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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. |  |  |  |
|  |  | |  |  |  |  |
| **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** |  | | |