Asthma & Allergy Recommendations for Schools

Produced in collaboration between the Paediatric Respiratory Department, Royal London Hospital & Tower Hamlets School Health, Compass Wellbeing

January 2018

CONTENTS

I. Purpose of this document

- To manage children and young people with asthma and/or allergies effectively and safely in the school setting
- To support the practice of using emergency salbutamol inhalers and emergency adrenaline auto-injectors
- To reduce school absence and improve academic performance
- To empower schools to identify children with poorly controlled asthma
- To improve communication between schools and health services

For the purposes of this document, "asthma" refers to a formal diagnosis of asthma or the prescription of a Salbutamol inhaler in the last 12 months for an episode of wheeze.

Guidance below is summarised from:

1. **Supporting pupils at school with medical conditions.** Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. *Department of Education. December 2015*

2. **Guidance on the use of emergency salbutamol inhalers in schools.** *Department of Health. March 2015*

3. **London schools' guide for the care of children and young people with asthma.** Pre-school, primary and secondary school years. *Healthy London Partnership. April 2016*

4. **Guidance on the use of adrenaline auto-injectors in schools**. *Department of Health. September 2017*

Supplementary recommendations were added after consultation between the School Nursing Team and the Paediatric Respiratory Department.

II. Current statutory guidance

Supporting pupils at school with medical conditions requires schools to:

- Develop policies for supporting pupils with medical conditions;
- Develop individual healthcare plans for pupils with medical conditions; that identify the child's medical condition, triggers, symptoms, medication needs and the level of support necessary in an emergency;
- Have procedures in place for managing medicines on school premises; and
- Ensure staff are appropriately supported and trained.

III. Supplementary asthma care recommendations

From **1st October 2014 the *Human Medicines Regulations 2014*** has allowed schools to purchase salbutamol inhalers, without a prescription, for use in emergencies. The inhaler should be used if the child's prescribed inhaler is not available, broken or empty.

The emergency salbutamol inhaler should only be used by children who either have a diagnosis of asthma and a prescribed salbutamol inhaler OR who have a history of wheezy episodes and have been prescribed a Salbutamol inhaler within the last 12 months. Written parental consent for use of the emergency inhaler must have been taken.

The Department of Health published guidance in 2015 on the use of emergency salbutamol inhalers in schools. To purchase an emergency inhaler, certain standards should be in place, which include:

Standards	Reasoning
1. **School asthma policy**	*To include procedures regarding the use of the emergency inhaler*
2. **Asthma Register**	*To identify students on the register and to confirm that written parental consent for use of the emergency salbutamol inhaler has been given*
3. **Up-to-date asthma management plan**	*A prerequisite for entry onto the asthma register*
4. **Emergency inhaler kit**	*For safe storage of the inhalers and spacers*
5. **Training and education**	*All school staff should be trained in the care of children with asthma, including how to manage asthma attacks. Ideally this training should be expanded to include all pupils and parents.*
6. **Policy for identifying children with poorly controlled asthma and notifying parents/school nurses**	*To enable rapid referral for clinical support*
7. **At least one member of staff responsible for asthma care**	*To ensure standards are maintained and re-audited annually*

Further information regarding these standards can be found below.

IV. School asthma policy

This should include:

- Protocols regarding use of the asthma register including requesting written parental consent for use of the emergency inhaler;
- General information on how to recognise and respond to an asthma attack or wheeze episode;
- Agreed arrangements to help staff members collect the child's own inhaler or emergency inhaler, and to request the assistance of a member of staff trained to administer the inhaler;
- Procedures for allowing a fast check of the asthma register as part of initiating the emergency response;
- Arrangements for the supply, storage, care and disposal of the inhaler and spacers;
- Appropriate support and training for staff in the use of salbutamol inhalers;
- A policy for recording the use of the emergency inhaler and informing parents/carers that their child has used their inhaler or emergency inhaler; and
- At least one staff member responsible for ensuring the policy and asthma standards are maintained.

V. Asthma Register

- New pupils should be requested to complete a medical declaration form when starting the school. This should specifically include asking about a diagnosis of asthma and/or whether a salbutamol inhaler has been prescribed for the child in the last 12 months. Parents should be asked to consent to the use of the emergency salbutamol inhaler.
  [Appendix 1 is a draft template for a parental consent letter for the use of the emergency salbutamol inhaler]

- ***We advise that children prescribed a salbutamol inhaler within the last 12 months but without a formal diagnosis of asthma are also included in the register, so that the emergency inhaler can also be made available to them.***

- Medical needs should be reviewed annually. Parents/carers should be aware to inform the school if there are any changes to their child's needs, so that the asthma register remains up-to-date.

- Asthma affects 1 in 11 children. Therefore the number of children on the school asthma register should be ***approximately 9% of the school population***. There might be children in your school with a prescribed salbutamol inhaler who have not received a formal diagnosis of asthma. The parents of these children should be encouraged and supported to discuss this concern with their GP.

- All children on the asthma register should have a **personalised asthma or wheeze action plan** in their records.
  [Links to recommended management plans are included at the end of this document]

- The Asthma Register should be easy to access and designed to allow for a quick check as to whether the child has their own inhaler stored in the school and/or whether parental consent has been confirmed for use of the emergency salbutamol inhaler. The Register should be organised by class or year group. A school may wish to include, with parental consent, a photograph of each child to allow a visual check to be made.

- ***In the case that a pupil is suspected to be having an asthma attack and they do not have their own inhaler and/or parental consent has not been confirmed for the use of the emergency inhaler, then a member of the team should call 999 and ask whether to use the emergency salbutamol inhaler.***

- The asthma register should be reviewed annually. We suggest that children could be removed from the register, with parental agreement, if they have not received a formal asthma diagnosis **and** have also not required any doses of their salbutamol inhaler in the preceding 12 months. Consent for use of the emergency salbutamol inhaler should also be reviewed annually.

VI. Supply of emergency inhalers

Schools may purchase inhalers and spacers from a pharmacy. A supplier will need a request signed by the head teacher (ideally on headed paper) stating:

- The name of the school for which the product is required;
- The purpose for which the product is required; and
- Total quantity required.

[See Appendix 2 for a template letter]

We would recommend that initially **five spacers and five salbutamol inhalers** are purchased. However, this should be reviewed based on your school population.

Emergency salbutamol inhalers should be kept separate from the pupils' supply. It is recommended that they are kept in a clearly labelled emergency inhaler kit for ease of use. Schools should consider keeping multiple emergency inhaler kits to ensure they are readily available, and that there are enough spare kits for school excursions.

The emergency inhaler kit should include:

1. At least two salbutamol (100mcg) metered dose inhalers
2. At least two Volumatic spacers
3. Instructions on how to use the inhaler and spacer
4. A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded

5. A note of the arrangements for replacing the inhalers and spacers

VII. Storage of inhalers

At least one staff member should have responsibility for a monthly check to confirm that:

1. The inhalers and spacers are present and in working order
2. Replacement inhalers/spacers are obtained before expiry dates approach. We recommend replacing these within 3 months of the expiry date.

The inhalers and spacers should be stored in a safe and central location in line with manufacturer's guidelines and to which all staff have access. The inhalers should be out of the reach and sight of children, but should not be locked away.

VIII. Recording use of inhalers and reporting to parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the inhaler was used (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. The child's parents must be informed in writing so that this information can also be passed onto the child's GP.
[See Appendix 3 for draft letter for informing parents/guardians of salbutamol inhaler use]

Schools should report any concerns about poorly controlled asthmatics / wheeze episodes to the school nursing team, and the child's parents/carers. Parents/carers should be supported in raising concerns with their GP. The school nursing team already has a standardised referral letter sent to GP surgeries to flag up poorly controlled asthmatics.

Features of poorly controlled asthma (which may be noted in the school setting) include:
1. Using a salbutamol inhaler more than three times a week (not including doses given before PE/sport);
2. Any school absence or inability to take part in PE lessons due to asthma/wheeze;
3. Asthma attack requiring transfer to hospital; and/or
4. Needing to use the emergency inhaler.

IX. Disposal of inhalers

To avoid possible risk of cross-infection, the plastic spacer and emergency inhaler should not be reused.

Manufacturers' guidelines usually recommend that used inhalers are returned to the pharmacy to be recycled, rather than being thrown away. Schools should be aware that to do this legally they should register online, at the website below, as a lower-tier waste carrier and complete a waste transfer note (a copy to be kept at school and one given to the pharmacist).

Online registration - https://www.gov.uk/waste-carrier-or-broker-registration
Waste transfer file - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296502/LIT_7584_697773.pdf

X. Staff training

It is important that all staff complete annual asthma training, including:

- Training to recognise the symptoms of an asthma attack and how to distinguish them from other similar conditions;
- Awareness of the school's asthma policy;
- How to check if a child is on the asthma register;
- How to access the child's inhaler or emergency inhaler; and
- Awareness of who are the designated members of staff and the policy on how to access their help.

'Designated member of staff' refers to any staff member who has the additional responsibility of helping to administer an emergency inhaler. They should be identified in the school's asthma policy and will need to have completed training in how to use the inhaler and spacer. ***We recommend that one staff member be trained for at least every five children in the school with asthma***.

A school risk assessment should be completed, to ensure there are a reasonable number of designated members of staff to provide sufficient coverage across the school, including coverage for trips, PE lessons and after-school clubs. Individual circumstances should be taken into account such as a high-risk population or multiple school sites. Responsibility lies with the school to ensure training has been completed.

At least one member of staff should be trained to check the inhalers monthly and to complete a yearly audit of standards.
[See Appendix 4 for a suggested audit checklist]

XI. Liability and indemnity

'Supporting Pupils with Medical Needs' requires that, when schools are supporting pupils with medication conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

XII. Emergency adrenaline auto-injectors (AAIs)

In the UK, 17% of fatal food-induced anaphylaxis reactions in children aged 4-18 years occur while they are at school.[1] Schools therefore need to consider how to reduce the risk of an allergic reaction.

Guidance from the Department of Health (September 2017) has been published on the use of emergency adrenaline auto-injectors in schools. Schools may choose to purchase emergency adrenaline auto-injectors (AAI), without prescription, for use in emergency situations (i.e. a suspected life-threatening anaphylaxis reaction) if the child's own prescribed AAI cannot be administered without delay. The process of purchasing an emergency AAI will be the same as for an emergency salbutamol inhaler. Written parental consent for use of the emergency AAI must also be provided.

The emergency AAI should only be used in a pupil who has a prescribed AAI (including documentation of this in their allergy plan) and written parental consent has been provided. ***However, should a staff member suspect an anaphylactic reaction where these conditions have not been met, a member of the team should call 999 and ask whether to use the emergency AAI. If in doubt, the AAI should be used as delays in administering AAIs have been associated with fatal outcomes.***

AAIs are available in different doses and devices. Schools may wish to purchase the brands most commonly prescribed to their pupils (to reduce confusion and assist with training). Schools should ensure they have an adequate range of spare AAIs in school to cover all age ranges.

Any emergency AAI held by a school should be considered a back-up device and not a replacement for a pupil's own AAI. Schools choosing to hold emergency AAIs should establish a policy/protocol for their use. The protocol should include guidance on:

1. Arrangements for the supply, storage, care and disposal of spare AAIs. Used AAIs can be given to ambulance paramedics on arrival or disposed of in a pre-ordered sharps bin;

2. The register of pupils who have been prescribed an AAI and for whom parental consent has been given;

3. An up-to-date allergy action plan, including written advice on the use of an AAI in the event of an anaphylaxis;

[1] Turner PJ, Gowland MH, Sharma V et al. Increase in hospital admissions due to anaphylaxis but no increase in fatalities: an analysis of UK national anaphylaxis data, 1992–2012. J Allergy Clin Immunol 2015;135:956-63.

4. An emergency anaphylaxis kit (as per recommendations for an emergency inhaler kit) – Schools may wish to keep the emergency kits together. It would be appropriate for schools to take both emergency AAIs and inhalers on school trips. We suggest that the school maintains an emergency supply of AAIs with the same brand names and doses of AAIs as documented in their pupils' allergy action plans, ensuring that there is a range covering all school ages;

5. Appropriate support and training for as many school staff as possible in the recognition of an anaphylactic reaction, the use of the AAI and how/when to contact Emergency Services.
   A school risk assessment should be completed, to ensure there are a reasonable number of designated members of staff to provide sufficient coverage across the school, including coverage for trips, PE lessons and after-school clubs. Individual circumstances should be taken into account such as a high-risk population or multiple school sites. Responsibility lies with the school to ensure training has been completed.

6. All staff should have training in how to recognise an allergic reaction and how to check if a pupil is on the allergy register, to know how to access the pupil's own AAI or emergency AAI, and to know which designated members of staff are trained to administer the device;

7. Keeping a record of the use of any AAIs, and informing parents or carers that their pupil has been administered an AAI and whether this was the pupil's own device or the spare AAI;

8. The need for at least one member of staff to be responsible for maintaining the emergency anaphylaxis kit, including checking monthly that the AAIs are present and in date and that replacement AAIs are obtained when expiry dates approach. We recommend replacing these within 3 months of the expiry date;

9. Ensuring appropriate levels of insurance are in place to cover staff for the administration of medication.

XIII. Useful resources

1. Supporting pupils at schools with medical conditions. Department for Education, December 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf

2. Guidance on the use of emergency salbutamol inhalers in schools. Department of Health. March 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

3. London schools' guide for the care of children and young people with asthma. Pre-school, primary and secondary school years. Healthy London Partnership. April 2016 https://www.myhealth.london.nhs.uk/system/files/HLP-Schools%20asthma%20guide%20May%202016.pdf

4. Healthy London Partnership. Asthma Friendly Schools https://www.healthylondon.org/resource/london-asthma-toolkit/schools/asthma-friendly-schools/

5. Asthma UK Website http://www.asthma.org.uk/

6. Asthma/Viral induced wheeze action plan for children aged 5 years or under https://www.monkeywellbeing.com/wp-content/uploads/2014/09/asthma-plan-v3.pdf

7. Asthma action plan for children aged 6-11 years https://www.asthma.org.uk/globalassets/health-advice/resources/children/child-asthma-action-plan.pdf

8. Asthma action plan for children over the age of 12 years https://www.asthma.org.uk/globalassets/health-advice/resources/adults/adult-asthma-action-plan.pdf

9. Guidance on the use of adrenaline auto-injectors in schools. Department of Health. September 2017 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

XIV. Appendix 1 – Consent form

Parent/Guardian consent form: Use of the Emergency Salbutamol inhaler (can be amended for use of the emergency AAI)

Child's name:……
Class:……

1. I confirm that my child has been diagnosed with asthma and/or has been prescribed a salbutamol inhaler in the last 12 months for an episode of wheeze (delete as appropriate).

2. I confirm that my child has a working, in-date, salbutamol inhaler, clearly labelled with their name, which they will bring with them to school every day OR there is a working, in-date, salbutamol inhaler stored for use in the school.

3. I confirm that my child has a spacer which they will carry with them in school every day OR which is stored for use in school.

4. I confirm that my child has an up-to-date asthma management plan available at school.

5. I consent for my child to receive salbutamol from an emergency inhaler held by the school in the event that my child shows symptoms of asthma or is having an asthma attack, and their inhaler is not available or is unusable.

Signed:…… Date: ……
Name (print):……

Parent's address and contact details:……...
Telephone number:……..
Email address:……

XV. Appendix 2 – Purchasing inhalers

Draft template for purchasing emergency salbutamol inhalers (can be amended to purchase emergency AAIs). To be used on school headed paper.

Dear Pharmacist,

Our school would like to purchase …….. Salbutamol 100mcg metered dose inhalers (MDIs) and ……. Volumatic Spacers.

Yours faithfully,

Headteacher

XVI. Appendix 3 – Notifying parents

Specimen letter to inform parents/carers of their child's own inhaler or emergency salbutamol inhaler use

Child's name……
Class……
Date:……

Dear……

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

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

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

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

We would strongly advise that you have them seen by their doctor as soon as possible. If their own inhaler was not available today, please ensure that this is replaced urgently.

Yours sincerely,

XVII. Appendix 4 – Audit checklist

Suggested audit checklist - this includes the Asthma and Allergy friendly standards.

Number of pupils in school
Number of pupils on the asthma register
Number of pupils on the allergy register

Total number of staff
Number of staff completed asthma training
Number of staff completed allergy/anaphylaxis training

Standard	Criteria met
1.All staff aware of school asthma and allergy policy	Yes No Action
2.Asthma and Allergy Register up-to-date including parental consent for use of the emergency salbutamol inhaler and emergency adrenaline auto-injectors	Yes No Action
3.Emergency inhaler and emergency AAI kits available	Yes No Action
4.All pupils on the registers have an up-to-date asthma/allergy management plan	Yes No Action
5.School staff asthma and anaphylaxis training completed	Yes No Action
6.A member of staff responsible for maintaining standards.	Yes No Action