Bangabandhu Primary School Asthma and Allergy Friendly Schools Policy

Our Values
Everyone Belongs
Everyone Achieves
Everyone Thrives

The Bangabandhu Way
Be Respectful
Be Responsible
Be Ready to Learn

Our values are supported by Our Golden Rights Articles from the United Nations Convention on the Rights of a Child.
Our Golden Rights are for all adults and children in our school. Adults in our school respect children's rights and always act in their best interests (Article 3)

Our Golden Rights
Article 2: We respect the right to be treated fairly and are always honest.
Article 19: We respect the right to feel safe in body and mind.
Article 12: We respect everyone's right to be heard and listened to.
Article 15: We respect everyone's right to join in.
Article 24 and 29: We respect the right to be in a safe, clean environment.
Article 28: We respect the right to learn and let others enjoy learning.

Date policy was approved:1/9/26

Person(s) responsible for implementing Asthma and Allergy Friendly Schools: Katie Mik (Asthma Champion) and Lynn Howell (Medical Admin)

Policy Framework

This policy has been developed with reference to the Tower Hamlets Asthma and Allergy Friendly Schools Toolkit and relevant national guidance, including *Supporting Pupils at School with Medical Conditions*, Department of Health guidance on the use of emergency inhalers and adrenaline auto-injectors in schools, and the *Allergy Safety in Schools* statutory guidance 2026.

This policy should be read alongside the school's Medical Needs Policy and Allergy Safety Policy.

Asthma/Allergy Toolkit

Aim	The main aims of our Asthma and Allergy Friendly Schools policy are: a. Provide key information for schools so they can support pupils with asthma, wheeze, and/or allergies at school. b. Provide guidance on response to emergency asthma/wheeze attacks and anaphylaxis. c. Improve asthma and allergy-related communication between education and healthcare services. d. Reduce the number of children with poorly controlled asthma, wheeze and allergy in schools with the support of local health services.
Context	**Why is asthma/allergy/wheeze important to Schools?** ● 1 in 9 children has asthma/wheeze in Tower Hamlets. ● 40% of Tower Hamlets' children have poorly controlled asthma and wheeze. ● 5-8% of children have a food allergy in the UK. ● Poorly controlled conditions can lead to asthma/wheeze attacks or anaphylaxis, increased anxiety, increased sick days, failure to participate in exercise, and general poor health. ● Good care and support can help pupils manage their condition and limit asthma/wheeze attacks and anaphylaxis. **School's Responsibilities** ● Schools are responsible for providing general support for asthma/wheeze/allergy. ● They are not responsible for pupils' asthma/allergy/wheeze clinical care and will be reliant on other partners to provide this. ● Schools are required to have procedures in place to notify partners where medication or asthma/wheeze/allergy plans are missing or incorrect. ● Schools are expected to remind parents of what information needs to be shared and nudge them when this information is not provided. **What is Asthma/Wheeze/Allergy?** **Asthma** ● It's a long-term health condition that affects how someone breathes. ● When someone with asthma encounters an irritant/trigger, like dust or animal fur, they can find it harder to breathe. ● Each pupil with asthma should have an asthma plan that explains how to care for their condition. Ideally, this should be personalised, but a generic plan should be used where this is not in place. The plans should cover: ○ When and how much preventer inhaler to use (normally brown).

	○ When and how much salbutamol (reliever) inhaler to use to treat asthma symptoms, like difficulty breathing (normally blue). ○ Inhalers should be used with a spacer- a plastic tube that helps with breathing in the medication. ○ The pupil's known triggers/irritants that could cause worse asthma symptoms. **Wheeze** ● Wheeze is a breathing condition that affects young children, where they find it difficult to breathe. ● It is caused by a virus. ● The child will make a high-pitched whistling sound when the pupil breathes. ● Pupils will normally get better on their own, but some with more severe symptoms will be given a reliever/salbutamol inhaler. ● If you are concerned with a pupil's symptoms, you should contact the NHS- GP, 111, 999- depending on severity. **Allergy** ● An allergy is when the body's immune system attacks a normally harmless substance, such as nuts. ● It is a long-term condition. ● Antihistamines can be used to address more minor allergy symptoms. ● Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to something you're allergic to. ● Pupils who are allergic to a substance should avoid that substance to prevent anaphylaxis. ● A pupil will need to take an adrenaline pen in the event of anaphylaxis. ● Every pupil with a severe allergy should have an allergy plan that explains how to manage their condition.
Overview	We are an asthma/allergy friendly school and the following is in place to ensure this: 1. An asthma and allergy **policy.** 2. **A register** of all pupils with asthma and allergies. **3. Schools ensure children can easily access their medication.** 4. **Individual Asthma and Allergy Care Plans for all children** with asthma or allergy 5. **An emergency kit** including salbutamol inhalers, spacers, antihistamines and adrenaline auto-injectors. 6. **Yearly for all staff and for all new staff, which is provided by the School Health Service or online,** on asthma and allergy. 7. **At least one named Asthma Champion** is responsible for adherence to asthma and allergy-friendly school standards in the school.
1. Policy	The policy is signed off by the governing body annually.
2. Register	The following is in place to meet the register requirement: ● An asthma and allergy register of pupils is held in school and is reviewed yearly and updated when required. ● This register will hold key information about all pupils with asthma/wheeze/allergy, including: their prescribed medication; whether the parents/guardians have given consent for the emergency kit to be used in an emergency; whether the pupil has a plan on file; etc. ● It will enable the school to support children with their health conditions.

	● All pupils with a prescribed blue inhaler should be listed on the register- even if they don't have an asthma diagnosis. Parents should also be contacted to give consent for the emergency kit to be used in the case of an emergency, which is on the standard asthma plan. ● If they have not used salbutamol for over a year in school, discuss with parents and they may not be using it anymore. They can remain on your emergency list and use your emergency supply. If they have not been used for a further year, they can be removed from your registry. ● Medical Tracker is the current school offer for a medical condition registry.
3. Access to Medication	We have the following responsibilities for access to medication for their pupils with asthma/wheeze/allergy: ● We will support all children with asthma/allergy/wheeze to always have immediate access to their medication. ● Not all children with asthma, allergy or wheeze will have medication prescribed- depending on the severity of their condition, staff members should review a pupil's plan to identify any prescriptions. ● Asthma/Wheeze- pupils should have access to their reliever inhaler (blue pump inhaler) and spacer- if they always have a prescription. ● Moderate/Severe Allergy- pupils should have access to two adrenaline pens- if they always have a prescription- staff should contact the pupil's school nurse where this is not in place. ● More capable/independent pupils should be responsible for carrying their own medication. We will remind pupils of this and highlight the risks of not carrying it. ● For pupils not capable of carrying their own medication, medication should be stored in an accessible location that is known to staff. ● Pupils or parents should always have auto-injector pens with them, including the journey to and from school.
4. Individual Care Plans	**All children on the register have a Generic School Asthma Care plan** The standard (Generic) plan, designed to replace the existing individual plan, aims to simplify the process for you. No longer will you need to spend time and effort chasing up with families, GP or school health. 1. **Plan Duration**: Once the individual plan has expired, families can complete the standard asthma plan. This plan remains valid for the entire duration of the child's time in school. It is crucial to keep a spare copy for your reference. This can be emailed electronically to parents or via verbal consent. If they are doing verbal consent, make sure you state who has given this and email a copy, so you have evidence of this. 2. **New students**: The standard plan should be for all new students entering the school. This ensures a consistent and efficient approach to managing asthma-related concerns. 3. **Student involvement:** In cases where students are competent, they can sign the standard plan themselves. This is particularly applicable to secondary schools, where obtaining signatures from parents can be challenging. 4. **Residential Trips:** For students participating in residential trips, parents are required to fill out medication administration forms. Additionally, it is essential to ensure that an asthma and allergy plan accompanies the child during the trip.

<table>
<tr><td></td><td>

If a child has an Auto Injector pen, they must have an Allergy Plan and should not be in school without one. All parents should be given a plan on the administration of an autoinjector pen. They only need updating if there is a change in medication or allergy.
School Health can chase the allergy team if this is not in school's contact details: Tel:02039540091 Email: compass.towerhamletsyphws@nhs.net

</td></tr>
<tr><td>5. Emergency Kit</td><td>
The following needs to be in place to meet the emergency kit requirement:

The school is responsible for acquiring and maintaining emergency kit (s), including inhalers and adrenaline pens, to be used in the event of an asthma/wheeze attack or anaphylaxis, where the pupil’s own medication is not immediately available.

Consent for use of the emergency kit can be obtained via the generic plan, medical declaration form, personalised allergy plan or via another mechanism. Whether the pupil or their parents/guardians have consented to the use of the emergency kit in the event of an emergency should be recorded in the register.

Number/Location of Emergency Kits (for reference in the event of an emergency)
<table>
<tr><td>Number of emergency kits kept at the school</td><td>X 2 bags with Salbutamol and inhaler expiry date 04.2028

1 bag with x 2 Epi-pens strength 0.15mg expiry date 11.2026.
In the same bag is another Epi pen expiry date 01.2027
1 bag x 1 Epi-pen strength 0.3mg Expiry date 03.2027</td></tr>
<tr><td>Location of emergency kits</td><td>School office</td></tr>
</table>
Acquiring Kit

The school is required to purchase emergency medication and supporting equipment/documents from a local pharmacy.
For the required contents of an emergency kit- see Appendix 1.
The following can be acquired via a purchase order sent to a local pharmacy- see template letter in Asthma and Allergy Friendly Schools Toolkit- click here.

Using the Kit

Emergency medicines should be used if a pupil has an asthma/wheeze attack or anaphylaxis, and they don’t have access to their own medication.
Medication should be used as instructed in the pupil’s asthma/wheeze/allergy plan.
All schools should have a process for storing asthma/allergy/wheeze plans and ensure that staff know where they are stored.
The Asthma and Allergy Register will give a full list of pupils with asthma/allergy/wheeze plans to help with identifying if the pupil is having an asthma/wheeze attack or anaphylaxis has a plan.
For emergency medicines to be used, the following is needed:

Each pupil needs a signed Standard Asthma Care form where parental consent is given for the use of emergency medicine.

</td></tr>
</table>

	○ A record of the prescription for the medicine- for pupils with asthma/wheeze, this would be a salbutamol prescription; for pupils with an allergy, this would be an adrenaline pen prescription. Not all children with wheeze will have a salbutamol prescription. ● For pupils with an allergy, an adrenaline pen should only be used on a CYP with an allergy plan and consent of parent/carer/guardian, in an emergency medical services (e.g. 999) or another suitably qualified person, may advise to use your emergency autoinjector pen. ● Staff members who have completed the online awareness are permitted to support the child in using the emergency kit. ● Asthma and Allergy Champions or other First Aid leads within the school may want to consider additional first aid training to support the use of the kit in an emergency. ● In the event of an asthma/wheeze attack or anaphylaxis and after a decision on using the emergency kit has been made: ○ The pupil's parents and guardians should be informed in writing. ○ Consider contacting the patients' GP or if urgent, calling 999/ going to A&E. **Maintaining Emergency Kit** ● The school has a responsibility for maintaining the emergency kit, including replacing used medication, storing medicines at the proper temperature and disposing of used medicines properly. ● For more information- see Appendix 2.
6. Staff Awareness session	Staff with significant contact with pupils should complete awareness training to understand the basics of support for children with asthma/allergy/wheeze. School Health Service is providing 2-yearly face-to-face awareness sessions and will be booked in with you or contact the School Health Team. Alternatively, there is a 40-minute awareness session **Video** **Note**: On YouTube, click on 'show more' to have access to more relevant video clips and links. Please view the essential videos in the links. The additional time has been included in the watch time above. The school should promote this awareness and include it in the induction process for new starters. All staff with significant contact with pupils should complete every year. Schools also have a responsibility to communicate to the following staff: ● How to raise issues about pupils with uncontrolled symptoms or no/incorrect asthma/allergy/wheeze plan. ● Where pupil asthma/allergy/wheeze plans are stored. ● Where emergency kits are stored. ● Where to find the asthma and allergy register. ● Procedures for school trips, physical education and other settings outside the classroom/break time. ● Where medication is stored. ● Who is the asthma champion/lead is at the school?

7. Asthma Champion/ Lead **Katie Mik** **Deputy Head**	The Asthma Champions/Leads are responsible for the following. ● Update the asthma and allergy register. ● Update the asthma and allergy policy. ● Ensure measures are in place so that medication is accessible. ● Working knowledge of all local asthma/allergy-friendly school resources, including the full set of recommendations, and they are responsible for sharing key messages with other members of the school team. ● Oversight of emergency kits, including promotion to staff and maintenance Responsibilities can be shared between School Team members. There should be a clear agreement on who is responsible for each aspect of the role.
Tower Hamlets Asthma Leads	**Asthma Community Nurse Specialists**: if you have concerns re poorly controlled asthma.07591989962 Email: th.paedasthmanurse@nhs.net **School Health Team**: To become an asthma-friendly school and book an Awareness session, discuss with your school nurse. Tel: 020 3954 0091 Email: compass.towerhamletsyphws@nhs.net **Healthy Lives Advisor:** Send the self-certification form to David and he will issue certificates. Tel: 0207 364 6320 Email: David.banks@towerhamlets.gov.uk sultanax.begum@towerhamlets.gov.uk **Medical Tracker:** Support with medical tracker and set up. Email: stephanie.hall@barnardos.org.uk
Additional School information	**What to do in an emergency - Recognising an Asthma attack** • Persistent cough (when at rest). • A wheeze sound coming from the chest (when at rest). • Difficulty breathing (the child could be breathing fast and with effort, using the accessory (supporting) muscles in the upper body. • Nasal Flaring. • Unable to talk or complete sentences. Some children may become very quiet. • May try to tell you their chest 'feels tight' (younger children may express this as tummy ache). All staff who comes into contact with children with asthma knows what to do in the event of an asthma attack. The school follows the following procedures, which are clearly displayed in each classroom: 1. Stay calm and reassure the child. 2. Encourage the child to sit up and slightly forward. 3. Ensure that their reliever inhaler is taken immediately. 4. Help the child to breathe by ensuring that any tight clothing is loosened. 5. If necessary allow the child to go to a quiet room for recovery. 6. Allow children who have a nebuliser to access this in accordance with their care plan. 7. Stay with the child until they are no longer a cause for concern. **After an Attack** Minor attacks should not interrupt a child's involvement in school. When they feel better, they can return to school activities. The child's parents must be told about the attack.

	<u>Emergency Procedures</u> The school's named first-aiders are listed around the school. They will call 111 NHS emergency services and seek advice if: • The reliever has no effect after 5 – 10 minutes • The child is either distressed or unable to talk • The child is getting exhausted and they have any doubts at all about the child's condition The situation will be assessed and an ambulance called if necessary. The child's parents will also be contacted**.**

Additional Information (Appendices)

Appendix 1- Emergency Kit Required Contents

- A salbutamol metered dose inhaler (MDI)
- At least two spacers compatible with this inhaler
- Two adrenaline-autoinjectors at each available strength
- Instructions on using the inhaler with a spacer.
- Instructions on using the adrenaline auto-injector are on the side of the device and on the allergy management plan.
- Instructions on cleaning and storing the inhaler.
- Manufacturers' information for inhalers and adrenaline auto-injectors
- A checklist of inhalers and adrenaline auto-injectors, identified by their batch number and expiry date, with monthly checks recorded.
- A note of the arrangements for replacing the inhalers, spacers and adrenaline auto-injectors.
- The names of the pupils permitted to use the emergency kit.
- A record of any medication administration

Appendix 2- Maintaining Emergency Kit

- Check monthly that the inhalers, spacers and adrenaline pens are present and in working order, and that the inhaler has sufficient doses available and has greater than 3 months until expiry.
- Obtain replacement inhalers and adrenaline pens if the expiry date is within 3 months.
- The inhaler can be reused, so long as it hasn't encountered any bodily fluids. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm running water and left to dry in the air in a clean, safe place. The canister will be returned to the housing when dry and the cap replaced. Return to the emergency kit after cleaning and drying.
- The spacer cannot be reused. Replace spacers following use.
- Empty inhaler canisters will be returned to the pharmacy to be recycled.
- Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air.
- The adrenaline pen devices should be stored at room temperature (in line with manufacturer guidance), protected from direct sunlight and extremes of temperature.
- Once an adrenaline pen has been used, it cannot be reused and must be disposed of according to the manufacturer's guidance, as it contains a needle
- Used adrenaline pens can be given to ambulance paramedics on arrival or disposed of in a sharps bin (available from pharmacies or online) for collection by the local council.

Appendix 3: General Procedures

Schools should have asthma/allergy/wheeze-friendly procedures in place for typical school situations:

Requesting Information from Parents

- Schools are responsible for requesting parents/guardians of new pupils complete a medical declaration form when joining school and at the start of each new school year. This should request information for:
  - Any physician diagnoses of asthma/ viral wheeze/ allergy.
  - Any prescription of a reliever inhaler (salbutamol/terbutaline, ***blue pump***) in the preceding 12 months.
  - Any previous severe allergic reactions, including any associated acute triggers/allergens.
  - Any prescription of an adrenaline pen in the preceding 24 months.
  - Consent for use of the emergency kit is on the Allergy Plan and the Emergency Asthma Plan.

- The emergency kit is to be used in the event of an emergency, if this has not already been provided.

- Schools are responsible for informing parents/guardians that they need to update the school when there is a change in a pupil's healthcare needs, including medication changes, changes in the severity of the condition, etc.
- Schools are responsible for reminding parents about these responsibilities to parents at appropriate intervals.
- The school Health team can support with contacting GP Practices about obtaining/reviewing a pupil's asthma/wheeze/allergy plan. School Nurses are not normally trained in prescribing and so cannot review a student's medication. This means that normally it is best for their GP Practice to review an asthma/wheeze/allergy plan.

Asthma/Allergy/Wheeze Plans
- Asthma/Wheeze/Allergy plans should be stored in a secure, accessible place that is known to staff.

Exercise and Activity
- Exercise and activity are beneficial for pupils with allergy/asthma/wheeze and should be actively encouraged.
- Blue inhalers via a spacer should only be used before exercise when exercise is an identified trigger in the pupil's asthma/wheeze plan.
- Blue inhalers are normally used to relieve symptoms, such as wheeze/difficulty breathing, and not before these symptoms start.
- Some pupils will breathe heavily because they are not used to exercise, but this does not always mean they are having asthma/wheeze symptoms. School staff should use their own judgment and consult with colleagues when unsure.
- If a pupil regularly has excess shortness of breath, chest tightness or cough with exercise, this will be communicated to the school nurse or their GP.

School Trips
- A risk assessment should be completed for pupils with asthma/allergy/wheeze.
- Staff should ensure pupils have their medication before departing for the trip.
- Staff should bring a copy of each pupil's asthma/allergy/wheeze plan.

Emergency Evacuation
In the event of an emergency evacuation (i.e. fire drill), medication will be taken out by an adult to the designated assembly point.

On residential trips, some pupils may need to take preventer inhalers (brown top) and all normal medication - these are normally used once a day - outside of school hours. The pupil's asthma/wheeze/allergy plan should be reviewed before the trip to identify the need.

Emergency asthma/wheeze action plan

THINK

- Is the child coughing or wheezing?
- Do they find it hard to breathe or do they have a tight chest?
- Are they unable to walk or talk?
- Do they need their inhaler?
- Remember to stay with the child at all times.

Under 5

INTERVENE

- Keep calm and reassure child.
- Sit them up and slightly forward.
- Ask someone to get blue inhaler and spacer which is located (write in box)
- Administer inhaler and note the time (see medicine steps).

Over 5

MEDICINE

- Shake the blue inhaler and place in spacer, spray 1 puff and take 10 breaths.
- Give 2nd puff of blue inhaler if there is no improvement after 10 minutes repeat. If needing 6 puffs, please contact the family to get a GP review.
- For frequent wheeze episodes causing pupils to miss a lot of time off school, contact the Community Children Specialist Asthma Nurse at th.paedasthmanurse@nhs.net.
- If they need 10 puffs of the Blue inhaler then they require a medical review immediately.
- The Blue inhaler is no longer prescribed on a "weaning" plan - and should be given when needed after an asthma attack.

Teens

EMERGENCY 999

- If no improvement and the child cannot talk in sentences, or they are coughing and wheezing a lot more, you can give a total of 10 puffs of blue inhaler.
- If you are worried or unsure, call 999 and request an ambulance.
- Note time of 999 call and the school's postcode
- If ambulance takes longer than 15 minutes and there is no improvement, give a further 10 puffs of blue inhaler.

ANAPHYLAXIS

- Do they have an adrenaline pen? If there is no improvement, they could be having an anaphylactic reaction causing inflammation in the lungs.
- **If in doubt, follow their allergy management plan and inject.**
- Call an ambulance stating anaphylaxis 'ANA-FIl-AX-IS'.

Child's Name **Child's Date of Birth**

Understand your triggers

Parent/carer/young person, please tick triggers that impact wheeze symptoms and follow the advice.

[ ] Air pollution [ ] Coughs and colds [ ] Feelings [ ] Moulds and spores
[ ] Cigarettes [ ] Dust [ ] Fur and feathers [ ] Pollen, grass and trees
[ ] Cold weather [ ] Exercise [ ] Other _____

SYMPTOMS

- Sneezing, blocked or runny nose all the time
- Needing blue inhaler more than 3 times a week
- Not being able to do sports
- Increased cough and wheeze

Contact your GP practice for an asthma review you may need antihistamines

CAUSES AND ADVICE

Indoor and outdoor air pollution can be a big trigger for wheeze

- Reduce exposure to car fumes and cigarette smoke
- Avoid busy roads when walking, cycling and scooting to school
- Turn car engines off when you're not moving
- Reduce exposure to mould by reporting to housing provider and cleaning appropriately with mould spray
- Opening windows when cooking to ventilate your home and prevent condensation

EXERCISE

Exercise is important in managing your asthma. It helps to keep your lung fit and healthy and working properly. When asthma is well controlled everyone should be able to do as much exercise as they like.

MORE INFO...

Scan the following QR code with your phone for more information on the following topics

Allergies **Air Pollution** **Damp and mould** **Exercise**

_____ _____

Child's name **Child's signature**

Parent/carer/young person over 11 consent: I give the school permission to give my child their inhalers and/or adrenaline pen, or to use the school's emergency supply if my child's own supply is out of date or unavailable.

_____ _____

Parent/carer's name **Parent/carer's signature and date**

Individual Health Care Plan (IHCP)
Offer to Schools

Compass

IHCPs should be drawn up in partnership between the school, parents, pupils (whenever appropriate) and a relevant healthcare professional, e.g. specialist or children's community nurse, general practitioner, paediatrician, or school nurse; the relevant healthcare professional is the person who can best advice on the particular needs and interventions for the child. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. (Supporting pupils at school with medical conditions 2015, updated 2017).

CYPHWS Offer

The service can help with:

- **Information and advice:** about a child or young person's health needs and how schools can best support them where medical evidence has been obtained (e.g. prescription, hospital letter). If medical evidence does not correspond with information available or no medical evidence is provided, as a public health service, we are unable to provide specific clinical advice.
- **Professional liaison:** where schools are unable to obtain the appropriate medical evidence, the school health service can support the school and/or parents/carers by liaising with lead clinicians responsible for the child's care (e.g. GP, paediatrician, specialist nurse) to obtain the required information, for example this could mean sending a letter/email to the GP requesting medical evidence is sent to the school and parents/carers, or connecting the school with the specialist nurse. The service cannot access and share third party health information from other clinical systems; we can only support the development of IHCPs with information provided by the relevant professional.
- **Formulation:** public health nursing can support formulation of a plan based on the diagnosis, treatment and medical opinions of the treating team which may include aspects such as identifying school support needs, emergency planning, medication safety.

Implementation of IHCPs
The service can help with:

- **Policy development:** supporting schools to develop their policy and procedures in line with changes in legislation or requirements around managing medical conditions in schools.
- **Training:** Delivering a rolling programme of tiered training for school staff giving them the knowledge and confidence to support children and young people with a range of medical conditions.

Management of IHCPs
The service can help with:

- **IHCP Reviews:** school health do not routinely contribute to IHCP reviews however if required, support can be provided as above.
- **Transitions:** supporting handover arrangements of IHCPs, early years to primary, primary-to-secondary school, special-to-mainstream.

Request for Support (Rfs)
Support with a child's IHCP can be requested by submitting a Request for Support (RfS). Please note RfS will only be accepted if the conditions below have been met (please include this information in the RfS):

- ✓ Medical information has been obtained
- ✓ Reasonable attempts have been made to obtain medical information from healthcare professional and parent/carer

Please note: RfS for IHCPs should be made at least six weeks in advance of the IHCP expiry to allow sufficient time for support to be provided.

Resources and guidance on the development of IHCPs in schools can also be found on our website.

Tower Hamlets School Health Service

Delivered in partnership…

SAFE EAST

BARNARDO'S

Individual Healthcare Plan

Child's Name:		Date of Birth	
NHS Number:		GP	
School:		Class/Form	
Address:			

PHOTO

Medical Diagnosis/Condition:	
Date:	
Review Date:	

Family Contact Information			
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Home Telephone number:		Home Telephone number:	
Work Telephone number:		Work Telephone number:	
Mobile Telephone number:		Mobile Telephone number:	
Address:		Address:	

GP Details	
GP Name:	
GP Contact Information:	

Clinic Hospital Contact	
Name:	
Contact Number:	

School to provide	
Who is responsible for providing support in school:	
Who is responsible in an emergency including off site activity:	

Name of medication, dose, method of administration, when to be taken, side effects, contra indications, administered by/self-administered with/without supervision

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

Describe what constitutes an emergency, and the action to take if this occurs

Specify daily care requirements for pupil's educational, social and emotional needs (including school trips)

Signed by:	Signature:	Date:
Parent/Carer:		
School:		

My Asthma Plan

1 My usual asthma medicines

- My preventer inhaler is called _____ _____ _____ and its colour is _____ _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day: _____ _____
- My reliever inhaler is called _____ _____ and its colour is _____

  I take _____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

If I need my blue inhaler to do any sport or activity, I need to see my doctor or asthma nurse.

2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe, **or**
- I need my reliever inhaler (usually blue) three or more times a week, **or**
- My peak flow is less than _____, **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse urgently if I don't feel better within 24 hours

URGENT! "If your blue reliever inhaler isn't lasting for four hours you are having an asthma attack and you need to take **emergency action now (see section 3)**"

Remember to use my spacer with my inhaler if I have one.

(If I don't have one, i'll check with my doctor or nurse if it would help me)

Other things to do if my asthma is getting worse

_____

_____

_____

_____

_____

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours, **or**
- I can't talk, walk or eat easily, **or**
- I'm finding it hard to breathe, **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts, **or**
- My peak flow is less than _____

If I have an asthma attack, I will:

Call for help

Sit up — don't lie down. Try to be calm.

Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.

If I don't have my blue inhaler, or it's not helping, I need to call **999** straightaway.

While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse **today**.

Appendix 1

Medication Use

MEDICAL TRACKER
CALL US ON: 020 3743 9599

Child's Name

Medication use date

Medication use time

am | pm

Name of medication

Exact dosage administered

Medication administered by:

☐ Student

☐ Staff member

Name of staff member(s) who administered

Any side effects experienced?

OFFICE USE ONLY: RECORDED ON MEDICAL TRACKER: ☐

Name_____ Date_____

Medication that is administer whist a child is at school is recorded on Medical Tracker

References

This guidance uses material from:
Asthma UK, 'Asthma Facts and FAQs',
http://www.asthma.org.uk/asthma-facts-and-statistics
Department of Health (2017). Guidance on the use of Adrenaline autoinjectors in schools. Available on:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
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Healthy London Partnership (2016) London asthma standards for children and young people. Available on:
https://www.healthylondon.org/wp-content/uploads/2017/11/London-asthma-standards-for-children-and-young-people.pdf