

Asthma

Supporting Pupils with Medical Conditions in Hertfordshire Schools.

Insert School Logo

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:

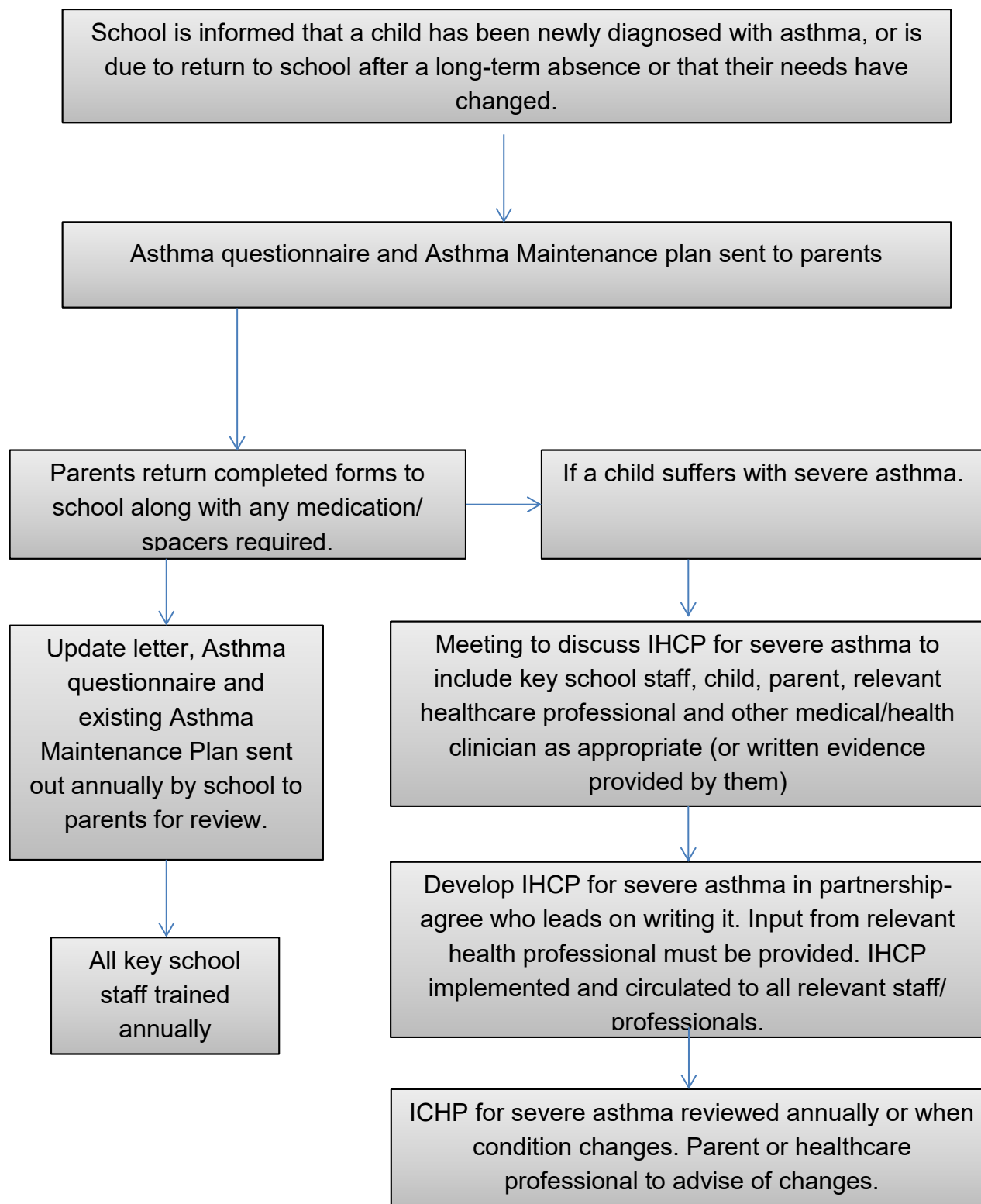
- Should be encouraged to take responsibility for their own asthma management
- Should know how and when to take their reliever inhaler (normally blue)
- Primary school aged children – should know how to use their inhaler and spacer with support from an adult
- Secondary school children - should carry their reliever inhaler on their person/in schoolbag or know how and where to access their inhaler at all times
- Should inform a member of staff if he/she becomes unwell at school
- Should care for their inhaler in a safe manner
- Should remember to take their inhalers to PE lesson/off site activities

The Parents/ Carers of Pupils with Asthma:

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

Asthma Flow chart

Adapted from [Model process for developing individual healthcare plans, \(supporting pupils at school with medical conditions, 2015\)](#)



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

School Address

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

Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

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

Medication:

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

Daily Care Requirements:**Arrangements for School Visits / Trips etc.**

Other Information:

When to Seek Medical Assistance:

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

Plan Developed with

Staff Training needed/undertaken – who, what, when

Form copied to

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/form	
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 _____

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

Staff Training Record – Administration of Medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Head teacher's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Contacting Emergency Services

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

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

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

References and Further reading

Asthma UK www.asthma.org.uk/

Department of Education (2014) Guidance on supporting pupils with medical conditions. Available at: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> (Accessed: 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/ukxi/2014/1878/contents/made>

Useful links:

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

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

Asthma4children:

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