 Hale CE Primary School

Parental agreement for school to administer asthma relievers

Please complete and sign this form.

|  |  |
| --- | --- |
| Name of school/setting |       |
| Name of child |       |
| Date of birth |    |    |      |  |
| Group/class/form |       |
| Medical condition or illness |       |
| Daily care requirements (e.g. before sport/lunchtime) |       |
| Describe what constitutes an emergency for the child, and action taken if this occurs |       |
| **Medicine****Note: Asthma Relievers must be the original container as dispensed by the pharmacy** |  |
| Name/type of Asthma Reliever*(as described on the container)* |       |
| Date dispensed |    |    |      |  |
| Expiry date |    |    |      |  |
| Agreed review date to be initiated by | [name of member of staff] |
| Dosage and method |       |
| When to be given |       |
| Any other instructions |       |
| Timing |       |
| Special precautions: |       |
| Are there any side effects that the school/setting needs to know about? |       |
| Can they self-administer inhaler? |       |
| Procedures to take in an emergency(See Appendix J) |       |
| **Contact Details** |  |
| Name |       |
| Daytime telephone no. |       |
| Mobile telephone no. |       |
| Relationship to child |       |
| Address |       |
| Who is the person to be contacted in an emergency (state if different for offsite activities) |        |
| Emergency telephone contact no. |       |
| Name and phone no. Of GP |       |
| I understand that I must deliver the asthma reliever personally to | [agreed member of staff] |

I accept that this is a service that the school/setting is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering asthma relievers in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of asthma reliever or if asthma reliever is stopped.

Date Signature(s)

**Appendix B**

Head teacher Agreement to Administer Asthma Reliever

|  |  |
| --- | --- |
| Name of school/setting |       |

It is agreed that[name of child] will receive [quantity and name of medicine] when required/ as prescribed.

[Name of child] will be given/supervised whilst he/she takes their asthma reliever by [name of member of staff].

This arrangement will continue until [either end date of course of medicine or until instructed by parents].

Date

Signed

*(The Head teacher/Head of setting/named member of staff)*

**Appendix C**

Request for child to carry his/her asthma reliever

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns discuss request with healthcare professionals

|  |  |
| --- | --- |
| Name of school |       |
| Name of child |       |
| Date Asthma Reliever provided by parent |    |    |      |  |
| Group/class/form |       |
| Name of Asthma Reliever and dose |       |
| Procedures to be taken in an emergency (Follow Asthma Management Chart (Appendix J)  |       |

Contact Information

|  |  |
| --- | --- |
| Name  |       |
| Daytime telephone number |       |
| Relationship to child |       |

I would like my son/daughter to keep his/her asthma reliever on him/her for use as necessary.

Date

Signed

**Appendix D**

Record of Asthma Reliever Administered to an Individual Child

|  |  |
| --- | --- |
| Name of school |       |
| Name of child |       |
| Date asthma reliever provided by parent |    |    |      |  |
| Group/class/form |       |
| Location of storage |       |
| Quantity received |       |
| Name and strength of asthma reliever |       |
| Expiry date |    |    |      |  |
| Quantity returned |       |
| Dose and frequency of asthma reliever |       |

Staff signature

Signature of parent

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |    |    |    |    |    |    |    |    |    |
| Time given |       |       |       |
| Dose given |       |       |       |
| Action Taken |       |       |       |
| Name of member of staff |       |       |       |
| Staff initials |       |       |       |
|  |  |  |  |
| Date |    |    |    |    |    |    |    |    |    |
| Time given |       |       |       |
| Dose given |       |       |       |
| Action Taken |       |       |       |
| Name of member of staff |       |       |       |
| Staff initials |       |       |       |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |    |    |    |    |    |    |    |    |    |
| Time given |       |       |       |
| Dose given |       |       |       |
| Action Taken |       |       |       |
| Name of member of staff |       |       |       |
| Staff initials |       |       |       |

**Appendix E**

**CHILD ASTHMA (SELF) ADMINISTRATION RECORD**

**Name of pupil………………………………………………………… Dob of Pupil……….../…………/…………**

|  |
| --- |
| **School Name:……………………………… Class……………………… Term……..…………………….** **Reliever……………………… Spacer name ………………………… Date of Expiry………………………****Consent to use emergency inhaler YES/ NO (delete as appropriate)****NOTE: Consent for self- administration must be obtained in accordance with the above policy** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of inhaler/reliever use** | **Time of inhaler/reliever use** | **Number of puffs taken** | **Comments** |
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**Appendix F**

Staff training record – Asthma Awareness

|  |  |
| --- | --- |
| Name of school/setting |       |
| Name of Attendees | See attached list provided by the school |
| Type of training received |       |
| Date of training completed |    |    |      |  |
| Training provided by |       |
| Profession and title |       |

I confirm that the attached list of attendees have received the training detailed above. I recommend that the training is annually updated.

Trainer’s signature

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Staff signature

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suggested review date \_\_\_\_\_\_\_\_\_\_\_\_

**Appendix G**

**CONSENT FORM:**

**USE OF EMERGENCY SALBUTAMOL INHALER**

[Insert school name]

**Child showing symptoms of asthma / having asthma attack**

* + 1. I can confirm that my child has been diagnosed with asthma / has been prescribed an asthma reliever [delete as appropriate].
		2. My child has a working, in-date asthma reliever, clearly labelled with their name, which they will bring with them to school every day.
		3. In the event of my child displaying symptoms of asthma, and if their asthma reliever 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.

Signed: ………………………………………………

Date: …………………………………………………

Name (print)………………………………………… ………………………

Child’s name: ………………………………………………………………………………………………………………….

Class: ………………………………………………………………………………………………………………………………

Parent’s address and contact details:

………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………..

Telephone: ……………………………………………………

E-mail: …………………………………………………………

**Appendix H**

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child’s name: …………………………………………………

Class: ……………………………………

Date: ……………………………………………

Dear…………………………………………….,

[*Delete as appropriate*]

This letter is to formally notify you that………………………………….has had problems with his / her breathing today. This happened when………………………………….

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ……… puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ……… puffs. .

[*Delete as appropriate*]

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

Yours sincerely,

**Appendix I**

**SCHOOL ASTHMA REGISTER**

|  |
| --- |
| **School Name:……………………………… Class……………………… Term……..…………………….**  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name & DoB of Pupil** | **Reliever** | **Spacer name** | **Where is reliever/ inhaler stored** | **Hand held device** | **Date of Expiry** | **Asthma Plan** | **Consent form to use Emergency Inhaler** |
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|  |  |  |  |  |
| **Name & DoB of Pupil** | **Reliever** | **Spacer name** | **Where is reliever/ inhaler stored** | **Hand held device** | **Date of Expiry** | **Asthma Plan** | **Consent form to use Emergency Inhaler** |
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 **Appendix J**

**If a child or young person has:**

* **Increased cough**
* **Increased wheeze**
* **Increased breathlessness**
* **Or they are needing to take their reliever (blue) inhaler more than four hourly**

**Action to take**

1. **Give 2 puffs of reliever (blue inhaler)**
2. **Wait 5 minutes. If no improvement Repeat**
3. **Wait for a further 5 minutes.**
4. **If no improvement contact parent/carer and move to AMBER**

Keep calm

Reassure

Remain with child

Don’t move!

Keep calm

Reassure

Remain with child

Don’t move!

**ASTHMA MANAGEMENT IN SCHOOL**

**If a child or young person has symptoms in the green section but has had no improvement with treatment recommended.**

**Action to take:**

1. **Give an additional 5 puffs of reliever (blue) inhaler via spacer device (Volumatic®)**
2. **Go to a GP/WALK IN CENTRE**
3. **If no improvement move to RED**

**Emergency**

**CALL 999**

**When the following symptoms are present:**

* **Difficulty speaking**
* **Breathing faster than usual, using their tummy muscles or tracheal tug (dipping in at the neck)**
* **Tired, pale or blue around the lips**

**ACTION**

* **Give 1 puff of reliever (blue) inhaler every 30 seconds (up to 10 puffs) using the spacer device (Volumatic®)**
* **If ambulance has not arrived by this point continue to give 1 puff every 30 seconds until help arrives.**

**Appendix K**

**Salbutamol inhalers in schools**

From 1st October 2014, legislation on prescription medicines changed to allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools that choose to keep emergency inhalers and spacers should establish a protocol for their use, which should include infection control and cleaning to avoid cross infection. Schools should consider including a cross-reference to this protocol in their policy on supporting pupils with medical conditions.

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 and where this is recorded in the child’s individual healthcare plan. The inhaler can also be used if the pupil’s prescribed inhaler is not available (for example, because it is broken, empty or out-of-date).

Templates for parental consent forms and notification to parents of emergency salbutamol use, can be found at Annex A and B, respectively, of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015.11

Salbutamol is still classified as a prescription only medicine; legislation changes only affects the way the medicine can be obtained and not the class of medicine.

A written order signed and dated by the principal or head teacher at the school must be provided to the community pharmacy to enable a supply to be made to the school. Ideally appropriately headed paper should be used however this is not a legislative requirement.

In line with legislation requirements the order must state;

1. (i) the name of the school for which the medicinal product is required,
2. (ii) the purpose for which that product is required, and
3. (iii) the total quantity required.

The number of inhalers that can be obtained by individual schools is not specified in legislation. As part of the consultation process it was acknowledged that the number held for emergency use would be dependent on a variety of factors including; the school size and the number of sites it is comprised of, the number of children known to have asthma, and past experiences of children who had not been able to access their inhaler. It was however agreed, generally that only a small number of inhalers were likely to be needed annually.

To avoid possible risk of cross-infection, the spacer device should not be reused. It can be given to the child to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Schools can be advised to contact a local community pharmacy for advice on inhaler technique and selection of the most appropriate spacer device.

 **Appendix L**

**SIGNED ORDER FOR SCHOOLS TO USE TO ORDER EMERGENCY SALBUTAMOL INHALERS**

[School Headed Paper Should Ideally be used]

[School Address]

[Contact Details]

I wish to order the following in line with The Human Medicines (Amendment No. 2) Regulations 2014):

 [INSERT NAME OF SCHOOL]

PURPOSE OF THE SIGNED ORDER

The purpose of this signed order is to enable the school to hold stocks of salbutamol inhalers which can be supplied in an emergency by persons trained to administer them to pupils who are known to require such asthma reliever and who attend this school.

An emergency salbutamol inhaler will 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 asthma reliever .

Please supply:

Salbutamol Inhaler CFC Free 100mcg MDI = [INSERT NUMBER]

\*[Insert details of type and number of spacers required]

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*DESIGNATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* The spacer must be compatible with the brand of salbutamol inhaler supplied. Schools should discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school.

\*\*The order must be signed by the principal or head teacher at the school concerned

**Appendix M**

Date: **EXAMPLE – please adjust accordingly**

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school.

The adrenaline auto-injectors will be used in line with the manufacturer’s instructions, for the emergency treatment of anaphylaxis in accordance with Human Medicines (Amendment) Regulations 2017. This allows schools to purchase ‘spare’ back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at <https://www.gov.uk/government/consulation/allowing-schools-to-hold-spare-adrenaline-auto-injects>).

Please supply the following devices:

|  |  |  |  |
| --- | --- | --- | --- |
| Brand Name: |  | Dose | Quantity required |
| Emerade  |  | 150 microgram | 1 |
| Epipen  |  | 0.3milligram | 1 |

Signed: Date:

Headteacher

**Further Sources of Asthma Medical Information**

For further information regarding this policy contact:-

Lynn Pennington-Ramsden 0151 511 8563

Colin Hill 0151 511 7967

Debbie Houghton 0151 511 8231

For further information regarding asthma awareness training sessions for schools please contact:-

Margaret Gorst 0151 495 5254 (School Health Nurse)