



Bishop Wilkinson

Catholic Education Trust
Through Christ, in Partnership

Asthma Policy

Signed by the Chair	<i>[Signature]</i>
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INTRODUCTION

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows primary and secondary schools to voluntarily keep a salbutamol inhaler for use in emergencies.

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. The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is at home, broken, lost or empty).

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents and carers are likely to have greater peace of mind about sending their child to school. This policy that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler must ensure that they adopt and follow this policy and protocols for the use of the emergency inhaler.

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves, they should keep their inhaler on them, and if not, it should be easily accessible to them.

ASSOCIATED LEGISLATION

- Regulation 27 of the Human Medicines (Amendment) (No. 2) Regulations 2014 amends Schedule 17 of the Human Medicines Regulations 2012 and sets out the principles of supply to schools.
- The Children and Families Act 2014.

This protocol is intended to be read in conjunction with 'Guidance on use of emergency inhalers in schools', March 2015, DfE.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

This guidance is non-statutory and has been developed by the Department of Health with key stakeholders, to capture the good practice which schools in England should observe in using emergency inhalers and which should form the basis of any school protocol or policy.

AIMS

The Trust aims to ensure that all students are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential. The Trust provisions will be responsive to the variable demands of an individual student's medical condition. This protocol is part of the wider supporting students with medical conditions policy. Its aims are to ensure that:

- arrangements for the supply, storage, care, and disposal of the inhaler and spacers are in line with the Trust's policy on supporting students with medical conditions.
- There is a register of students in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler.
- The school has written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan.
- The emergency inhaler is only used by children with asthma with written parental consent for its use.
- There is appropriate support and training for staff in the use of the emergency inhaler in line with the Trust's wider policy on supporting students with medical conditions.
- The school holds a record of use of the emergency inhaler as required by Supporting students with medical conditions policy and that they inform parents or carers that their child has used the emergency inhaler.
- The school has at least two volunteers responsible for ensuring the protocol is followed.

RESPONSIBILITIES

The Local Authority (LA) are responsible for:

- promoting co-operation between relevant partners regarding supporting students with medical conditions including asthma.
- Making joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- Working with schools to ensure students attend full-time or make alternative arrangements for the education of students who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

The Trust Board is responsible for:

- the overall implementation of the Supporting Students with Medical Conditions Policy and for ensuring that a relevant policy is in place that does not discriminate on any grounds including, but not limited to, ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Overseeing Trust-wide implementation of this policy.
- Satisfying itself that staff have the relevant training.

The Local Governing Committee (LGC) is responsible for:

- ensuring arrangements are in place to support students with medical conditions to enable the fullest participation possible in all aspects of school life.
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- Informing the Board if it believes the Supporting Students with Medical Conditions Policy discriminates on any grounds including, but not limited to protected characteristics: ethnicity/national origin, religion or belief, sex, gender, pregnancy/maternity, disability or sexual orientation.
- Ensuring the policy covers arrangements for students who are competent to manage their own health needs.
- Ensuring that all students with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips / sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials as needed.
- Ensuring written records are kept of any and all, medicines administered to students.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the Trust's Complaints Policy.

The Executive Headteacher/Headteacher are responsible for:

- ensuring that all staff are aware of the policy for Supporting Pupils with Medical Conditions and understand their role in its implementation.
- The day-to-day implementation and management of the Supporting Students with Medical Conditions Policy and procedures of the Trust.
- Ensuring written records are kept of any and all medicines administered to individual students.
- The relevant staff are appointed to liaise with healthcare professionals regarding the training required for staff.
- Staff are identified who need to be aware of a student's medical condition.
- The relevant staff are appointed to develop Individual Healthcare Plans (IHPs).
- A sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- Continuous two-way liaison with school nurses and school in the case of any student who has or develops an identified medical condition.
- Confidentiality and data protection is maintained in line with Trust procedures.
- The appropriate accommodation for medical treatment/care is available.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

- Ensuring that all parents are aware of the Trust’s policy and procedures for dealing with medical needs.
- Ensuring the level of insurance in place reflects the level of risk.

Appointed administrators of medicine

The Trust has designated appointed administrator of medicines in each school who are responsible for supporting students with medical needs. The administrator of medicines for our school are:

Name 1	(insert name of appointed person)	Name 2	(insert name of appointed person)
Name 3		Name 4	

They are responsible for facilitating communication with all parties and ensuring that the school is meeting the needs of all those students identified.

To enable the asthma register to be checked in an emergency situation the designated staff must familiarise themselves with any students who would be unable to give their name during an attack or be difficult to be identified by other students, for example - newly-arrived students/ non-English speaking EAL student /non-verbal student with SEN.

Areas of general responsibility within the school include:

- Administering all prescribed and non-prescribed medication.
- Collating information provided by parents and maintaining a list of all students with medical conditions.
- Checking the asthma kit on a monthly basis (See Appendix 1).
- Ensuring the policy is developed effectively with and communicated to partner agencies.
- Ensuring all staff are aware of the policy for Supporting Students with Medical Conditions and understand their role in its implementation.
- Liaising with healthcare professionals regarding the training required for staff.
- Notifying all staff who need to know of an individual child’s medical condition and ensuring all staff are aware of the up-to-date medical situation of individual students.
- Informing the Executive Headteacher/Headteacher and where necessary, facilitating the recruitment of additional and appropriate member(s) of staff in order to deliver this policy.
- Ensuring that any adjustments to accommodation or the curriculum are made, provide ongoing monitoring of the student’s individual situation and needs whilst in school.
- Developing appropriate individual healthcare plans and emergency plans (see Appendix 2).
- Ensuring contact arrangements for the school nursing service are in place.
- Ensuring that first aid and medical advice is available in the school.
- Arranging briefing for staff on first aid and medical arrangements.
- Liaising with the EVC and or SENCO to ensure that arrangements are in place for safeguarding students during off-site activities.
- Ensuring safe storage of all medication.
- Contacting the school nursing service in the case of any child who has a medical condition.

Staff members

No members of staff are obliged to give, or oversee the giving of, medication to students; only the appointed administrator of medicines who have agreed to and who are authorised and trained in the giving of medication are authorised to give or oversee the taking of, medication by students or administer medicines (i.e., injections).

Staff members are responsible for:

- ensuring that they read any documents or information sent to them regarding the medical condition of a student.
- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a student with a medical condition needs help.
- Familiarising themselves with the medical condition icons on SIMs/ClassCharts and ensuring that they are aware of any students with medical conditions in their class (delete if not applicable).
- Taking account of the needs of students with medical conditions in lessons.
- Knowing how to call for help in an emergency.
- Undertaking training to achieve the necessary competency for supporting students with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Reporting any problems to the Executive Headteacher/Headteacher relating to the administration of medication.

SEND Lead/School nurses/First Aider are responsible for:

- collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support. Assisting the Executive Headteacher/Headteacher in identifying training needs and providers of training.
- Updating the medical register and ensuring that the relevant staff have access to the information.

Parents and carers are responsible for:

- keeping the school informed about any new medical condition or changes to their child/children's health or medical needs.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school (see Appendix 3 for an example of the form).
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.

- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.
- Disposing of any medication no longer needed, which is held at the school.

Students are responsible for:

- providing information on how their medical condition affects them.
- Contributing to their IHP.
- Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

SUPPLY, STORAGE & DISPOSAL OF ASTHMA MEDICATION

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, such as a local pharmacy, without a prescription.

A supplier will need a request signed by the Executive Headteacher/Headteacher (ideally on appropriately headed paper) stating:

- the name of the school for which the product is required,
- the purpose for which that product is required, and
- the total quantity required.

Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler.

An emergency inhaler kit should include:

- a salbutamol metered dose inhaler,
- at least two plastic spacers compatible with the inhaler,
- instructions on using the inhaler and spacer,
- instructions on cleaning and storing the inhaler,
- manufacturer's information,
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded,
- a note of the arrangements for replacing the inhaler and spacers,
- a list of children on the 'asthma register' who are permitted to use the emergency inhaler as detailed in their individual healthcare plans (IHP),
- a record of administration i.e., when the inhaler has been used.

School staff can take the emergency kits on school visits and trips.

Appointed staff will:

- Conduct a monthly check of the kits and record date (Appendix 1).
- Store kits below 30 degrees away from sunlight.
- Order replacement inhalers before expiry date.
- Order new replacement spacer after emergency use.
- Clean inhaler's plastic case after emergency use and return to kit.

Schools in the Trust will dispose of spent or expired inhalers at a pharmacy. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal.

Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years.

<https://www.gov.uk/waste-carrier-or-broker-registration>

Spacers that have been used will be disposed of appropriately by the First Aider.

PARENTAL/CARER CONSENT

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler,
- OR who have been prescribed a reliever inhaler,
- AND for whom written parental consent for use of the emergency inhaler has been given.

On average, there are two children with asthma in every classroom in the UK.

- Each school completes a data collection process each year for the students in the school, this is personal information gathered about students e.g. parental/carer emergency contact details, medical conditions, etc held on our MIS system. This identifies any students who have been diagnosed with asthma. Once the school is aware of the asthma diagnosis, they send a copy of the School Asthma Card (Appendix 2) and the consent form for use of the emergency inhaler home to be completed and returned to the school.
- School keeps a record of parental consent on the 'asthma register' which enables staff to quickly check whether a child is able to use the inhaler in an emergency.
- Consent is updated regularly – at least annually - to take account of changes to a condition (Appendix 3).

ASTHMA REGISTER

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

This information should be recorded in a child's individual healthcare plan and on the school's medical register.

The school ensures that the asthma register is easy to access and is designed to allow a quick check of whether or not a child is recorded as having asthma, and consent is given for an emergency inhaler to be administered.

School may include, with parental consent, a photograph of each child, to allow a visual check to be made.

If the student is unknown to the staff member when breathless in an attack (new to school or a non-English speaking EAL student, or non-verbal student with SEN) then the 'designated staff member' should be able to confirm these children have consent.

MAINTAINING KITS

Designated staff should conduct a monthly check of the kits and record dates and re-order equipment when necessary (See Appendix 1 for checklist log).

STAFF TRAINING

All designated staff are:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms,
- aware of the asthma policy,
- aware of how to check if a child is on the register,
- aware of how to access the inhaler,
- aware of who the designated members of staff are, and the policy on how to access their help.

At least two designated members of staff have responsibility for helping to administer an emergency inhaler, e.g., they have volunteered to help a student use the emergency inhaler, and been trained to do this, and are identified in this asthma policy as someone to whom all members of staff may have recourse in an emergency.

School has ensured there are a reasonable number of designated members of staff to provide sufficient coverage for our school population.

Designated staff are trained to:

- recognise asthma attacks (and distinguishing them from other conditions with similar symptoms)
- respond appropriately to a request for help from another member of staff,
- recognise when emergency action is necessary,

- administer salbutamol inhalers through a spacer,
- make appropriate records of asthma attacks.

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

EMERGENCY PROCEDURES

We have agreed the emergency procedure to respond to an asthma attack:

- On recognising an asthma attack, a staff member will summon assistance by sending for a designated First Aider either via sending a student to the **Medical room/main reception or by telephoning the MI room on 215 (insert appropriate information relevant to your school setting)**.
- Send for the emergency inhaler kit by student asking a First Aider to bring the kit from the **Medical room or telephone the Medical room (insert appropriate information relevant to your school setting)** for the kit and assistance.
- The register will be checked by an appointed member of staff in the first instance, please ensure that schools have two members of staff appointed in case of absence.
- The inhaler using the spacer will be administered with support from our appointed administrator of medicine.

LIABILITY AND INDEMNITY

Supporting students requires that governing bodies ensure that when schools are supporting students with medical conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

Salbutamol inhalers are intended for use where a child has asthma.

The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation or choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason, the emergency inhaler should only be used by children who have been:

- A. diagnosed with asthma, and prescribed a reliever inhaler
AND parental consent has been given for an emergency inhaler to be used.**
- OR
- B. who have been prescribed a reliever inhaler
AND parental consent has been given for an emergency inhaler to be used**

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g., stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

However, an asthma attack requires an immediate response.

SIGNS OF AN ASTHMA ATTACK AND ACTIONS TO TAKE (See Appendix 4)

RECORDING

'Supporting pupils with medical conditions' statutory guidance requires written records to be kept of medicines administered to children.

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g., PE lesson, playground/yard, classroom), how much medication was given, and by whom.

The child's parents must be informed so that this information can also be passed onto the child's GP, where needed.

Use Appendix 5 to record emergency inhaler use in school and use Appendix 6 to send letter home informing parents of situation, if unable to reach them by telephone.

MONITORING AND REVIEW

This policy will be reviewed every three years or sooner if there are any changes in legislation.



APPENDIX 1

EMERGENCY INHALER KIT - MONTHLY CHECKLIST

Month	Date	Inhaler present with cap Y/N <i>Re-order if No</i>	Inhaler has doses Y/N <i>Re-order if No</i>	Inhaler date expired Y/N <i>Re-order if No</i>	Unused spacers present Y/N <i>Re-order if No</i>	Signature of staff member
JAN						
FEB						
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUG						
SEPT						
OCT						
NOV						
DEC						

APPENDIX 2

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent / carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists
Call 0300 222 5800
WhatsApp 07378 606728
(Monday-Friday, 9am-5pm)
AsthmaAndLung.org.uk

What signs can indicate that your child is having an asthma attack?

Does your child tell you when they need medicine?

Yes No

Does your child need help taking their asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Pollen Stress
Exercise Weather
Cold/flu Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Date card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

Actions to take if a child is having an asthma attack

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**



APPENDIX 3



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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 inhaler (*delete as appropriate*).
2. My child has a working, in-date inhaler, 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 inhaler is not available or is unusable, I consent for them to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: _____

Date: _____

Child's name: (print): _____

DOB: _____

Parent/Carer's Name: _____

Signature: _____

Telephone: _____

Email: _____

The information you supply on this form will be held securely on computer or other filing systems and may be checked against other information held by any other related agency.

Your child's information is covered by the Data Protection Act 2018 which gives you and your child the right to see it if you want to. Please note that we may share your information without your consent if there is a legal requirement to do so.

For full details about how we collect, process, and share your or your child's data please refer to our [Privacy Notice](#), which can be accessed on our Trust website.

APPENDIX 4



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Asthma



Management

This is the current first aid guidance for dealing with an asthma attack

We do expect your child will use their own inhaler for day-to-day management of their asthma.

If any triggers are identified, then these will be removed.

The following guidelines will be followed if your child requires medical attention in school.

The inhaler used in school is the blue inhaler containing salbutamol, consent must be given by the parent/carer to enable staff to administer this.

Recognising a mild asthma attack

- Shortness of breath
- Tightness in chest
- Coughing
- A wheeze

Recognising a severe asthma attack:

- Nasal flaring
- Unable to talk.
- Appearing exhausted, has a blue/white tinge around lips.
- Collapse

Dealing with a mild/moderate asthma attack

- Keep calm & reassure.
- Encourage the student to sit up & lean slightly forward.
- Let the student use their own reliever inhaler.
- Use the school emergency inhaler if consent given & student does not have **his/her inhaler with them.**

Dealing with a severe asthma attack

- Keep calm & reassure.
- Encourage the student to sit up & lean slightly forward.
- Use the student's own inhaler –if not available use the emergency inhaler. Give 2 puffs.
- If there is no improvement, continue to give 2 puffs every 2 minutes up to a maximum of 10 puffs or symptoms improve.
- If the student does not improve or you are worried, call for an ambulance.
- If the ambulance has not arrived after 10 minutes, give another 10 puffs in the same way.
- If my symptoms are no better after repeating another 10 puffs, and the ambulance has still not arrived, contact 999 again immediately.

Remember to shake the inhaler between puffs.

APPENDIX 5



Record of any medicine administered to all children.

Name of School	
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Date	Student name	D.O.B	Time	Name of medication	Dose given	Amount remaining in school	Signature of staff	Print name

APPENDIX 6

SPECIMEN LETTER TO INFORM PARENTS/CARERS OF EMERGENCY SALBUTAMOL INHALER USE

Student's name: _____

Year/ Class: _____

Date: _____

Dear _____,

[Delete as appropriate]

This letter is to formally notify you that _____ (*student name*) has had problems breathing today.

This happened (time) _____ in (location) _____

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

OR

B. 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.

OR

C. 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.

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 7



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Staff training record – administration of medicines.

Name of school	
Name of staff member	
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].

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested review date: _____