The Use of Emergency Salbutamol Inhalers in School

This policy was developed through consultation with the staff and governors. It was approved on May 2015, has been regularly reviewed with the last review taking place in September 2021. The next review will take place in September 2023.

Introduction
From 1st October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children, for who written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

Arrangements for the supply, storage, care and disposal of the inhaler

Supply
Schools can buy inhalers and spacers from a pharmaceutical company, without a prescription, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and the school does not intend to profit from it.

A supplier will need a request signed by the Head Teacher, on headed notepaper stating:
- The name of the school for which the product is required;
- The purpose for which the product is required;
- The total quantity required.

The emergency kit
An emergency asthma inhaler kit should include:
- A salbutamol inhaler;
- A spacer compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instructions on cleaning and storing the inhaler;
- Manufacturers information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhalers and spacers;
- A list of children permitted to use the emergency inhaler as detailed;
- A record of administration (i.e. when the inhaler has been used).

Salbutamol
Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Storage and care of the inhaler
Sarah Lee and Carys Dowling are the nominated staff who have responsibility for ensuring that:

- On a monthly basis, the inhalers and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- That replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;

- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

Children's inhalers must be kept in the classroom, inside the inhaler pouch, for the child to administer as necessary. The emergency salbutamol inhaler will be kept in the locked first aid cabinet.

The inhaler should be stored at the appropriate temperature, usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray 2 puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

The inhaler itself can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer). It should also not be re-used but disposed of.

Disposal
Manufacturers; guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away.

Children who can use an inhaler
The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler; Or
- who have been prescribed a reliever inhaler;

AND for whom written parental consent for use of the emergency inhaler has been given.

This information should be recorded in a child's individual healthcare plan.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Parents are requested to notify the school at the beginning of each academic year (and throughout the year if any changes happen) of any additional health needs. This information is then disseminated to staff within the school and kept in a central record in the staff room. This information will also include if parental consent has been given for its use.

The school should seek written consent from parents of children on the register for them to use the salbutamol inhaler in an emergency. A draft consent form is Appendix 1.

Responding to asthma symptoms and an asthma attack
Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason the emergency inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed an reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.

It is recommended that each school's policy includes general information on how to recognise and respond to an asthma attack, and what to do in emergency situations. Staff should be aware in particular of the difficulties very young children may have in explaining how they feel. This information is in Appendix 3.

Common 'day to day' symptoms of asthma are:

• Cough and wheeze (a 'whistle' heard on breathing out) when exercising
• Shortness of breath when exercising
• Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Responding to signs of an asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Recording use of the inhaler and informing parents/carers
As per use of the child's inhaler, the use of the emergency inhaler should be recorded on Medical Tracker. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.

Additionally, if the school's emergency in haler was used, the child's parents must be informed in writing so that this information can also be passed onto the child's GP. The draft letter in Appendix 2 may be used to notify parents.

Staff
Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

In the following advice, the term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, and been trained to do this. Schools will want to ensure there are a reasonable number of designated members of staff to provide sufficient coverage. In small schools, it may be that all members of staff are designated members of staff.

Schools should ensure staff have appropriate training and support, relevant to their level of responsibility. It would be reasonable for **ALL** staff to be:

• trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
• aware of the asthma policy;
• aware of how to check if a child is on the register;
• aware of how to access the inhaler;
• aware of who the designated members of staff are, and the policy on how to access their help.

All staff will be made aware of children who are able to use emergency inhalers. Updates will be communicated to staff when the school is informed.

Designated members of staff are trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.
http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers

Children with inhalers will also be able to demonstrate to their teacher how they use it; the school nurse may also be able to advise on appropriate use.

Sarah Lee and Carys Dowling are responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register.

Sarah Lee and Carys Dowling are responsible for the supply, storage care and disposal of the inhaler and spacer.

Liability and indemnity

The Governing Body has ensured that when schools are supporting pupils with medical conditions, there is appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

Wilby CE (VA) Primary School
Church Lane, Wilby, Northamptonshire, NN8 2UG
Tel/Fax: 01933 276491
E-mail: head@wilby-ce.northants-ecl.gov.uk

Head Teacher: **Miss Lisa Pearce**

Consent Form
Use of Emergency Salbutamol Inhaler

Child showing symptoms of asthma / having asthma attack

1) I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler ***** (please delete if not appropriate)

2) My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3) In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:…… Date:……

Name: (Print): ……

Child's Name: ……

Class: ……..…..

Parent's address and contact details:

……..

……..

……..

Telephone: ……..

Email: ……..

Appendix A

Wilby CE (VA) Primary School
Church Lane, Wilby, Northamptonshire, NN8 2UG
Tel/Fax: 01933 276491
E-mail: head@wilby-ce.northants-ecl.gov.uk

Head Teacher: **Miss Lisa Pearce**

Letter to inform parents of emergency salbutamol inhaler use

Child's Name: ……..

Class: …….

Date:……

Dear

This letter is to formally notify you that …… has had problems with their breathing today.

This happened when …….

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

***They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler contacting salbutamol. They were given …….. puffs.**

***Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler contacting salbutamol. They were given …….. puffs.**

(*Delete as appropriate)

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Kind Regards

Miss Lisa Pearce
Head

Appendix B

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

• Persistent cough (when at rest)
• A wheezing sound coming from the chest (when at rest)
• Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
• Nasal flaring
• Unable to talk or complete sentences. Some children will go very quiet.
• May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

• Appears exhausted
• Has a blue/white tinge around lips
• Is going blue
• Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

• Keep calm and reassure the child

• Encourage the child to sit up and slightly forward

• Use the child's own inhaler – if not available, use the emergency inhaler

• Remain with the child while the inhaler and spacer are brought to them

• Immediately help the child to take two separate puffs of salbutamol via the spacer

• If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs

• Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better

• If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE

• If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way