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|  |  |
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**Section A: Request Form for Use of Inhaler in School**

|  |  |
| --- | --- |
| **Pupil’s name**: | **Date of birth**: |
| **School**: | |

**Note:** The school will not accept medication or administer the requested healthcare unless this form is completed and signed by the parent of the pupil and the Head Teacher agrees to the administration of the medication/healthcare.

*Please tick relevant box:*

|  |  |
| --- | --- |
|  | I request that the above pupil be given the following medication while at school. |
|  |  |
|  | I request that the above pupil be allowed to carry and self-administer the following medication in school. |

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| --- | --- | --- | --- |
| **Name of medication** | **Time(s) to be given/taken** | **Dose to be given** | **Minimum time between doses** |
|  |  |  |  |

**I confirm that** (*please tick*):

**For pupils up to and including Primary 3 (and older pupils who are unable to self-administer their inhaler):**

|  |  |
| --- | --- |
|  | I take responsibility to supply the school with an in-date reliever inhaler in the original packaging/container in which it was dispensed including any patient information leaflet, clearly labelled with contents, dosage and child’s name in full, and one spacer. |
|  | The first dose of this medication has been given / taken and no adverse reaction has been observed. |
|  | I will collect the inhaler from the school at the end of the summer term. |
|  | I accept that the school will dispose of any unused medication that remains uncollected at the end of the summer term. |

**For pupils in Primary 4 and above (unless they are unable to self-administer their inhaler):**

|  |  |
| --- | --- |
|  | My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day. |
|  | The first dose of this medication has been given / taken and no adverse reaction has been observed. |
|  | I will collect the inhaler from the school at the end of the summer term. |
|  | I accept that the school will dispose of any unused medication that remains uncollected at the end of the summer term. |

|  |
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| **Date requested medication in school stops**:  **N.B.** When requirement for administration of medication and/or healthcare is ongoing a review of the agreement to facilitate this care must be completed at the end of each academic year. **See Section E** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **In the event of my child displaying symptoms of asthma/viral wheeze, and if their personal inhaler is not available or is unusable, I request that my child receives salbutamol from an inhaler held by the school for such circumstances.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Please tick: | **YES** |  | **NO** |  |   **Please note:**  Advice from the Asthma Nurse Specialist Team is that **where only 1 personal inhaler has been provided for use in school, it is essential that parents request use of the school’s emergency inhaler** if that inhaler is empty or broken. |

|  |
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| **Emergency Procedures:** |
| In the event of an emergency, the emergency services will be summoned and the school will follow advice received from the health professionals. |

|  |
| --- |
| **Privacy Notice**  Please read the Privacy Notice available at:  <https://www.westlothian.gov.uk/media/45140/Privacy-Notice/pdf/ASN_Privacy_Notice_14092020_.pdf?m=637357012009700000> |

**Parent’s Confirmation:**

|  |  |  |
| --- | --- | --- |
| **Parent’s name (please print)**: | | |
| **Address**: | 🕾 **Home**: | |
| 🕾 **Work**: | |
| 🕾 **Mobile**: | |
| **@**: | | |
| **Signature of parent**: | | **Date**: |

**Pupil’s Confirmation – aged 12 years or over (if appropriate):**

* I agree to the requested healthcare arrangements detailed on this form.

|  |  |
| --- | --- |
| **Signature**: | **Date**: |

**School’s Agreement to Facilitate the Use of Medication in School**

I agree that the above pupil will receive the medication and/or healthcare as detailed above.

If the request contained within this form includes the giving of medication then this pupil will be given their medication by a member of staff.

The healthcare/medication will be administered by staff who have knowledge and understanding of the appropriate healthcare and interventions.

When requirement for the administration of medication/healthcare is ongoing a review of the agreement to facilitate this care will be completed at the end of each academic year.

**N.B**. Care Inspectorate advice is that in Early Learning and Childcare settings it is good practice to review all agreed medical intervention at least every three months to check that the medication is still required, is in date and that the dose has not changed.

|  |  |  |
| --- | --- | --- |
| **Name of Head Teacher/designated person**: | | |
| **Job Title**: | | |
| **Signature**: |  | **Date**: |

**CONFIRMATION OF STAFF AGREEMENT TO ADMINISTER MEDICATION**

I have read this request for the school to administer medication in school and agree to administer the medication as detailed on Section A of this form.

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| **Staff Member** | **Job Title** | **Date** | **Signature** |
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**N.B. On completion of the above, copies should be given to parent.**

(The dosages on this flowchart may be adapted by the parent to the individual treatment required for the child/young person. Parental signature authorises any adaptation.)

**Symptom and Action Flowchart for Asthma Attack**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pupil’s name**: | |  |  |
| **Date of birth**: | **Date**: |
| **Request made to use school’s emergency inhaler if required?** YES NO | |
| **Signature of parent:** | |
| **Mild Asthma Attack**   * Increase in coughing * Slight wheeze * Able to speak in a sentence * Not distressed | | Insert photograph of pupil |

NO

YES

* Reassure pupil
* Contact parent – pupil to be sent home

YES

NO

Is the pupil responding?

* Distressed and gasping or struggling for breath
* Unable to speak in a sentence
* Showing signs of fatigue or exhaustion
* Pale, sweaty and may be blue around the lips
* Dial 999 for ambulance
* Follow instructions given by ambulance control staff
* Stay with pupil
* Reassure pupil
* Contact parent

**While waiting for the ambulance:**

* Continue to give Reliever Inhaler through a spacer
* DO NOT attempt to put your arm around the pupil’s back or ‘cuddle’ the pupil
* Help the pupil to:
  + Breathe slowly
  + Sit upright or lean forward
  + Loosen tight clothing
* Reassure the pupil
* Stay with the pupil until attack has resolved, then return to class if able
* Inform parent
* Offer a drink to relieve mouth dryness

**Severe Asthma Attack**

* Using tummy muscles or muscle at the throat
* Tells you that the blue inhaler at the normal dose is not working
* Cough/audible wheeze/complaining of tight chest

Help the pupil to:

* Breathe slowly
* Sit upright or lean forward
* Loosen tight clothing
* Take Reliever Inhaler (BLUE), preferably through a spacer
* Repeat as required, up to a maximum of 4 puffs, until symptoms resolve

Is the pupil responding?

* Multi dose Reliever (BLUE) Inhaler giving 10 puffs over 10 minutes through a spacer

**Section B: Procedures for Schools**

**Schools must:**

1. ensure that the School Handbook informs parents of their responsibility: that all relevant information pertaining to their child’s health needs, including any changes to their condition or medication, is provided to the school;
2. on submission of an Asthma IHP, ensure parents complete the form “Request Form for Use of Inhaler in School”. The completion of this form is to ensure that the agreement between the parent and the school to implement medication in the school is appropriately recorded. Parents of pupils with asthma/viral wheeze who do not have an IHP require to complete the form “Request Form for Use of Inhaler in School” in Section A above, including a personalised Symptom and Action Flowchart for Asthma Attack;
3. consider Care Inspectorate advice that in Early Learning and Childcare settings it is good practice to review all agreed medical intervention at least every three months to check that the medication is still required, is in date and that the dose has not changed;
4. ensure that, on completion of IHPs and following reviews, copies are given to parents;
5. store personal reliever inhalers and spacers in a suitably accessible place as follows:

|  |  |
| --- | --- |
| Early Learning & Childcare settings and Primary 1 to 3 | * A personal inhaler and spacer should be kept securely in the pupil’s classroom in a clear closed container e.g. zipped ‘poly pocket’ with the personalised Symptom and Action Flowchart for Asthma Attack. |
| Primary 4 to 7: | * Pupils should carry their personal inhalers in their bag or pocket * The personalised Symptom and Action Flowchart for Asthma Attack should be kept with the class register/class planner. |
| Secondary Schools | * Pupils should carry their personal inhaler in their bag or pocket * The personalised Symptom and Action Flowchart for Asthma Attack should be kept in the medical folder kept securely in a central, accessible place and all staff responsible for the healthcare of the pupil should know where it is located. |
| Special Schools where registered nurses are not available in school at all times | * A personal inhaler and spacer should be kept securely in the pupil’s classroom in a clear closed container e.g. zipped ‘poly pocket’ with the personalised Symptom and Action Flowchart for Asthma Attack. |
| Special Schools where registered nurses are available in school at all times | * A personal inhaler and spacer should be kept securely in the pupil’s classroom in a clear closed container e.g. zipped ‘poly pocket’ with the personalised Symptom and Action Flowchart for Asthma Attack |

Parents are requested to provide 2 personal inhalers for school. Whilst it is appreciated that this may not always be feasible, it should be noted that at least 1 in date, operational, personal inhaler must always be available in school. In addition, staff must seek parental approval for their child to receive salbutamol from the school’s emergency inhaler should the situation arise.

1. inform the pupil’s parent in writing, using the letter contained in Section C, if the pupil has required assistance from a member of staff when they don’t normally require assistance using their personal inhaler or if the pupil has had to use the school’s emergency salbutamol inhaler;
2. each new inhaler has 200 doses (puffs) of medication – at the 200-puff stage there may be additional gas in the chamber but no medication. The “Record of Use of School’s Emergency Inhaler” form must be completed each time the **School’s Emergency Inhaler** is used by a pupil. This form should be retained in the school Emergency Inhaler Kit, see instructions below.

All establishments should replace **emergency inhalers** when reaching administration of 200 doses (puffs) and/or when expiry dates approach **NB**. Expiry date of emergency inhalers must always exceed 3 months– see Section D;

1. consider that pupils with asthma/viral wheeze are normally able to access all areas of the curriculum. However, there are a few activities that should be carefully monitored and reasonable adjustments considered;
2. mark the class register clearly to indicate pupils who need to use an inhaler so that when a supply teacher takes a class she/he is aware of any pupils with asthma/viral wheeze in that class;
3. when requirement for the administration of medication/healthcare is ongoing a review of the agreement to facilitate this care must be completed at the end of each academic year.

**Section C: Correspondence with Parents**

(To be used only if pupil has required assistance from a member of staff when they don’t normally require assistance using their personal inhaler, **or** if the pupil has had to use the school’s emergency salbutamol inhaler)

**---------------------------------------------------------------------------------------------------------**

School Headed Note Paper

|  |  |
| --- | --- |
| **Pupil’s name**: | |
| **Class**: | **Date of birth**: |

Date:

Dear

This letter is to formally notify you that your son/daughter was given treatment at school today for an asthma attack. The symptoms settled quickly without any complications when salbutamol was administered, in accordance with the advice given to schools. They were given       puffs.

The reason(s) for informing you of this is:

[*Tick boxes as appropriate*]

Your child required assistance from a member of staff when they don’t normally require assistance.

Your child had to use the school’s emergency salbutamol inhaler.

Your child’s own asthma inhaler was used.

Your child’s own asthma inhaler was empty.

Their own asthma inhaler was out-of-date

They did not have their own asthma inhaler with them.

Please note the following advice received from the Paediatric Asthma Specialist Nurse Service (NHS Lothian):

Care should be taken over the next 12/24 hours as symptoms can sometimes flare up again. If wheeze/cough and breathlessness recurs in this time, your child should have 4 puffs of Salbutamol up to 4 times a day for 4 days. If the wheeze/cough and breathlessness do not respond quickly or easily you should follow the advice in your child’s asthma action plan and seek medical advice DAY or NIGHT. If they do not have an asthma action plan you should make an appointment to see the Practice Nurse at your GP surgery who will be able to provide you with one.

Please can you ensure that your son/daughter has their own in-date sufficiently filled inhaler with them in school every day.

Yours sincerely,

Head Teacher

**Section D: School Emergency Inhaler Kits**

**Why do we have to have inhalers in schools?** School Emergency Inhaler Kits must be available in all schools. Having inhalers in schools for emergency use could prevent an unnecessary and traumatic trip to hospital for a child and potentially save their life.

**Are schools allowed to order prescription medicine for use in inhalers?** The Human Medicines (Amendment) (No. 2) Regulations 2014, which amended the Human Medicines Regulations 2012, allows schools to buy Salbutamol inhalers, without a prescription, for use in emergencies. These Regulations state that the purchase of these inhalers must be authorised by the Head Teacher of each school.

**In what circumstances would we require to use the inhaler?** The emergency Salbutamol inhaler must only be used by pupils who are diagnosed with asthma and where an inhaler has been prescribed. The inhaler can be used if the pupil’s own prescribed inhaler is not available(e.g. because it is broken or empty). The emergency Salbutamol inhaler can only be used by pupils for whom an ‘*Request Form for Use of Inhaler in School’* (as noted above in Section A) has been completed and signed by their parent within the last year consenting that the school’s inhaler can be used. **N.B.** The inhaler can only be administered by staff who have knowledge and understanding of the appropriate healthcare and interventions.

**How many should we have in our school?** School Emergency Inhaler Kits should be stored at room temperature and kept away from direct sunlight and heat as follows:

* In stand-alone Early Learning & Childcare settings:

2 School Emergency Inhaler Kits should be kept in a central, easily accessible place.

* In school-based Early Learning & Childcare settings and Primary schools:

2 School Emergency Inhaler Kits should be kept in separate central, easily accessible places.

* In Secondary schools:

3 School Emergency Inhaler Kits should be kept in school; 1 in the school office, 1 with a Designated First Aider and 1 in the PE department. A member of PE staff should take a School Emergency Inhaler Kit if accompanying pupils out of the school building e.g. to the football pitch, on a cross country run, swimming. N.B. Pupils should be reminded to carry their own personal inhalers.

* In Special schools where registered nurses are not available in school at all times:

2 School Emergency Inhaler Kits should be kept in central, easily accessible places.

* In Special schools where registered nurses are available in school at all times:

1 School Emergency Inhaler Kit should be kept in the medical room.

**How do we order them?** All purchasing requires to be in line with the terms and conditions of West Lothian Council’s Procurement Policy. Please use the council’s contracted supplier for First Aid and Medical Supplies, Aero Healthcare Ltd. The following emergency kits are available from Aero Healthcare on PECOS:

* Nursery Inhaler Kit – supplier item code PH206
* Primary Inhaler Kit – supplier item code PH207
* Secondary Inhaler kit – supplier item code PH208

Each kit contains: Premium Blue First Aid Box (32 x 28 x 10cm); 2 x child chambers with mask/ adult chamber with mouthpiece; 2 x Salbutamol Inhalers; 1 x Asthma vinyl sticker.

Replacement Salbutamol inhalers and chambers are also on PECOS if/when required:

* POM: Salbutamol Inhaler 100mcg 200 dose unit – supplier code PH122
* Aerochamber with mask, Child – supplier code PH209
* Aerochamber with mask, Adult – supplier code PH21

When creating a requisition for kits or replacement Salbutamol inhalers a ***‘West Lothian Council\_Aero Healthcare\_Form to be completed and sent with Inhaler Orders’* MUST be signed and attached to the requisition** before submitting it for approval in PECOS.This form should be downloaded from the intranet at:<http://intranet.westlothian.gov.uk/article/23587/Individual-Health-Care-Plans>.

**NB:** A **digital signature is not acceptable** so before starting the requisition you should print off the ‘*West Lothian Council\_Aero Healthcare\_Form to be completed and sent with Inhaler Orders*’, have it signed by the Head Teacher, then scan it into your documents so it can be attached to your requisition. The Corporate Procurement Unit will be able to assist staff if required: <http://intranet.westlothian.gov.uk/article/7096/Contact-Us>

**What happens after use of the School’s Emergency Inhaler?**

The “Record of Use of School’s Emergency Inhaler” must be filled in recording which inhaler has been used, when and by whom.

The emergency salbutamol inhaler must be administered using a spacer device.

When used, the emergency salbutamol inhaler must be retained by the school. It can be reused in school however it must be cleaned properly after use, checked to ensure it has not been damaged and has in no way been contaminated. The emergency inhaler cannot be given to the pupil to take home (this would be dispensing a medication, which is unlawful). The pupil’s parent must be informed in writing, using the Letter to inform parents of Asthma Inhaler use template (see below) if the pupil has had to use the school’s emergency salbutamol inhaler.

The spacer device is single patient use and once used, can be given to the pupil – the spacer within the emergency kit will need to be replaced by the school.

**How does the school care for and dispose of the School Emergency Inhaler?** At least two named members of school staff should have responsibility for ensuring the following arrangements:

**Care:**

* The plastic inhaler housing (which holds the school’s emergency salbutamol canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.
* Monthly checks are completed as per the ‘School’s Emergency Inhaler Kit Checklist’, instructions below.
* Replacement emergency inhalers must be obtained when reaching administration of200 doses (puffs) and/or when expiry dates approach.

**NB**. expiry date of emergency inhaler must exceed 3 months.

* Replacement spacers are available following use.

**Cleaning:**

* The inhaler can be reused, provided it has not been damaged and is cleaned after use.
* The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water then left to dry in air in a clean, safe place.
* The canister should be returned to the housing when it is dry, the cap replaced, and the inhaler returned to the original packaging.
* **However, if there is any risk of contamination with blood or bodily fluids (for example, if the inhaler has been used without a spacer) it should not be re-used, but disposed of.**
* Instructions on cleaning and storage should be available in the School Emergency Asthma Kit.

**Disposal:**

* Empty, expired, damaged or contaminated inhalers should be disposed in line with the Corporate Procurement Unit procedure for disposal of special waste.

**School Emergency Inhaler Kit Contents include the following:**

|  |  |  |
| --- | --- | --- |
| (i) | ‘School Emergency Inhaler Kit Contents’ checklist (see below). |  |
| (ii) | A list of pupils permitted to use the emergency inhaler. |  |
| (iii) | A copy of the Generic Symptom and Action Flowchart for Asthma Attack. |  |
| (iv) | 2 salbutamol metered dose inhalers in manufacturer’s original packaging, including information leaflet. |  |
| (v) | 2 – 4 plastic spacers compatible with the inhaler (2 facemasks for pupils up to the age of six or seven and 2 mouth pieces for older pupils, unless they are unable to use a mouth piece, in which case they should use a facemask). |  |
| (vi) | Instructions on using the inhaler and spacer. |  |
| (vii) | Instructions on cleaning and storing the inhaler. |  |
| (viii) | A note of the arrangements for replacing the inhaler and spacers. |  |
| (ix) | School’s Monthly Emergency Inhaler Kit Checklist |  |
| (x) | Record of Use of School’s Emergency Inhaler |  |

**To be printed and included in each of the school’s kits:**

✂…………………………………………………………………………………………………………………………………………………………………………………………………….

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| **School Emergency Inhaler Kits** must include:  A list of pupils permitted to use the emergency inhaler.  A copy of the Generic Symptom and Action Flowchart for Asthma Attack.  2 salbutamol metered dose inhalers in manufacturer’s original packaging, including information leaflet.  2 – 4 plastic spacers compatible with the inhaler (2 facemasks for pupils up to the age of six or seven and 2 mouth pieces for older pupils, unless they are unable to use a mouth piece, in which case they should use a facemask).  Instructions on using the inhaler and spacer.  Instructions on cleaning and storing the inhaler.  A note of the arrangements for replacing the inhaler and spacers.  School’s Monthly Emergency Inhaler Kit Checklist.  Record of Use of School’s Emergency Inhaler. |

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| **School Emergency Inhaler Kits** must include:  A list of pupils permitted to use the emergency inhaler.  A copy of the Generic Symptom and Action Flowchart for Asthma Attack.  2 salbutamol metered dose inhalers in manufacturer’s original packaging, including information leaflet.  2 – 4 plastic spacers compatible with the inhaler (2 facemasks for pupils up to the age of six or seven and 2 mouth pieces for older pupils, unless they are unable to use a mouth piece, in which case they should use a facemask).  Instructions on using the inhaler and spacer.  Instructions on cleaning and storing the inhaler.  A note of the arrangements for replacing the inhaler and spacers.  School’s Monthly Emergency Inhaler Kit Checklist.  Record of Use of School’s Emergency Inhaler. |

**School’s Monthly Emergency Inhaler Kit Check**

**Monthly check record:**

* 2x inhalers & 2 – 4x spacers present & working
* Expiry dates are beyond 3 months
* Available dosage – **N.B** each new inhaler has 200 doses (puffs) of medication, at the 200-puff stage there may be additional gas in the chamber but no medication

**Note:** Please dispose of emergency inhalers once they have reached 200 puffs administered and/or when expiry dates approach

* Plastic inhaler housing cleaned & all equipment remains in original packaging within the emergency box

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Month** | **Signature** | **Month** | **Signature** | **Month** | **Signature** |
| August |  | December |  | April |  |
| September |  | January |  | May |  |
| October |  | February |  | June |  |
| November |  | March |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2x Inhalers per kit (Y/N)** | **2-4 Spacers per kit (Y/N)** | **Emergency Inhaler batch no.** | **Expiry date of emergency inhaler** (should exceed 3 months) | **No. of doses (puffs) given to date** | **No. of doses (puffs) remaining** (decreasing from initial 200 doses) | **Plastic housing clean – original packaging (Y/N)** | **Date Inhaler replaced** |
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**Record of Use of School’s Emergency Inhaler**

**(to be completed each time the School’s Emergency Inhaler is used by a pupil)**

**Please Note –** There are 200 doses (puffs) of medication per inhaler. At the 200-puff stage there may be additional gas in the chamber but no more medication**. Please dispose of emergency inhalers once they have reached 200 puffs administered and/or when expiry dates approach.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Emergency Inhaler batch no.** | **Date used** | **Pupil name** | **Dosage given i.e. no. of puffs** | **Doses remaining** (decreasing from initial 200 doses) | **Expiry date of emergency inhaler** (should exceed 3 months) | **Date emergency inhaler replaced** |
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**Generic Symptom and Action Flowchart for Asthma Attack**

**(to be kept in School’s Emergency Inhaler Kits)**

NO

NO

**While waiting for the ambulance:**

* Continue to give Reliever Inhaler through a spacer
* DO NOT attempt to put your arm around the pupil’s back or ‘cuddle’ the pupil
* Help the pupil to:
  + Breathe slowly
  + Sit upright or lean forward
  + Loosen tight clothing

**Severe Asthma Attack**

* Using tummy muscles or muscle at the throat
* Tells you that the blue inhaler at the normal dose is not working
* Cough/audible wheeze/complaining of tight chest
* Dial 999 for ambulance
* Follow instructions given by ambulance control staff
* Stay with pupil
* Reassure pupil
* Contact parent
* Multi dose Reliever (BLUE) Inhaler giving 10 puffs over 10 minutes through a spacer
* Reassure pupil
* Contact parent – pupil to be sent home
* Distressed and gasping or struggling for breath
* Unable to speak in a sentence
* Showing signs of fatigue or exhaustion
* Pale, sweaty and may be blue around the lips
* Reassure the pupil
* Stay with the pupil until attack has resolved, then return to class if able
* Inform parent
* Offer a drink to relieve mouth dryness

YES

Is the pupil responding?

YES

Is the pupil responding?

**Mild Asthma Attack**

* Increase in coughing
* Slight wheeze
* Able to speak in a sentence
* Not distressed

NO

Help the pupil to:

* Breathe slowly
* Sit upright or lean forward
* Loosen tight clothing
* Take Reliever Inhaler (BLUE), preferably through a spacer
* Repeat as required, up to a maximum of 4 puffs, until symptoms resolve

**Section E: Review of Agreement to Facilitate the Use of Medication/Healthcare** (This section to be completed following each review.)

|  |  |  |  |  |  |  |  |
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| **Review agreement of parent and pupil aged 12 years or over (if appropriate)** | | | | | | **Review agreement of Head Teacher/school** | |
| * I can confirm that the existing information on this document continues to reflect the current needs of my child/this pupil, and propose that a further review is undertaken in line with the next review date which I have detailed below\*. * I will inform the school if my child’s/this pupil’s needs change prior to the next review date, and will arrange with the school for a replacement ‘Request Form for Use of Inhaler in School’. * I accept responsibility for keeping the school informed of anything that might be relevant in relation to the implementation of this care. * I accept responsibility for ensuring that there are supplies of any relevant in-date medication, materials or equipment for my child’s/this pupil’s needs in the original packaging/container in which it was dispensed including any patient information leaflet, clearly labelled with my child’s/this pupil’s name in full and the dose to be given. * I will collect all unused medication from the school at the end of the summer term. * I accept that the school will dispose of any unused medication that remains uncollected at the end of the summer term. * I wish my child/this pupil to have the care/medication detailed in this document and I accept that the emergency services will be summoned, where appropriate. | | | | | | * I agree to the procedures detailed in this plan being administered in school. * The medication will be administered by staff who have the knowledge and understanding of the appropriate healthcare and interventions. * In the event of an emergency, the emergency services will be summoned and the school will follow advice received from health professionals. | |
| **Date review undertaken** | **Method**  **(F) Face to Face**  **(P) Post**  **(T) Telephone** | **Name of parent reviewing**  **(BLOCK LETTERS)** | **Parent’s signature**  **(if review conducted face to face or by post)** | **Pupil’s signature (if appropriate)** | **\*Next proposed review date** | **Name of staff member**  **(BLOCK LETTERS)** | **Staff member’s signature** |
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**N.B. On completion of the above, copies should be given to parent.**