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

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



Insert photograph of pupil



**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:*

|  |  |
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|  | 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):**

|  |  |
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|  | 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 device. |
|  | The first dose of this medication has been given / taken and no adverse reaction has been observed. |
|  | At the end of the summer term (June), as long as the expiry date of any prescribed personal inhalers being held in school exceeds the following October holiday period, I accept the school will securely hold the medication during the summer break for use at the start of the new term; or |
|  | At the end of the summer term (June), I will collect any prescribed personal inhalers from the school. |
|  | I accept that at the end of the summer term (June), school staff will dispose of any prescribed personal inhalers that remain in school without my previous notification. |

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

|  |  |
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|  | My child has a working, in-date inhaler (and personal spacer for P4-P7 pupils)\*, clearly labelled with their name, which they will bring with them to school every day.  \***FOR P4-P7 PUPILS** **PLEASE** **SEE NOTE BELOW** |
|  | The first dose of this medication has been given / taken and no adverse reaction has been observed. |
|  | At the end of the summer term (June), as long as the expiry date of any prescribed personal inhalers being held in school exceeds the following October holiday period, I accept the school will securely hold the medication during the summer break for use at the start of the new term; or |
|  | At the end of the summer term (June), I will collect any prescribed personal inhalers from the school. |
|  | I accept that at the end of the summer term (June), school staff will dispose of any prescribed personal inhalers that remain in school without my previous notification. |

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| **Please note:**  Advice from the Asthma Nurse Specialist Team is that if using a Metered Dose Inhaler (MDI), all ELC and primary stage pupils (P1-P7) should use a spacer when administering their inhaler.This is to ensure the correct dose of medication is being received.  **P4-P7 pupils carrying and self-administering their reliever inhaler should have access to a personal spacer device (supplied by the parent) for use in school.** |

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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 D.** |

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| **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. |

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| **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:**

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| --- | --- | --- |
| **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**: |

**Please note - Section B of this form: Symptom and Action Flowchart for Asthma Attack must be completed.**

**Section B: Symptom and Action Flowchart for Asthma Attack**

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| **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

(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.)

**Section C: 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.

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| **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.**

**Section D: 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. * At the end of the summer term (June), as long as the expiry date of the prescribed personal inhalers being held in school exceeds the following October holiday period, I acknowledge there is the option for the school to securely hold the medication during the summer break for use at the start of the new term. I confirm that Section A of this form has been completed to highlight my intentions. * I accept that at the end of the summer term (June), school staff will dispose of any prescribed personal inhalers that remain in school without my previous notification. * 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.**