:

**The school asthma lead will receive asthma awareness training every two years delivered by the school nurse Asthma Leads, in addition to their first aid training delivered by the local authority. The school asthma lead will provide training yearly for all school staff.**

## Asthma Training for School Staff

- The school asthma lead can seek advice and support from their school nurse or the respiratory nurse specialists for children at any time (Contact details – see page 3)
- The school should maintain a record of all school staff who receive asthma training from the school asthma lead.
- It is the responsibility of the head teacher to support the school asthma lead to attend two yearly training and to educate and support all school staff on the care of children with asthma.
- Appendix 8 is an example of an individual record of training, which can be adapted by schools if necessary

## 1.11 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

## **Section 2**

# **The School Asthma Policy**

## **The School Asthma policy**

### **Key Message:**

**Every school should have a school asthma policy. A properly implemented school asthma policy will help to ensure that children with asthma can:**

- **Be healthy**
- **Stay safe**
- **Enjoy and achieve**
- **Make a positive contribution**
- **Achieve economic well being**

The school asthma policy could be a stand-alone policy or it could be incorporated within another wider school policy. Every school is different, so every policy will vary slightly. A detailed example of an asthma policy is provided in Appendix 9. However, every policy should incorporate the guidance in this document and:

- Recognise that asthma is a widespread, serious but entirely manageable condition
- Welcome all pupils with asthma to the school
- Ensure that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities
- Recognise that pupils with asthma need easy access to reliever inhalers at all times
- Specify the record keeping for all pupils with asthma, including medication needs
- Ensure that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- Ensure that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack
- Reflect that pupils with asthma may experience bullying and specify the procedures in place to prevent this
- Support partnership working with all interested parties, including the school's governing body, all school staff, school nurses, parents/carers, the Local Authority, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully

The asthma policy should outline how each of the above points will be implemented within a particular school. Each school will need to develop and agree its own asthma policy.





## **Section 3**

# **Flowchart for the Management of an Asthma Attack in School**

# Flowchart for the Management of an Asthma Attack in School

MILD / MODERATE SYMPTOMS	ACTION
<ul style="list-style-type: none"> <li>• Short of breath</li> <li>• Wheezy</li> <li>• Coughing</li> <li>• Complaining of chest tightness</li> <li>• Maybe unable to talk in full sentences</li> </ul>	<ol style="list-style-type: none"> <li>1. Give 2 – 4 puffs of pupil's own reliever (blue) inhaler immediately</li> <li>2. If symptoms improve, the pupil can return to school activities</li> <li>3. Record administration of medication and inform the parents, in accordance with the school asthma policy</li> </ol> <p><b>If symptoms do not improve or become worse then follow instructions for severe attack</b></p>
SEVERE SYMPTOMS	ACTION
<p>The pupil may have one or more of these symptoms in addition to the mild symptoms</p> <ul style="list-style-type: none"> <li>• Own normal inhaler is not helping to relieve the asthma symptoms</li> <li>• Too breathless to talk or drink</li> <li>• Becoming agitated or exhausted</li> <li>• Lips and/or fingers are going blue</li> </ul>	<ol style="list-style-type: none"> <li>1. Give 2 puffs of the pupil's own reliever (blue) metered dose inhaler via a spacer if available every 2 minutes up to a maximum of 10 puffs</li> </ol> <p><b>Call an ambulance</b></p> <ol style="list-style-type: none"> <li>2. Continue to give 1 puff of the reliever (blue) inhaler via the spacer (if available) every minute, until the ambulance arrives or the symptoms begin to improve</li> <li>3. Record the administration of medication and inform the parents, in accordance with the school asthma policy</li> </ol>

## How to Use an Inhaler and Spacer

			
<ol style="list-style-type: none"> <li>1. Remove the cap from the inhaler and shake</li> </ol>	<ol style="list-style-type: none"> <li>2. Put the inhaler into the flat end of the spacer</li> </ol>	<ol style="list-style-type: none"> <li>3. Press the inhaler once to puff a single dose into the spacer</li> </ol>	<ol style="list-style-type: none"> <li>4. Encourage the child to breath slowly and deeply ten times in and out of the spacer</li> </ol>

# Appendices

**Appendix 1. Specimen letter to inform parents of emergency salbutamol inhaler**

**SPECIMEN LETTER TO INFORM PARENTS OF 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. .

*[Delete as appropriate]*

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,



**Appendix 2 School Asthma Health Care Plan**

**This can be photocopied and used with the school logo**

Child's name	
Date of birth	
Group/class/form	
Child's address	
Date Asthma Diagnosed	

**Family Contact Information**

Parents / Guardians Name

Phone no. (work)

(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

**G.P.**

Name

Phone no.

**Clinic/Hospital Contact**

Name

Phone no.

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers '

Describe their daily care 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 sport)

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




Form copied to: (to be completed by the school asthma lead)

**ADVICE FOR PARENTS**

**Remember:**

- 1. It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medications**
- 2. It is your responsibility to ensure that your child has their 'relieving' medication and individual spacer with them in school and that it is clearly labelled with their name. You should confirm this with your child's class teacher**
- 3. It is your responsibility to ensure that your child's asthma medication has not expired**
- 4. Your child should not be exposed to cigarette smoke**

## Appendix 3 Inhaler Device Techniques

Device	How to Use
<p data-bbox="397 310 555 342"><i>Turbohaler</i></p> 	<ol data-bbox="711 310 1453 611" style="list-style-type: none"> <li>1. Unscrew and lift off the white cover</li> <li>2. Hold the inhaler upright and turn the grip fully in one direction as far as it will go, then twist the grip back again as far as it will go. It should click</li> <li>3. Breathe out gently then put the mouthpiece between your lips and breathe in as deeply as possible</li> <li>4. Remove the inhaler from your mouth and hold your breath for about ten seconds, then breathe out slowly</li> <li>5. To give another dose repeat steps 2 – 4</li> </ol>
<p data-bbox="402 665 550 697">Accuhaler</p> 	<ol data-bbox="711 665 1453 995" style="list-style-type: none"> <li>1. Open the outer case by sliding the outer case with your thumb until it goes click</li> <li>2. Hold the Accuhaler mouthpiece towards you, slide the lever away from you until it clicks</li> <li>3. Breathe out as far as you can, place the mouth piece between your lips, breathe in as deeply as you can</li> <li>4. Remove the inhaler from your mouth and hold your breath for about ten seconds, then breathe out slowly.</li> <li>5. To give another dose repeat steps 2 – 4</li> </ol>
<p data-bbox="402 1050 548 1081">Easyhaler</p> 	<ol data-bbox="711 1085 1453 1381" style="list-style-type: none"> <li>1. Open the protective cover and remove the dust cap from the mouthpiece</li> <li>2. Shake the device, then hold in an upright position</li> <li>3. Press the top of the inhaler once until you hear a click, place the mouth piece between your lips, breathe in as deeply as you can</li> <li>4. Remove the inhaler from your mouth and hold your breath for about ten seconds, then breathe out slowly</li> <li>5. To give another dose repeat steps 2 – 4</li> </ol>
<p data-bbox="389 1440 561 1472">Easibreathe</p> 	<ol data-bbox="711 1440 1453 1780" style="list-style-type: none"> <li>1. Shake the inhaler</li> <li>2. Open the cap</li> <li>3. Breathe out as deeply as you can</li> <li>4. Place the mouthpiece between your lips; breathe in as deeply as you can. As you breathe in the inhaler will automatically release a dose of medication</li> <li>5. Remove the inhaler from your mouth and hold your breath for about ten seconds, then breathe out slowly</li> <li>6. Close the cap</li> <li>7. To give another dose repeat steps 1 – 6</li> </ol>

**Appendix 4: Request for a Child to carry their own Medication**

**This can be photocopied and used with school logo**

**Parents complete this form**

**If staff 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	
Group/class/form	
Address	
Name of medicine	
Procedures to be taken in an emergency	

**Contact Information**

Name	
Daytime phone no.	
Relationship to child	

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

Signed \_\_\_\_\_

Print name \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 5: Example Letter for Parents/Guardians to Accompany School Asthma Health Care Plan

**This can be photocopied and  
used with the school logo**

Shropshire Community Health   
NHS Trust

Dear Parent / Guardian

### **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 CCG, 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.



All children with an individual asthma health care plan need to have prescribed by their GP an emergency metered dose inhaler, reliever medication. It is necessary for school staff to have access to this medication in –order to treat a severe asthma attack correctly. It is best practice to treat a severe asthma attack with a volumatic spacer and reliever as only a metered dose inhaler is compatible for use with a spacer. All schools have access to a volumatic spacer and the asthma leads have been trained on their use in a severe attack.

Please complete this Plan and return it to the school along with your child's normal reliever medication to be stored appropriate to your child's age and ability and an emergency reliever metered dose inhaler by *(insert date)*:

*Please note that due to new legislation your child's school may have chosen to buy an emergency salbutamol inhaler from their local pharmacist, as per Department of Health guidance (Sept 2014). If your school has chosen to do this please note that it remains the*

*parents responsibility to provide the school with a volumatic spacer and emergency salbutamol for your individual child.*

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

Thank you for your help.

Yours sincerely

Head teacher

#### **ADVICE FOR PARENTS**

**Remember:**

- 1. It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medication**
- 2. 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**
- 3. You should confirm this with your child's class teacher**
- 4. It is your responsibility to ensure that your child's asthma medication has not expired**
- 5. Your child should not be exposed to cigarette smoke**

**Appendix 6: Parental Agreement for School to Administer Medicine**

**This can be photocopied and used with the school logo**

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

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Name and phone no. of GP	
Name/type of medicine <i>(as described on the container)</i>	
Dosage and method	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
<b>Contact Details</b>	
Name	
Daytime telephone no.	
Relationship to child	
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.

In the case of my child having an asthma attack whilst at school, should my child's school have an emergency salbutamol inhaler available, I am consenting for my child to be treated with this emergency salbutamol inhaler should their own inhaler be unavailable for use.

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

**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 labeled and in date.



## Appendix 7: Record of Medicine Administered to Individual Children

**This can be photocopied and used with the school logo**

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	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

### Section 2

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

**Record of medicine administered to an individual child (Continued)**

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

<b>Appendix 8: Record of Medicine Administered to All Children</b>
--

This can be photocopied and used with the school logo

Date	Time	Child's Name	Name of Medicine	Dose	Signature of Staff

## Appendix 9: Record of Staff Training

This can be photocopied and used with the school logo

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that \_\_\_\_\_ [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training be updated no later than once a year.

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested date for next update \_\_\_\_\_

## **Appendix 10: Example of a School Asthma Policy**

This is an example of a school policy from Asthma UK ([www.asthma.org.uk](http://www.asthma.org.uk))

### **Asthma Policy Statement**

- This school is an inclusive community that aims to support and welcome pupils with asthma
- This school ensures that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favorable to pupils with asthma
- 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
- The school ensures all staff understand their duty of care to children and young people in the event of an emergency. All staff feels confident in knowing what to do in an emergency. All school staff receives annual asthma awareness training
- This school has clear guidance on the administration of medicines at school
- This school has clear guidance on the storage of medicines at school
- This school has clear guidance about record keeping
- Each member of the school and health community 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

### **Policy Guidelines**

**This school is an inclusive community that aims to support and welcome 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

**This school ensures that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favorable to pupils with asthma**

- This school 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

- This school ensures 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 this school 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 behavior 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
- This school ensures all classroom teachers; PE teachers and sporting coaches understand that pupil's asthma should not be forced to take part in activity if they feel unwell
- This school ensures all PE teachers, classroom teachers and school sport coaches are aware of the potential triggers for pupil's asthma when exercising and tips to minimise these triggers
- This 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

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

- This school has consulted on the development of this asthma policy with a wide range of key stakeholders both within the school and health settings
- This school recognizes 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 this school 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 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

- This school uses 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
- This school has 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

### **The school has clear guidance on the administration of medicines at school**

#### **Emergency medicines**

- All pupils at this school 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

#### **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

### **The school 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
- A named member of staff is 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

### **This school has clear guidance about record keeping**



### **Enrolment forms**

- Parents at this school 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:
  1. at the start of the school year
  2. at enrollment
  3. when a diagnosis is first communicated to the school
- The parents are asked to fill out the pupil’s school Asthma Health Care Plan. 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
- An identified member of staff has responsibility for the register at this school
- The responsible member of staff follows 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 supply teachers 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 medicines**

- 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 programmes of medicine if parents and school require it
- 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's asthma lead attends training on asthma every two years.
- 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 and support via the asthma lead.
- All school staff that volunteer or are contracted to administer medicines are provided with training and support from the school asthma lead.

#### **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 to check the expiry date of medicines kept at school and maintain the school asthma register
- Monitor and review the policy at least once a year, with input from staff and external stakeholders

**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