



Ashfield Junior School

Inspiring our children to dream big, be extraordinary
and to change the world

Supporting Children with Medical Needs including Asthma Policy

This policy will be equality impact assessed with regard to disability, gender and race at the time of review and issues arising will be carried forward into the equality action plan.

Date agreed: Mar 2025

Date of next review: Mar 2028

Background

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools and academies to make arrangements to support pupils with medical conditions.

This policy has been written with reference to the Supporting Pupils at School with Medical Conditions (Statutory guidance for governing bodies of maintained schools and proprietors of academies in England April 2014).

Key aims

- Pupils at Ashfield Junior School with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The Governing body will ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- The Governing body will ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

We recognise that medical conditions can impact on children's ability to learn and their self-esteem. We aim to increase the children's confidence and to promote self-care. We will ensure that staff are properly trained to provide the support that pupils need.

In making arrangements to fulfill these duties Ashfield Junior School governing body will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

Definitions of Medical Conditions

The medical needs of pupils may be broadly summarised as being of two types:

- Short-term affecting their participation in school activities because they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Some children with medical conditions may be disabled. Where this is the case, the governing body will comply with their duties under the Equality Act 2010. Some children may also have Special Educational Needs and may have an Education and Health Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice and the Ashfield Junior School Primary SEN Information Report (School Offer).

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Responsibilities within School

Teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in case of an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

The system for gathering medical information is shown in Appendix C

The person responsible for making arrangements to support pupils with medical conditions is the Headteacher with help and cooperation from the staff. However, the governing body remains legally responsible and accountable for fulfilling their statutory duty.

These arrangements include:

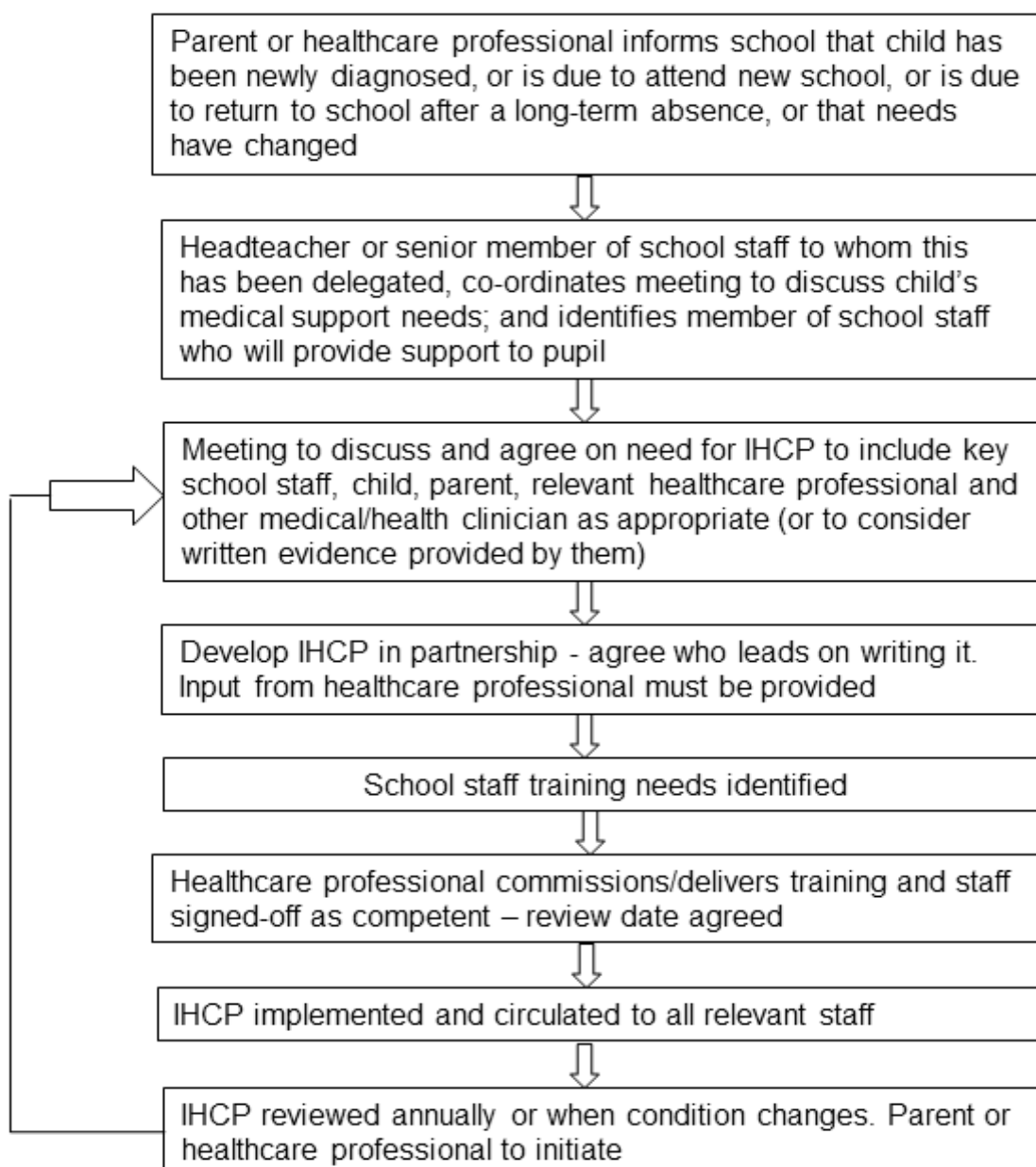
- a commitment that all relevant staff will be made aware of the child's condition,
- arrangements for cover in case of staff absence or staff turnover to ensure someone is always available
- briefing for supply teachers
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable
- together with health professionals, the drawing up and monitoring of individual healthcare plans (IHCPs)
- training for staff where relevant

Individual Healthcare Plans

IHCPs normally specify the type and level of support required to meet the medical needs of pupils. Where children and young people also have SEN, their provision will be planned and delivered in a co-ordinated way with the healthcare plan. The person responsible for the development and review of IHCPs is the Inclusion Leader. IHCPs will be developed with the child's best interest in mind, with the intention of minimising risk to the child's education, health and social well-being and minimising disruption.

IHCPs help to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They are often essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children with medical needs will require one. The school, health care professional and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher, is best placed to take a final view

The process for developing individual healthcare plans is shown below. It will be followed when a pupil moves between schools, when a pupil is reintegrated into school after a period of absence or when pupil's needs change, thus causing changes in the need for staff training or additional support for the child. For children starting as new pupils at Ashfield Junior School, arrangements will be in place in time for the start of the relevant school term (as long as the parents have fully informed the school of their child's medical needs before the child starts.) In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.



(This procedure is detailed in Annex A of Supporting Pupils at School with Medical Conditions (Statutory guidance for governing bodies of maintained schools and proprietors of academies in England April 2014))

IHCPs will be reviewed at least annually or earlier if evidence is presented that the child's need have changed. It is expected that the review will involve the parents, a health professional and either the Headteacher or The Inclusion Leader from the school.

Where a child has an Individual Health Care Plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have

an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

It is the responsibility of all members of staff supporting the individual children to ensure that the IHCP is followed and this will be monitored by the Inclusion Leader. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

IHCPs, (and their reviews), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The IHCP must be completed by the Lead Professional (usually the Inclusion Leader) with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the school.

(See Appendix A for format of an IHCP)

Training requirements and support for staff

We will arrange training for staff who work directly with the children to meet their medical needs along with at least one other member of staff. We may also arrange training for class teachers and teaching assistants. In deciding on which staff members need to attend and type of training required, we will seek the guidance from health care professionals such as the School Nurse, Community Nurses or Health Visitors.

We recognise that sometimes, supporting a child with medical needs is emotionally demanding, especially when there is a life-threatening condition. Staff may need a break or to talk through what has happened with another member of staff or a health care professional and we will arrange this if required. We recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Administration of Medicines

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so.
- No child will be given prescription or non-prescription medicines without their Parents/Carers **written** consent. We may seek confirmation from healthcare professionals about the necessity for taking the medication at school.
- We will not usually administer non-prescription medicines to a child. If a Parent/Carer wishes a child to have the non-prescription medicine administered during the school day, they will usually need to come to the school to administer it to their child.
- Medicine will only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or

carer. If a child requires medicine to be given in school, the form in Appendix B must be completed and signed by parents. This form includes details of the child's condition, the medication and dosage instructions. It includes directions if a dose is missed. It will be updated at least annually and whenever the dosage or medication changes

- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be available inside an insulin pen or a pump, rather than in its original container.
- All medicines taken to the office – exceptions are where the child administers with adult support – e.g. diabetes testing & medication, eye drops, asthma pumps
- Medicines and devices such as asthma inhalers, blood glucose testing meters be always readily available to children who need them and not locked away; these will be stored in classroom cupboards where both class teacher, support staff and child know how to access them, but out of reach of others in the class. If a child requires an asthma inhaler it is crucial that they have their own inhaler in the school at all times.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions.
- Parents are contacted for permission to give Calpol or Piriton in an emergency situation. Parents are then texted with the time it was given.
- The school will keep a written record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered at the school should also be noted. These records offer protection to staff and children and provide evidence that agreed procedures have been followed. If the medication is not given regularly, we will inform the child's parents and/or carers on the same day.
- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- Staff will not undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). Training will be provided for staff where the administration of medicine requires medical or technical knowledge.
- Individual Health Care Plans are in place for those pupils with significant medical needs e.g. chronic or ongoing medical conditions such as diabetes, epilepsy, anaphylaxis etc.
- Staff will undergo Epipen training and familiarise themselves with the individual health care plan for children that require an Epipen
- Staff will know where the Epipens are kept and the children that require an Epipen

It is the responsibility of the parent to keep the school informed of the medication their child requires, to provide the school with the medication and to ensure that any medication is within its use by date.

Unacceptable Practice

Although staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their Parents/Carers; or ignore medical evidence or opinion, (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require Parents/Carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including with toileting issues. No Parent/Carer should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring Parents/Carers to accompany the child.

School trips and visits and sporting activities

All children at Ashfield Junior School are encouraged to take part in all school activities including trips and sporting activities. A risk assessment is always carried out for trips out of school, and this will include a risk assessment for individual children with medical conditions. The children with IHCPs will be considered when assessing the risk and wherever possible we will actively support children with medical needs to take part.

Admissions

The school will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Insurance

The Governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. (Individual cover may be required for individual cases)

Complaints

Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the school's Complaints Policy.

How information is gathered

Parents will be asked whether their child has any medical needs that the school need to know about at

- the initial meeting with Head / Deputy / SENCo in summer Y2
- if the child is new to the school

If a child develops a medical need during their time at Ashfield Junior School it is the responsibility of the parent to inform the office and fill in a medical form to detail their child's condition (see form below). If a parent tells a teacher of a child's medical condition, the teacher will direct the parent to the office to complete the medical form below (Appendix C).

Individual Healthcare Plan (Appendix A)

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues

Medication:

- Name
- Dose
- Method of Administration
- Side Effects & Contra - Indications
- Administered by / self-administered / with / without supervision

Daily Care Requirements:

Arrangements for School Visits / Trips etc.

Other Information:

--

When to Seek Medical Assistance:

--

Who is Responsible in an Emergency (*state if different for off-site activities*)

--

Plan Developed with

--

Staff Training needed/undertaken – who, what, when

--

Form copied to

--

Record of Medicine Administered to an Individual Child



Record of medication administered in school

(This form should be used for all medications administered by Ashfield Staff)

Name of child:		Class:
Medical Condition:		
Name of Medication:		Dose:
Date	Time	
Mon:		
Tue:		
Wed:		
Thu:		
Fri:		
Staff Signature:		Print Name:

School Stamp

--



REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname:

Forename(s):

Date of Birth: Class:

Condition or illness:

MEDICATION

Name/Type of Medication (as described on the container)

.....

For how long will your child take this medication:

Date dispensed:

Date of Expiry:

Full Directions for use:

Dosage and method:

Timing:

Special Precautions:

Side Effects:

Self-Administration:

Procedures to take in an Emergency:

CONTACT DETAILS:

Name:

Daytime Telephone No:

Relationship to Pupil:

I understand that I must deliver the medicine personally to the school office and accept that this is a service which the school is not obliged to undertake.

Signature: Relationship to pupil:

Date:



Ashfield Junior School

Inspiring our children to dream big, be extraordinary and to
change the world

Asthma Policy

Supporting Pupils with Medical Conditions in Hertfordshire Schools.

Designed to support Schools in the implementation of the Department of Education
(September 2014) Guidance on Supporting pupils with medical conditions.

Contents

[Glossary of Terms](#)

[Introduction](#)

[Asthma flow chart](#)

[Annual Update Letter to understand the needs of the children with Asthma in School](#)

[Asthma Questionnaire](#)

[Asthma Maintenance Plan](#)

[How To Recognise An Asthma Attack](#)³⁰[Model letter Inviting Parents to Contribute to Individual](#)

[Individual Healthcare Plan](#)

[Parental Agreement for Setting to Administer Medicine](#)

[Record of Medicine Administered to an Individual Child](#)

[Staff Training Record – Administration of Medicines](#)

[Contacting Emergency Services](#)

[References and further reading](#)

Glossary of Terms

Schools – this guidance uses the word schools to mean all state, free and academy schools in Hertfordshire that have chosen to use this guidance. This term also applies to nurseries and early years settings.

Children's Universal Services Staff – individuals employed by Hertfordshire Community NHS Trust working in Health Visiting and School Nursing Teams. Staff includes School Nurses, Health Visitors and Community Staff Nurses and Nursery Nurses.

Introduction

Rationale:

This asthma guidance has been developed to provide information for Hertfordshire schools/nurseries on the day to day care and management of pupils with asthma within the school/nursery environment, enabling children/young people with a diagnosis of asthma to participate fully through access to the whole curriculum, and through working in partnership with parents and healthcare professionals.

This guidance is in line with the recommendations of the British Thoracic Society (2012) and Asthma UK (2014) for the management of children / young people with Asthma in the school environment.

Parents will work with the School to discuss their child's asthma. Where necessary, if a child has severe asthma, they will require a care plan.

Parents will inform the school of the medication being used to control the child/young person's asthma symptoms with instructions for use of the inhaler/s brought into school/nursery through the Asthma Maintenance Plan (Appendix 2).

An individual healthcare plan (IHCP) for severe asthma will be set up for children/young people who have been identified through the questionnaire. A health professional will be invited to attend the care plan meeting and / or contribute information for those with **severe asthma**.

This guidance also incorporates the Department of Education (2014) Guidance on the use of Emergency Salbutamol Inhalers in School, which came into force on 1st October 2014 to allow the use of emergency Salbutamol inhalers with parental permission following a change in legislation (The Human Medicines (Amendment) (No 2) Regulations, 2014).

The Principles of our school Asthma Policy

- The School recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Ensures that children with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures that other children understand asthma

- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully

This policy has been written with advice from the Department for Education and Employment, National Asthma Campaign, the local education authority and the school health service, parents, the governing body and pupils

1. This school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.
2. This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils.

Persons operating under this guideline are as follows:

Hertfordshire Community NHS Trust (HCT) staff

- Doctors
- Teachers
- School / Nursery Support Staff
- Parents / Carers
- Children / Young people with Epilepsy

Medication

Immediate access to reliever is vital. Children are encouraged to carry their reliever inhaler as soon as the parents, doctor or nurse and class teacher agree they are mature enough. The reliever inhalers of children in years 3, 4 and 5 are kept in the bright green inhaler boxes stored classroom. Year 6 children keep their inhalers on their person. All inhalers must be labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency however many of our staff are happy to do this. School staff who agree to do this are insured by the local education authority when acting in accordance with this policy. All school staff will let children take their own medication when they need to.

Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma. All parents of children with asthma are given a National Asthma Campaign school card to give to their child's GP or asthma nurse

to complete and return to the school. From this information the school keeps its asthma register which is available for all school staff. Cards are then sent to parents on an annual basis to update. If medication changes in between times, parents are asked to inform the school. The Asthma card is used to inform the personal asthma care plan which is drawn up staff.

PE

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. The class inhaler box will be taken to the site of the lesson. In the case of swimming, the child will be given their inhaler to take with them in their swimming bag just prior to leaving for the pool. If a child needs to use their inhaler during the lesson, they will be encouraged to do so.

The School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy.

Making the School Asthma Friendly

The school ensures that all children understand asthma. Asthma can be included in Key Stages curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website www.asthma.org.uk.

When a Child is falling behind in lessons

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the school nurse about the situation so that appropriate asthma management can be put into place to reduce absence from school. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

Asthma Attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is clearly displayed in all classrooms.

1. Ensure that the reliever inhaler is taken immediately.
2. Stay calm and reassure the child.

3. Help the child to breathe by ensuring tight clothing is loosened.

After an attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. The child should be monitored throughout the rest of that day and their parents/carers must be informed about the asthma attack.

Emergency Inhalers

The school holds an emergency inhaler in the medical cupboard in the School Office. A child with asthma could use in an emergency if their own inhaler is unavailable (e.g. they have accidentally taken it home after swimming or PE club). 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 following roles and responsibilities have been identified

Schools

- Will hold a register of pupils with asthma and encourage parents / carers to complete the asthma questionnaire.
- Ensure key school staff members are aware of pupils with asthma within the school.
- Will inform the child's parent/ carer if a pupil has an asthma attack or if they have concerns regarding their asthma management.
- Will take the appropriate emergency measures for dealing with an asthma attack as outlined in **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK.**
- Will follow the emergency Salbutamol Inhaler guidance (Department of Education, 2014) if the school has chosen to adopt the guidance.
- Will facilitate, and in partnership with the School Nurse/Health Visitor, complete a care plan for pupils with severe asthma.
- Will ensure that where pupils do not carry their own inhalers, staff will ensure inhalers are kept in a safe but readily accessible place known to all staff, this includes the emergency inhalers if held by schools.
- Will ensure all key staff have been provided with the opportunity to partake in training concerning asthma.

- Will display the **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK** in designated agreed areas within the school
- Will take reasonable steps to reduce potential trigger factors influencing asthma within the school environment- e.g. classroom plants and pets.
- Will remind children with asthma partaking in PE or going off the school site for activities or school trips to take their inhalers with them and ensure the inhalers are taken on school trips.
- Provide indemnity insurance for teachers and other school staff who volunteer to administer medication to pupils with asthma who need help.

Hertfordshire Community NHS Trust (HCT)

- Will ensure that relevant health professionals have access to training on asthma care to equip them with the knowledge and skills to provide support, education, and training for school/nursery staff, pupils, and parents on asthma care.
- Will ensure that relevant health professionals are provided with the necessary resources to support the training of school staff.
- Will work in partnership with parents, pupils, head teachers, school/nursery staff and other key healthcare professionals as required.

The Pupil with Asthma

- Should be encouraged to take responsibility for their own asthma management.
- Should know how and when to take their reliever inhaler (normally blue).
- Should carry the reliever inhaler on their person/in schoolbag or know how and where to access their inhaler at all times.
- Should inform a member of staff if he/she becomes unwell at school.
- Should care for their inhaler in a safe manner.
- Should remember to take their inhalers to PE lesson/off site activities.

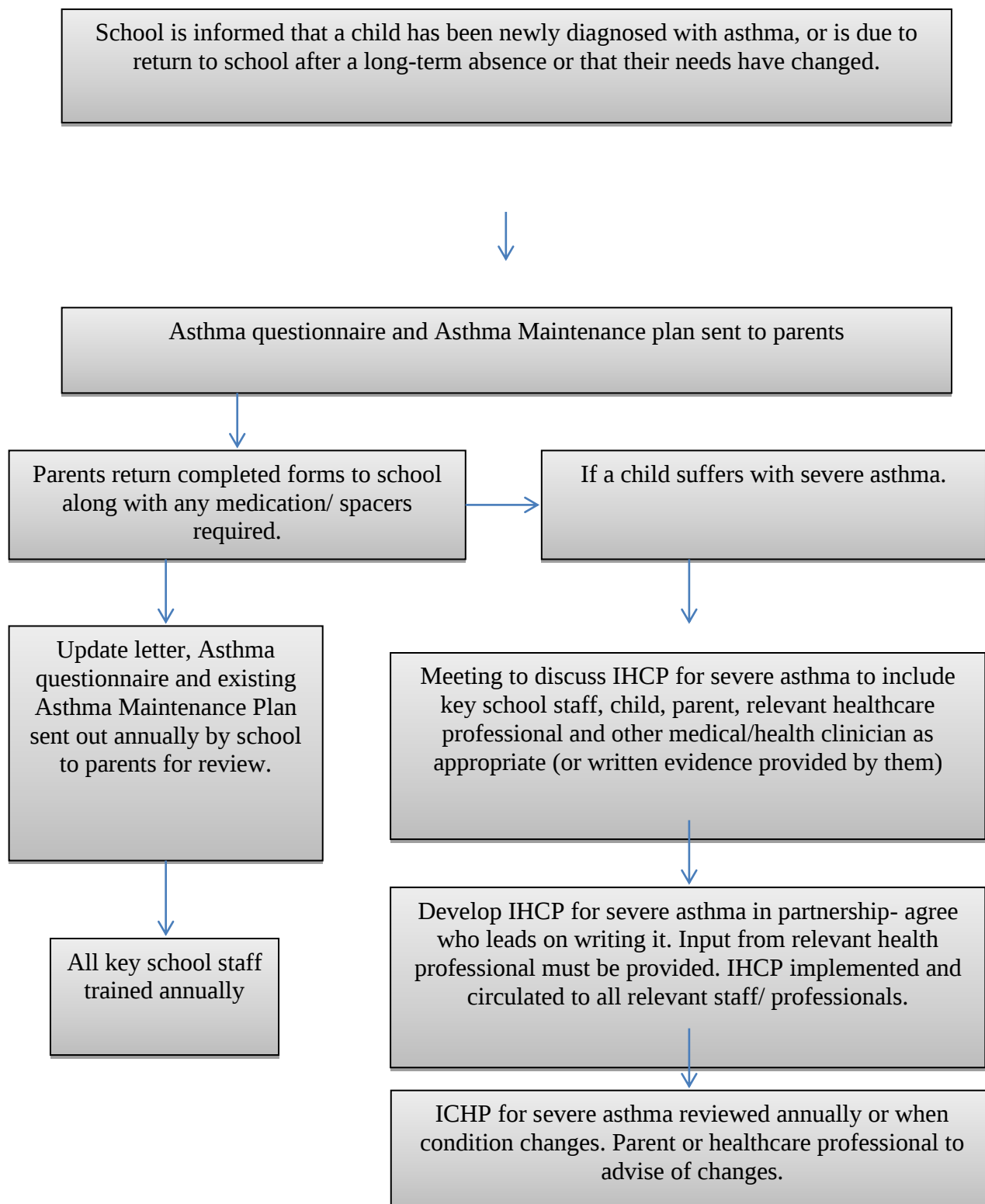
The Parents/ Carers of Pupils with Asthma

- Must inform the school/nursery if their child has asthma.
- Should complete the asthma questionnaire and return it to the school/nursery office annually.

- Must inform the school/nursery of any relevant changes to their child's asthma status or changes to medication and update their child's Asthma Maintenance plan
- Should ensure at least one reliever inhaler (normally blue) and spacer – two maybe required in particular circumstances - has been supplied to the school/nursery, with the child's full details clearly labelled on the inhaler and spacer.
- Must ensure their child's inhaler/s in school/nursery are in date and replaced as and when necessary. Parents should ensure the spacer is cleaned regularly.
- Must communicate any concern about their child's asthma care in school/nursery to the head teacher/class teacher.

Asthma Flow chart

Adapted from [Model process for developing individual healthcare plans](#)





Ashfield Junior School

Inspiring our children to dream big, be extraordinary and
to change the world

Date:

Dear Parent / guardian

Re: **Asthma Care in School**

As a school we are committed to meeting the individual needs of all children as far as possible. With this in mind, and in order to comply with the requirements of the **Hertfordshire Schools Asthma Policy** we would be most grateful if you would kindly complete the enclosed questionnaire, consent form and school asthma card regarding your child's asthma and return the form to the school.

The information will be used by staff in school to provide appropriate care and support during school hours for your child.

Additionally we request that any **inhalers must be clearly labelled with your child's name and date of birth**, and remind you that it is the parents/carers responsibility to ensure that inhalers are in date and replaced as needed.

Thank you for your co-operation

Yours sincerely,

Mr A Dourado
Headteacher



Ashfield Junior School

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler. *[Delete as appropriate]*
2. My child has a working, in-date inhaler, clearly labelled with their name, which they leave in the classroom inhaler box.

Medication:

Expiry Date:

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name (print):

Child's name:

Class:

Parent's address and contact details:

Telephone: Home

Work

Mobile

Email address:



Ashfield Junior School

Asthma History Questionnaire – about your child’s asthma

Child’s name:		Date of birth	
Male/female:			
Address	Home tel:		
	Mobile:		
	Work:		
GP Address	GP name:		
	GP phone:		
When was your child diagnosed with Asthma?			
What triggers your child’s asthma (if known)?			
Is your child’s asthma (please tick)	Mild (uses reliever blue inhaler occasionally)	Moderate (uses preventer, and occasional blue inhaler)	Severe (uses preventer, regular reliever, and other medication)
Does your child have disrupted sleep due to their asthma? (please tick)	Rarely	Occasionally	Frequently
How many times (if any) has your child attended the accident and emergency (A&E) dept with an acute asthma attack in the past year?	Not attended	Once or more	State how many times
Who monitors your child’s asthma (if under the hospital, please give name)			
How often is your child seen by hospital /GP/ Practice Nurse	Only when he/she has an asthma attack	On a 3-6 monthly (or frequent basis)	Annual check up by GP
What inhalers / medication has your child been prescribed?	Reliever (name)	Preventer (name)	Other (name)
Frequency of use			

Can the family GP be contacted for information where required	Yes	No
Does your child need his/her inhaler before PE/sport	Yes	No
If yes, how many puffs required?		
Does your child need assistance taking his/her inhaler	Yes	No
Does your child have a clear understanding as to when he / she needs to use their inhaler	Yes	No
Does your child know where his / her inhaler is kept in school	Yes	No
Does your child use a spacer when using their inhaler	Yes	No
Additional instructions:		
Parent/carer signature		
Date		

My Asthma Plan

Name:

Class:

Photo

I am Well

I have no Cough or wheeze

I am doing normal activities

I need to take my normal reliever medication as need and before exercise

I take puffs

I am unwell

I am getting a cold

My blue inhaler is working using a spacer

I need to take my normal inhaler every 4 hours

I take puffs

I am very unwell

My blue inhaler is not lasting 4 hours and not working within 15 mins

I need to increase my inhaler to puffs given via the spacer

Call 999

My parent/carer has given permission for you to use emergency inhaler if mine runs out ☐

We also give parents a School Asthma Card to complete for their child.

How to Recognise an Asthma Attack

The signs of an Asthma Attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

Call an Ambulance immediately and commence the Asthma Attack Procedure (see below) without delay if the child:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

What to do in the Event of an Asthma Attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs as above.



Staff Training Record – Administration of Medicines

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 is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- Telephone number
- Your Name
- Your Location as follows [insert school/setting address]
- State what the postcode is – please note that postcodes for satellite navigation may differ from the postal code
- Provide the exact location of the patient within the school setting
- Provide the name of the child and a brief description of their symptoms. Please ensure that you inform them that the child has Asthma.
- Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- Put a completed copy of this form by the phone

References and Further reading

Asthma UK www.asthma.org.uk/

Department of Education (2014) Guidance on supporting pupils with medical conditions. Available at: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> (Accessed: 16.12.2014).

Department of Education (2014) Guidance on the use of Emergency Salbutamol Inhalers in School. Available at <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools> (Accessed: 16.12.2014).

- Includes arrangements for the supply, storage, care and disposal of the emergency Salbutamol inhaler

British thoracic Society (2012) BTS asthma guidelines <https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-quick-reference-guide/>

The Human Medicines (Amendment) (No 2) Regulations 2014:
<http://www.legislation.gov.uk/ukxi/2014/1878/contents/made>

Useful links:

My Asthma Log Book: <http://www.paediatricpearls.co.uk/wp-content/uploads/Log-Book-4.pdf>

My Asthma Log App: <http://www.myhealth.london.nhs.uk/news-events/health-apps/my-asthma-log>

Asthma4children:
<https://www.youtube.com/playlist?list=UUKAUWfzJmnv9g4vKKamKg5w>