

Millbrook Primary School



Medical Policy

(Now including Managing Asthma)

Creation & Review	
Created	September 2023
Ratified	September 2023
Last review date	Updated October 2022 to include Asthma guidance (Appendix 5)
Next Review Date	September 2024

This policy is in line with DfE statutory guidance on Supporting Pupils with Medical Conditions (2014) for governing bodies of maintained schools and proprietors of academies in England.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

Introduction

Millbrook is an inclusive community that supports and welcomes pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

This school will listen to the views of pupils and parents/carers/carers. Pupils and parents/carers feel confident in the care they receive from this school and the level of that care meets their needs. Staff understand the medical conditions of pupils and know that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence. All staff understand their duty of care to children and young people and know what to do in the event of an emergency.

This school understands that not all children with the same medical condition will have the same needs, our school will focus on the needs of each individual child.

The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act.

Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice. This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings. Stakeholders include pupils, parent/carers, school nurse, school staff, governors, and relevant local health specialist services.

The medical conditions policy is supported by a clear communication plan for staff, parent/carers and other key stakeholders to ensure its full implementation. All staff understand and are trained in what to do in an emergency for children with medical conditions at this school. All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency. All staff receive training in what to do in an emergency and this is refreshed at least once a year. All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

See appendix 5 for specific guidance on managing asthma

This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and the school keeps an up to date record of all training undertaken and by whom. This school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained. (see appendix 3 for further information). This school has chosen to hold paracetamol and piriton for use by pupils for whom parental consent for its use has been obtained. (see appendix 3 for further information).

All staff understand and are trained in the school's general emergency procedures. School nurses will provide information on where to access online training for common conditions e.g. asthma, allergies, epilepsy and diabetes.

If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. If essential, only staff that meet requirements for travelling with children may take pupils to hospital in their own car, 2 adults must accompany the child to hospital.

This school has clear guidance on providing care and support and administering medication at school. We understand the importance of medication being taken and care received as detailed in the pupil's IHP. Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.

For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools the Paediatric Diabetes Team will provide this level of training and education. The school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. We will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.

This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances. When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.

This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays. Parents/carers at this school understand that they should let the school know immediately if their child's needs change.

The school has clear guidance on the storage of medication and equipment at school. We will ensure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, eg asthma inhalers, epi-pens etc are readily available wherever the child is in the school and on off-site activities, and are not locked away. They are kept in a box in the classroom.

Pupils will know exactly where to access their medication. The school will store controlled drugs securely in a non-portable container, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training. The school will make sure that all medication is stored safely, and that pupils with medical conditions know where they

are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes. For school's covered by HCC's insurance where an IHP is in place; parents have consented for the school to administer medication / meet other support needs as part of that plan; trained staff undertake these support needs and record keeping in relation to administration is robust then liability cover would be in place for common treatments administered by staff. (e.g. in relation to oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.) The insurance section have a detailed list of treatments which are covered, if you have pupils with significant medical needs contact insurance@hertfordshire.gov.uk or by phone on 01992 555480 for further advice and to ensure coverage. Where schools are not covered by HCC's insurance they should check with their own insurers.

This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump. Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term. The school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures. This school has clear guidance about record keeping.

As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools. This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carers, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have an EHC plan, their special educational needs are mentioned in their IHP. Appendix 2 is used to identify and agree the support a child needs and the development of an IHP. The school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.

IHPs are regularly reviewed, at least every year or whenever the pupil's needs change. The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care. This school makes sure that the pupil's confidentiality is protected. We seek permission from parents/carers before sharing any medical information with any other party. We keep an accurate record of all medication administered, including the dose, time, date and supervising staff.

Millbrook school ensures that the whole environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities. We are committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities. This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment. We understand the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable

and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs. We also understand that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these. This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits. Pupils with medical conditions will participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. We will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/INCO who will liaise with the pupil (where appropriate), parent/carers and the pupil's healthcare professional.

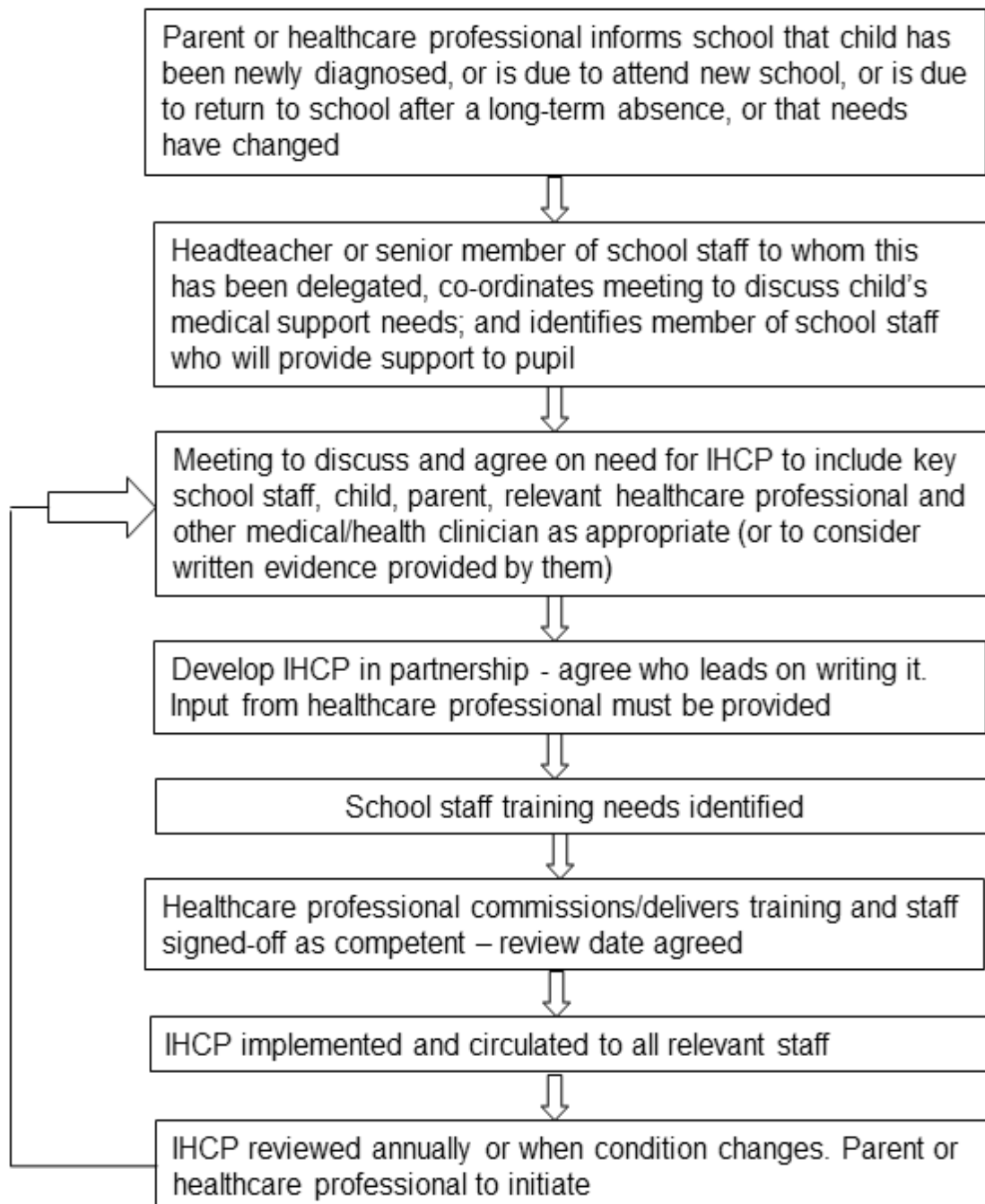
Pupils at this school learn what to do in an emergency there is a risk assessment is carried out before any out-of-school visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required. Staff will be aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks. The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities.

The school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy. This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carers, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

Key roles and responsibilities are outlined in Appendix 1. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year. In evaluating the policy, Millbrook school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process. Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the Headteacher.

Appendix 1

Model process for developing individual healthcare plans



Appendix 2

Roles and responsibilities

Governing bodies – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurse – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents/carers – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Appendix 3

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained. The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools. The school hold a register of children prescribed an inhaler and this list is kept with the emergency inhaler. Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupils IHP. Parents/carers will be informed if their child has used the emergency inhaler. The school's two volunteers for ensuring this protocol is followed are **Sandra Lovatt and Claire Jones** appropriate support and training has been provided in line with the school's policy on supporting pupils with medical conditions.

Appendix 4: Individual healthcare plan

Individual Healthcare Plan

Name of school/setting

Millbrook Primary School

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)

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 etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

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

Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information. A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided.

Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's needs. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one.

We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Millbrook Primary School Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.)	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____ Date _____

Appendix 6: **Record of medicine administered to an individual child**

Name of school/setting	
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	

Staff signature _____

Signature of parent _____

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			

Appendix 5

Supporting Pupils with Medical Conditions in Hertfordshire Schools.

Designed to support Schools in the implementation of the Department of Education (December 2015) Guidance on Supporting pupils with medical conditions.

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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.

Public Health Nursing 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 state funded 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 (2019) and Asthma UK (2014) for the management of children / young people with Asthma in the school environment.

The Questionnaire (p9) is a tool to be completed by parents to identify children/ young people who have **severe asthma** and who will require a care plan to be set up in school/nursery. It will also inform the school/nursery 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 Health (2015) Guidance on the use of Emergency Salbutamol Inhalers in School, which was introduced 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).

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 asthma

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 follow the emergency Salbutamol Inhaler guidance (Department of Health, 2015) 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 (primarily primary aged children), 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 annual training concerning asthma at: <https://www.bsaci.org/about/pag-allergy-action-plans-for-children>
- 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 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)
- Primary school aged children – should know how to use their inhaler and spacer with support from an adult
- 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

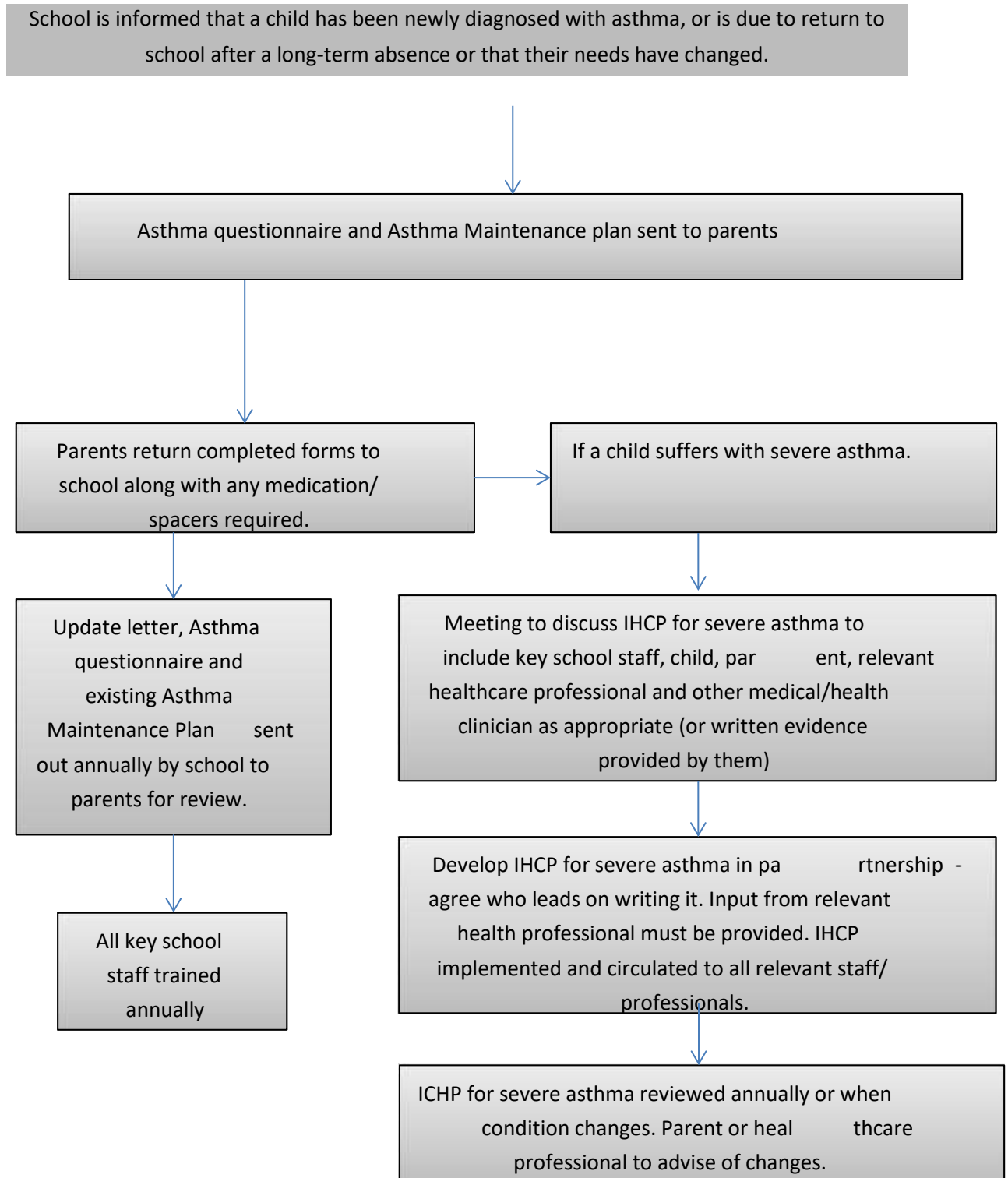
The Parents/ Carers of Pupils with Asthma:

- 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, \(supporting pupils at school with medical conditions, 2015\)](#)



Annual Update Letter to Understand the Needs of the children with Asthma in School

To enable the safe management of children with Asthma in school, the school needs to have up to date information from the parent/carer. It is good practice to assess the needs annually. Below is a letter to parents to include a questionnaire that can assist you to decide if a child needs a care plan for managing severe asthma or a maintenance plan.

You can contact your named school nurse should you need advice to make this decision.

Address of School

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 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

ASTHMA HISTORY QUESTIONNAIRE

(to be completed by parent / carer)

About your Child's Asthma

Child's Name: Male / Female		Date of Birth	
Address:		Home	
		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 <i>Please Tick</i>	Mild <i>Uses reliever blue inhaler occasionally</i>	Moderate <i>Uses preventer and occasional blue inhaler</i>	Severe <i>Uses preventer, regular reliever and other medication.</i>
Does your child have disrupted sleep due to his / her Asthma? <i>Please Tick</i>	Rarely	Occasionally	Frequently
How many times (if any) has you child attended the accident and emergency (A& E) department 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 more frequent basis)	Annual Check Up by GP

What Inhalers / Medications has your child been prescribed?	Reliever (Name)	Preventer (Name)	Any Other
Can the family GP be contacted for information where required?	Yes		No

Asthma Maintenance Plan

Name:

Class:

Name of reliever inhaler			
Frequency of use			
Does your child need his/her reliever 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	
In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.	Yes	No	
Additional Instructions:			

Parents/Carer signature	
Date	
Review Due	

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 ☐

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.

Model letter Inviting Parents to Contribute to Individual Healthcare Plan Development for Severe Asthma

Date:

Dear Parent/ Carer of

From the information you have given us in the Asthma Questionnaire we would like to set up an Individual Healthcare Plan for Severe Asthma for your child.

The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx.

I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend.

The meeting will involve [the following people .

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other information you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

See above for Health Care Plan format and recording administering medication

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-schoolwith-medical-conditions--3> (Accessed: 14:10:2019).

Department of Health (2015) Guidance on the use of Emergency Salbutamol Inhalers in School.

Available at

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf (Accessed: 14.10.2019).

- 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/quality-improvement/guidelines/asthma/>

The Human Medicines (Amendment) (No 2) Regulations 2014:

<http://www.legislation.gov.uk/uksi/2014/1878/contents/made>

Useful links:

My Asthma Log Book: <http://www.paediatricpearls.co.uk/wp-content/uploads/Log-Book4.pdf>

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

Asthma4children:

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

List of First Aiders and Training Dates

Name	Course	Year group	Date of training	Expiry date
Miss A Harris	Paediatric	Caretaker	June 2022	June 2025
Mr A Davis	Paediatric	2	June 2022	June 2025
Miss C Jones	Paediatric	4	June 2022	June 2025
Mrs B Gorrie	Paediatric	Reception	June 2022	June 2025
Miss S James	Paediatric	Year 4	June 2022	June 2025
Miss K Nicolaou	Paediatric	Reception/year 1	June 2022	June 2025
Mrs D Henson	Basic	SENCo	Jan 2020	Jan2023
Mrs S James	Basic	3	Jan 2021	Jan 2024
Mrs K Mackie	Basic	Office	Jan 2021	Jan 2024
Miss D Mason	Basic	Year 3	Jan 2021	Jan 2024
Mrs E McNeil	Basic	Year 6	Jan 2021	Jan 2024
Mrs K Parkyns	Basic	Beehive	Jan 2021	Jan 2024