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| **School Name** |   |
| **School Contact** |   |
| **Address of School** |   |
| **Education setting type** | Nursery |  | Primary |  | Secondary |  |
| **Welfare Assistant (WA) Contact Name** |  |
| **WA Contact telephone** |  |
| **WA Contact email address** |  |
| **Asthma Lead Name** |  |
| **Asthma Champion Name** |  |
|  |
| **Date of Inspection** |   |
| **Name of EPUT staff member inspecting** |   |
|  |
| **Standard** | **Description** | **Detail** | **Criteria Met** |
| **Yes** | **No** | **Action** |
| **Standard 1** | * **Policy (School's policy should be available to view, all staff should be aware of where it is kept)**
 | Amended EPUT’s Template Asthma policy to reflect internal procedures. All staff and parents are aware of the policy (please note evidence source). |   |   |   |
| Date for review. |   |   |   |
| Named contact that has responsibility for review of policy**.**  |   |   |   |
| **Standard 2** | * **Asthma Register**
 | Register should clearly state name and DOB of student. Consent to administer emergency medication should also be recorded. |   |   |   |
| If prevalence was low (less than 10%) at initial audit a sweep of whole school should have been undertaken and register updated with newly identified students.  |   |   |   |
| Consent for use of emergency inhaler recorded on register. |   |   |   |
| Must be displayed in School office and staffroom/common room with Emergency poster. |   |   |   |
| **Standard 3** | * **Emergency Kits/Procedures**
 | Emergency Kits (minimum of 2 in any school) conveniently located at key points throughout the school. Staff aware of where these are and have easy access to them. |   |   |   |
| Emergency Kit for off-site activities/evacuation of building. |   |   |   |
| Contains Checklist and clear procedures on monitoring use and contents. |   |   |   |
| Parents are informed promptly if emergency kit is required and advised to bring child for review. |   |   |   |
| Asthma Champion/Leads are easily identified by staff members. |   |   |   |

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| **An emergency asthma inhaler kit should include:**  | **Yes** | **No** |
| 1. | A salbutamol metered dose inhaler |  |  |
| 2. | Manufacturer’s instructions |  |  |
| 3. | At least two single-use plastic spacers compatible with the inhaler:* Volumatic spacer; and/or
* Yellow aero chamber (under 5’s); and a
* Blue aero chamber (over 5’s)
 |  |  |
| 4. | Instructions on how to administer inhaler using spacer/plastic chamber |  |  |
| 5. | Instructions on cleaning and storing the inhaler and spacer |  |  |
| 6. | Label for Expiry date – to be placed on the outside of the bag |  |  |
| 7. | Pharmacy contact details |  |  |
| 8. | A record of administration template (i.e. when the inhaler has been used) |  |  |
| 9. | Pen |  |  |
| 10. | Asthma Champions Details |  |  |

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| **Standard 4** | * **Individual Health Care Plan (IHCP)**
* **Recording use of students medications**
* **Recording students who self-manage**
* **Storage of inhalers/spacers**
 | Students have a care plan and know where it is kept – usually school office. |   |   |   |
| IHCP signed by a Dr or Nurse. |   |   |   |
| Records kept of medication usage and parents informed promptly of any incidents/usage outside of the IHCP. |   |   |   |
| Check that if recording takes place in more than one location i.e. classroom and office – the record is amalgamated to clearly reflect frequency of use. Ideally there should be 1 record. |   |   |   |
| Students should be encouraged to self-manage their condition where appropriate -where students self-manage a spare inhaler and spacer ***must*** be kept in school. |   |   |   |
| Asthma medication and spacer is clearly labelled and stored in a cool location. |   |   |   |
| Expiry dates are checked regularly by staff and replaced when required. |   |   |   |
| Inhaler is administered via a spacer. |   |   |   |
| Spacers are single person use. |   |   |   |
| **Standard 5** | * **Whole School training**
 | Asthma training should be taken up by the whole school (a minimum of 85% is required to achieve Kite Mark status). This can be either by completing the surveys in EPUT's AFS presentation or by producing a certificate for the Tier 1 training. |   |   |   |
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| **Inspection List sign-off** |
| I confirm that the above school has met all the criteria detailed in this inspection list and qualifies for the EPUT AFS accreditation scheme.  |
|  |  |  |  |  |  |
| **EPUT Staff member inspecting school** | **Signature** |  | **Date** |   |
| **Name** |  |