

Healthy Schools, part of the Health and Wellbeing Service invites your school to become an Asthma Friendly School. This check list is a **SELF VALIDATION** **check list** and your certificate will reflect this. Return this form to provide evidence that you have met all essential criteria, and you will receive an Asthma Friendly Schools certificate valid for a 3 year period. An annual review of asthma management strategies should be undertaken by your school to ensure that polices and procedures are kept up to date.

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| --- | --- |
| Name of School |  |
| Address |  |
| Contact Details (asthma Lead) | NamePhoneEmailtelephone |
| Type of School | Primary Secondary |
| Number of students |  |
| Number of students with asthma |  |
| Total Number of staff |  |
| Number of staff received asthma training |  |

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|  I declare that…………………………………………………………….(school name) has met the essential criteria of the Asthma Friendly Schools Programme and adopted an appropriate ‘Asthma Friendly’ Policy. I understand that Asthma Friendly Schools status is awarded to schools as an acknowledgement of their ongoing commitment to promote ‘Asthma Friendly’ behaviours through policy development and implementation, and a commitment to ‘Asthma Friendly’ principles in daily operations. Signed: Date: |
| Person competing form | Position |

|  |  |
| --- | --- |
| Essential Criteria | Complete |
| **An asthma policy**A policy template is available to download from here:  |  |
| **An asthma register**To include all the names of the children with asthma and/or an inhaler in school |  |
| **Asthma training for staff** |  |
| **An asthma lead*** A person who is responsible for;
* ensuring staff training,
* asthma register is up to date
* Ordering emergency inhalers
* Ensuring emergency kit complies with DoH guidance
* Ensuing inhalers are in date
 |  |
| **Children have immediate access to their own inhalers** at all times including school trips and when playing sport |  |
| **Purchase emergency inhaler and spacer**Guidance on legislation can be downloaded from Weblink here (Children must have a separate consent for its use) |  |

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| --- | --- |
| Desirable criteria | Complete |
| **Guidance for staff for recognising and treating an asthma attack** Resourcces available at www.leedswestccg/childrensasthma |  |
| **Action Plans**An action plan available for all children with asthma. Encourage children to bring a copy from their surgery. School action plans also available to download and send home for completion at www.leedswestccg.nhs.uk/childresasthma |  |

Please return by post, fax or email to: **Health and Wellbeing Service**

Resources available at  [**your website link**](http://www.leedswestccg.nhs.uk/childrensasthma)

School inhaler request form

School asthma policy

School action plan

Symptoms of an asthma attack

Consent request for parents