

Asthma

1. Notification

The parent/carer of the pupil should be advised in the school handbook and enrolment form that they should notify the school that the pupil has asthma or viral wheeze.

Unless the pupil is one of the very small number of children who have been identified by the specialist asthma nurses at the Royal Hospital for Children and Young People as requiring a School Health Care Plan, the parent/carer should be asked to complete:

Form 11a: Asthma consent form including use of school's emergency salbutamol inhaler for pupils up to, and including, primary 3 (and older pupils who are unable to self-administer their inhaler)

OR

Form 11b: Asthma consent form including use of school's emergency salbutamol inhaler for pupils in primary 4 and up (or any pupil who is able to self-administer their inhaler)

2. School Health Care Plan

Almost all pupils who have asthma will **not** require a written School Health Care Plan. However, **all** pupils who have asthma should have their own **Symptom and Action Flowchart for Asthma Attack**. The flowchart should be personalised with the pupil's individual triggers. The specialist asthma nurses at the Royal Hospital for Children and Young People or the ASL nurse will complete the School Health Care Plan for the very small number of pupils identified as having asthma that does require a plan. The plans will be reviewed at each clinic appointment by staff from the Asthma Clinic. Blank copies of the Asthma School Health Care Plan are not available to school staff.

3. Emergency inhalers

Keeping an inhaler in school for emergency use has many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child and potentially save their life.

The Human Medicines (Amendment) (No. 2) Regulations 2014 now allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. **This legislation states that the purchase of these inhalers must be authorised by the head teacher of each school.** The inhaler can be used if the pupil's prescribed inhaler is not available (e.g. because it is broken or empty). The emergency salbutamol inhaler can only be used by pupils who have a diagnosis of asthma and for whom Form 11a or 11b has been completed and signed by their parent/carer within the last year. Please refer to section 7 of this appendix for further information on emergency inhaler kits. **If establishments choose not to hold emergency inhaler kits and/or follow the below guidance on management of these, all affected pupils must provide a spare inhaler to be kept in a central, easily accessible place. This can then be used if their personal inhaler is broken, empty or unavailable for any reason.**

4. Awareness Raising and Professional Development - Requirements for all School

The head teacher should ensure that all teaching and support staff are aware of the procedures pertaining to a pupil's condition and the particulars of any needs that may arise in school. The head teacher is responsible for ensuring all school staff are aware of the arrangements to manage a medical emergency, including appropriate use of emergency services (dial 999 and ask for an ambulance, providing details of the nature of the pupil's medical condition).

The head teacher should encourage staff to volunteer to undertake the administration of appropriate emergency treatments.

Parents/carers must be informed that, until staff have attended appropriate training, asthma inhalers cannot be administered by school staff. For further details on CPD *ASL: Asthma and Allergy Management*, see Section 4 of the main body of The Handbook.

Asthma continued

5. The School Curriculum

Consideration of a pupil's asthma should be made with regard to physical activities. All pupils with asthma have the capability to exercise and if they are not engaging in P.E. this should be discussed with the School Nurse. Many pupils with asthma will require to take their reliever inhaler pre-activity followed by a warm-up period. The pupils' inhalers must be readily available and they should be allowed to take time out to use their inhaler whenever necessary. They should be encouraged to resume participation as soon as they feel able.

6. Checklist of General School Arrangements

The following summarises general school arrangements:

- The appropriate form must be completed for all pupils that have asthma every year:

Form 11a: Asthma consent form including use of school's emergency salbutamol inhaler for pupils up to, and including, primary 3 (and older pupils who are unable to self-administer their inhaler)

OR

Form 11b: Asthma consent form including use of school's emergency salbutamol inhaler for pupils in primary 4 and up (or any pupil who is able to self-administer their inhaler)

- All educational establishments should have a register of pupils who have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler. (See below)
- All school staff, supply teachers, visiting teachers and support staff should be made aware of pupils who have asthma and of these procedures
- The class register should be clearly marked to indicate pupils with asthma so that when a supply teacher takes a class, they are aware of any pupils with asthma in that class.
- All staff who may have direct day-to-day responsibility for any pupil with asthma should be familiar with the **Symptom and Action Flowchart for Asthma Attack** and, if the pupil has one, the School Health Care Plan.
- A list of staff who have attended *ASL: Asthma and Allergy Management* should be displayed clearly in the school office. Attendance at this course is valid for two years.
- At least two members of staff must be designated to be responsible for keeping forms up-to-date, checking inhalers are in-date, requesting replacements from parents/carers as necessary and ordering replacement spacers/inhalers for the emergency kits (see below).
- The specialist asthma nurses at the Royal Hospital for Children and Young People will identify pupils who require a school health care plan. This plan will be completed by the specialist asthma nurses or the ASL nurse and sent to the school. All relevant parties must sign, as indicated on the form.
- It is the responsibility of the parent/carer to ensure that all medication is 'in date' and is replaced as necessary. As a matter of good practice, however, the school should check the expiry date of all medication and send home **Form 6b: Notice to parent/carer that supply of medication is becoming 'out-of-date' and needs replacing** (Appendix 9) at least two weeks before the expiry date.
- Inhalers handed in to school by parents should be unused and in their original packaging with prescription label clearly legible. Each new inhaler contains 200 metered doses of medication. When school are responsible for storing and administering inhalers (children with 11a form) a **Classroom Inhaler Administration Record** should be kept alongside medication and completed each time the inhaler is administered.
- Procedures for summoning emergency services (Appendix 20) should be clearly displayed beside all telephones.
- Should a pupil require emergency treatment, the instructions on the Symptom and Action Flowchart for Asthma Attack should be followed.
- Anonymous flowcharts should be clearly displayed in the child's classroom and communal areas such as dining halls, PE department, HE department and assembly halls.

Asthma continued

- Personal reliever inhalers and spacers should be suitably accessible and stored:
 - ❖ In **Early Years Centres**, they should be kept, with the Symptom and Action Flowchart for Asthma Attack and Classroom Inhaler Administration Record, in a zipped 'poly pocket' in the pupil's classroom. If the centre has access to an emergency asthma inhaler, this will be used as the child's spare inhaler as required.
 - ❖ In **nursery classes to primary 3**, they should be kept, with the Symptom and Action Flowchart for Asthma Attack and Classroom Inhaler Administration Record, in a zipped 'poly pocket' in the pupil's classroom. If the nursery/school has access to an emergency asthma inhaler, this will be used as the child's spare inhaler as required.
 - ❖ In **primary 4 to 7**, pupils with asthma should, except where a pupil is unable to, carry their personal inhaler in their bag or pocket. Contact the school nurse team if this is not appropriate. If the school has access to an emergency asthma inhaler, this will be used as the child's spare inhaler as required.
 - ❖ In **secondary schools**, pupils with asthma should, except where a pupil is unable to, carry their personal inhalers in their bag or pocket. Contact the school nurse team if this is not appropriate. If the school has access to an emergency asthma inhaler, this will be used as the child's spare inhaler as required. The Symptom and Action Flowchart for Asthma Attack should be kept in the register folder.
 - ❖ In **special schools, where registered nurses are not available** in school at all times, personal inhalers should be kept, with the Symptom and Action Flowchart for Asthma Attack and Classroom Inhaler Administration Record, in a zipped 'poly pocket' in the pupil's classroom. If the school has access to an emergency asthma inhaler, this will be used as the child's spare inhaler as required.
 - ❖ In **special schools, where registered nurses are available** in school at all times, personal inhalers should be kept, with the Symptom and Action Flowchart for Asthma Attack and Classroom Inhaler Administration record, in a zipped 'poly pocket' in the pupil's classroom. If the school has access to an emergency asthma inhaler, this will be used as the child's spare inhaler as required.
- 7. **Emergency Asthma Inhaler Kits** available in educational establishments should include:
 - ❖ a list of pupils permitted to use the emergency inhaler
 - ❖ 2 salbutamol metered dose inhalers in manufacturer's original packaging, including information leaflet
 - ❖ 2-4 plastic spacers compatible with the inhaler (2 facemask spacers for pupils up to the age of six or seven and 2 mouth piece spacers for older pupils, unless they are unable to use a mouth piece, in which case they should use a facemask.)
 - ❖ Symptom and Action Flowchart for Asthma Attack
 - ❖ instructions on using the inhaler and spacer
 - ❖ instructions on cleaning and storing the inhaler
 - ❖ Emergency inhaler checklist and administration record
 - ❖ a note of the arrangements for replacing the inhaler and spacers
- **Emergency Kits should be suitably accessible and stored:**
 - a. In **Early Years Centres**, 2 Emergency Kits should be kept in a central, easily accessible place
 - b. In **nursery and primary schools**, 2 Emergency Kits should be kept in separate central, easily accessible places.
 - c. In **secondary schools**, 3 Emergency 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 the PE staff should take an Emergency Kit if accompanying pupils out of the school building e.g. to the football pitch, on a cross country run, swimming. N.B. Pupils who are able should be reminded to carry their own.
 - d. In **special schools, where registered nurses are not available in school at all times**, 2 Emergency Kits should be kept in separate central, easily accessible places.
 - e. In **special schools, where registered nurses are available in school at all times**, 1 Emergency Kit should be kept in the medical room.

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- **The emergency salbutamol inhaler must only be administered:**
 - ❖ by staff who have completed *ASL: Asthma and Allergy Management* within the last two years
 - ❖ to pupils who have a diagnosis of asthma or viral wheeze, who have been prescribed an inhaler as reliever medication
 - ❖ to pupils whom Form 11a or 11b has been completed and signed by their parent/carer within the last year.
- **When used, emergency salbutamol inhaler must be retained by the school.** It cannot be given to the child or young person to take home (this would be dispensing a medication which is unlawful). It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use. Instructions on cleaning and storage should be available in the Emergency Asthma Kit.
- **The spacer device is single patient use** and can be given to the pupil – the spacer within the emergency kit will need to be replaced by the school.
- The pupil's parent/carer must be informed in writing, using **Letter 3: To inform parents of Asthma Inhaler use** if the pupil has required assistance from a member of staff (when they don't normally require assistance) or had to use the school's emergency salbutamol inhaler.

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Purchasing Emergency Asthma Kits or replacements for the Emergency Asthma Kits

Please use our contracted supplier for [First Aid Medical Supplies](#), Aero Healthcare Ltd.

The following emergency kits are now available from Aero Healthcare on the main Oracle iProcurement catalogue:

- Nursery Inhaler Kit - supplier item code PH206
- Primary Inhaler Kit - supplier item code PH207
- Secondary Inhaler Kit - supplier item code PH208

Each Inhaler kit contains: Premium Blue First Aid Box (32 x 28 x 10cm); 2 x child spacers with mask/ adult spacers with mouthpiece; 2 x Salbutamol Inhalers; 1 x Asthma vinyl sticker. Replacement Salbutamol inhalers and chambers are also on the Oracle iProcurement catalogue if/when required:

- Replacement Inhalers – supplier item code PH122
- Replacement Spacer (facemask) – supplier item code PH209
- Replacement Spacer (mouthpiece) – supplier item code AHVS

All staff creating a requisition for Inhaler Kits or replacement Salbutamol Inhalers must have their signed Aero Healthcare - School Salbutamol Inhaler Authorisation Form attached to their Requisition before submitting it for approval in the Oracle iProcurement checkout. A digital signature is not acceptable here so before starting your Requisition you will need to print off the Aero Healthcare - School Salbutamol Inhaler Authorisation Form included within this appendix, have it signed by the Head teacher (or senior manager in Early Years Centres), and then scan it into your documents so it's there when you go to attach it to your Requisition. Scanning instructions may differ depending on the model of your printer, but instructions should be available on the Orb, or alternatively a member of your office staff should be able to help.

The Financial systems helpdesk will be able to assist staff with this if required. They can be contacted via the following email address: fpshelpdesk@edinburgh.gov.uk.

Asthma continued

Storage and care of inhalers

At least two named volunteers amongst school staff should have responsibility for ensuring that:

- ❖ monthly checks are completed as per Emergency inhaler checklist instructions;
- ❖ that replacement inhalers are obtained when expiry dates approach;
- ❖ replacement spacers are available following use;
- ❖ the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary

Disposal

The two named volunteers should also ensure that empty, expired, damaged or contaminated inhalers are disposed of safely. These should be taken to a community pharmacy to be recycled and not disposed of in the School's general waste. Please complete the Controlled Waste Transfer Note within this appendix to comply with Duty of Care legislation. This form should be completed each time inhalers are recycled and retained by the School for 2 years. **Please dispose of inhalers once they have reached 200 puffs administered – there may be additional gas in the chamber but no medication after 200 puffs.**

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.

Form 11a: Asthma consent form including use of school's emergency salbutamol inhaler for pupils up to, and including, primary 3 (and older pupils who are unable to self-administer their inhaler)

To be completed by the parent/carer

Pupil's name	Date of birth
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1. I can confirm that my child has been diagnosed with asthma or viral wheeze and has been prescribed an inhaler.
2. I take responsibility to supply the school with an unused, in-date reliever inhaler in the container in which it was dispensed, clearly labelled with the contents, dosage, and child's name in full and a spacer.
3. In the event of my child displaying symptoms of asthma, and if their personal 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.
4. I give my consent to the information contained in this healthcare plan being shared with all staff working with my child.

Parent/carer's name (please print)	
Address	 Home
	 Work
	 Mobile
@	
Name of G.P.	
Address of G.P.	 G.P.
Signature of Parent/Carer	Date





Note: The school will not accept inhalers unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.

Form 11b: Asthma consent form including use of school's emergency salbutamol inhaler for pupils in primary 4 and up (or any pupil who is able to self-administer their inhaler)

To be completed by the parent/carer

Pupil's name	Date of birth
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1. I can confirm that my child has been diagnosed with asthma or viral wheeze and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day and carry in their bag or on their person.
3. In the event of my child displaying symptoms of asthma, and if their personal 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.
4. I give my consent to the information contained in this healthcare plan being shared with all staff working with my child.

Parent/carer's name (please print)	
Address	 Home
	 Work
	 Mobile
@	
Name of G.P.	
Address of G.P.	 G.P.
Signature of Parent/Carer	Date

Note: The school will not accept inhalers unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.

Letter 3: To inform parents of Asthma Inhaler use

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 asthma. The symptoms settled quickly without any complications when salbutamol was administered according to the advice given to all schools. They were given ___ puffs.

Care should be taken over the next 12 / 24 hrs 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.

[Delete as appropriate]

Their own asthma inhaler was used

OR

Their own asthma inhaler was empty **OR** out-of-date **OR** they did not have their own asthma inhaler with them, so a member of staff helped them to use the school's emergency salbutamol inhaler. Please can you ensure that you son/daughter carries their own asthma inhaler with them in school every day. It is important to ensure that your child has their own reliever inhaler in school at all times.

Yours sincerely,

Emergency Inhaler Checklist & Administration Record

Monthly checklist; 2x inhalers & 2-4x spacers' present & working; expiry dates are beyond 3 months; 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			

Current Inhaler in use:

Batch number	Expiry Date	Number of puffs remaining
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Inhaler Dose Record

Inhaler batch number	Expiry date
Name of Pupil used by	Date of use
Number of puffs administered	Number of puffs remaining

Inhaler batch number	Expiry date
Name of Pupil used by	Date of use
Number of puffs administered	Number of puffs remaining

Inhaler batch number	Expiry date
Name of Pupil used by	Date of use
Number of puffs administered	Number of puffs remaining

Inhaler batch number	Expiry date
Name of Pupil used by	Date of use
Number of puffs administered	Number of puffs remaining

Inhaler batch number	Expiry date
Name of Pupil used by	Date of use
Number of puffs administered	Number of puffs remaining

Inhaler batch number	Expiry date
Name of Pupil used by	Date of use
Number of puffs administered	Number of puffs remaining

Inhaler batch number	Expiry date
Name of Pupil used by	Date of use
Number of puffs administered	Number of puffs remaining

Inhaler batch number	Expiry date
Name of Pupil used by	Date of use
Number of puffs administered	Number of puffs remaining

Note: Only one inhaler should be open for use at any one time. Each new inhaler has 200 puffs. **Please dispose of inhalers once they have reached 200 puffs administered.**

Classroom Inhaler Administration Record

Name	Class
Inhaler batch number	Expiry date

Date of use	Time
Number of puffs administered	Number of puffs remaining

Date of use	Time
Number of puffs administered	Number of puffs remaining

Date of use	Time
Number of puffs administered	Number of puffs remaining

Date of use	Time
Number of puffs administered	Number of puffs remaining

Date of use	Time
Number of puffs administered	Number of puffs remaining

Date of use	Time
Number of puffs administered	Number of puffs remaining

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Date of use	Time
Number of puffs administered	Number of puffs remaining

Date of use	Time
Number of puffs administered	Number of puffs remaining

Date of use	Time
Number of puffs administered	Number of puffs remaining

Date of use	Time
Number of puffs administered	Number of puffs remaining

Note: Each new inhaler has 200 puffs. **Please dispose of inhalers once they have reached 200 puffs administered.**

Symptom and Action Flowchart for Asthma Attack

Photograph of pupil

Name:

Date of Birth:

Asthma Triggers:

Mild/Moderate Asthma Attack

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

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?

YES

- Reassure pupil
- Stay with pupil until attack has resolved, then return to class if able
- Inform parent/ carer
- Offer a drink to relieve mouth dryness

While waiting for the ambulance:

- Continue to give Reliever Inhaler through a spacer (one puff per minute)
- DO NOT attempt to put your arm round 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

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

Is the pupil responding?

YES

- Reassure pupil
- Contact parent/ carer – pupil to be sent home

NO

- 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/carers

Duty of Care Controlled Waste Transfer Note

Section A. What waste was transferred?

Type of Waste:

Salbutamol inhaler/s:
Aerosol container in plastic housing, packaged in cardboard with paper instructions enclosed.

Number of inhalers being recycled : _____

European Waste Catalogue Code:

Aerosol Container: 20 01 31

Section B. Waste Transfer - where and when?

Date: _____

Pharmacy Name: _____

C. Waste Holder (Transferor) details:

School Name: _____

School Address:

Postcode: _____

Telephone: _____

Email: _____

SIC Code (please tick appropriate box):

Pre-Primary: 85100

Primary: 85200

Secondary: 85310

Sports and Recreation: 85510

Name of Transferor:

Signature of Transferor:

(person taking the inhalers to be recycled)

Section D. Waste Receiver details:

To be completed by the Pharmacy receiving

Pharmacy Name: _____

Pharmacy Address:

Postcode: _____

Telephone: _____

Name of Receiver:

Signature of Receiver:

Which are you? (please tick)

Registered waste carrier

Holder of waste licence or permit

Associated Number:



School Salbutamol Inhaler Authorisation Form

This form must be completed and submitted before Salbutamol Inhalers can be supplied to a school.

School Name	
Purpose of the Inhalers	

I, the undersigned Head Teacher of the above school confirm that I authorise the purchase of Salbutamol Inhalers and Inhaler kits for use under the control of a trained member of staff for a period of 12 months starting from the below date.

Signature (Principal or Head Teacher)	
Name of Signatory	
Position of Signatory	
Date	