

Guidance for the Use of Emergency Salbutamol Inhalers in Schools

School Advice Note

About this guidance

From the 1st October 2014 the Human Medicines (Amendment No 2) Regulations 2014 will enable schools in Southampton to keep a small number of salbutamol inhalers, if they wish, for use in emergencies when a pupil's inhaler is unavailable, broken, empty or has expired. If a School chooses to keep an emergency inhaler they should establish a policy or protocol for the use of the emergency inhaler based on this guidance.

Schools are not required to hold an inhaler. This is a discretionary power.

The emergency salbutamol inhaler should only be used by children:

- Who have been diagnosed with asthma, and prescribed an inhaler;
- Who have been prescribed an inhaler as reliever medication;
- For whom written parental consent for use of the emergency inhaler has been given;

Contents

1. Introduction
2. Arrangements for the supply, storage and disposal of the inhaler
3. Children who can use the inhaler
4. Responding to asthma symptoms and an asthma attack
5. Staff
6. Useful links

1. Introduction

- 1.1 Asthma is the most common chronic condition affecting children, with one in every eleven children affected. On average, there are two children with asthma in every classroom in the UK. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.
- 1.2 Children should have their own asthma inhaler at school to treat chronic symptoms and for use in the event of an acute asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

However, 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. Some schools have asked parents to provide a spare inhaler for use in these circumstances, However, up until 1st October 2014 it is illegal for schools to hold emergency salbutamol inhalers for the use of their pupils whose own inhaler is not available.

- 1.3 Any school which chooses to hold an emergency inhaler will need to ensure that its use and management is included in its policy on supporting children with medical conditions, based on *supporting pupils* and in the individual healthcare plans of children who may need to use the emergency inhaler.
- 1.4 Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.
- 1.5 There are a number of resources which provide information on asthma, and how it can be treated listed in section 7 together with contact details for support organisations. This guidance is not intended to be a detailed guide to the diagnosis or treatment of asthma in general. If any member of staff has reason to suspect a child has asthma or a respiratory condition, they should notify the parents, so they can take the child to a doctor. Section 5 gives advice on what to do in an emergency.

Summary

Schools that wish to keep an emergency inhaler should have a protocol for its use. The protocol could be incorporated into a wider medical conditions policy (in line with *Supporting pupils*) or asthma policy if the school has one.

The protocol should cover:

- Arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting children with long-term and complex medical conditions.
- Having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler.
- Having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan.
- Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use.
- That staff are appropriately supported and trained in the use of the emergency inhaler in line with the schools wider policy on supporting children with medical conditions.
- Keeping a record of use of the emergency inhaler as required by *supporting pupils* and informing parents or carers that their child has used the emergency inhaler.
- Having at least two named people responsible for ensuring the protocol is followed.

- 1.6 A school's medical conditions policy or asthma policy may already cover elements of the emergency inhaler protocol set out above, for example ensuring appropriate support and training for teachers. Policies will likely already cover elements such as arrangements for storage, care and disposal of medication, ensuring written consent for administration or supervision of administration of medication, keeping a record of administration of medication, and informing parents in relation to children's own inhalers, and could simply be expanded to cover the emergency inhaler.

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

2.1 Supply

- 2.1.1 A community pharmacist can supply the emergency inhalers to a school provided the general advice relating to these transactions are observed. This requires the supply to be occasional, not for profit and in small quantities.



2.1.2 Schools holding an emergency inhaler should hold an emergency asthma inhaler kit which should include:

- A salbutamol metered dose inhaler;
- At least two plastic spacers or plastic holding chambers , compatible with the inhaler;
- Instructions on using the inhaler and spacer/plastic chamber;
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information;
- A record of inhalers including identifying details such as the batch number and expiry date, and a note of the arrangements for replacing the inhaler and spacers* (see below);
- A list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans.

*Spacers / plastic holding chambers are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs.

2.1.3 Large schools, or those spread over more than one site should consider keeping more than one emergency asthma kit.

2.2 Salbutamol

2.2.1 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.

2.2.2 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. Section 5 provides essential information on the safe use of an inhaler.

2.3 Storage

2.3.1 A school's policy for supporting pupils with medical conditions should include staff responsibilities for maintaining the emergency inhaler kit. It is recommended that at least two named individuals amongst school staff should have responsibility for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- Replacement spacers are available following use;
- The mouthpiece of the inhaler has been cleaned, dried and returned to storage following use, or that replacements are available if it has to be disposed of.

- 2.3.2 Schools will wish to ensure that the inhaler and spacers are kept in a safe and suitably central location in the school, such as the school office, or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.
- 2.3.3 The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines). 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.
- 2.3.4 When empty, the inhaler should be disposed of in line with the manufacturer's guidelines.

2.4 Care and disposal

- 2.4.1 It is recommended that the spacer should not be used by more than one child, to avoid risk of cross-infection. After use, the spacer should be given to the child to take home, to use in the future where applicable. We strongly advise that the spacer should not be re-used by the school, even if cleaned.
- 2.4.2 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 the inhaler should also not be re-used but disposed of in line with the manufacturer's instructions and replaced.

3. Children who can use the inhaler

- 3.1 The emergency salbutamol inhaler should only be used by children:
- Who have been diagnosed with asthma, and prescribed an inhaler;
 - Who have been prescribed a reliever inhaler;
 - 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.

- 3.2 There should already be procedures in place to ensure that schools are notified of children that have additional health needs and this information, will enable them to compile an asthma register. Some schools will already have such a register as part of an asthma policy or medical conditions policy.

- 3.3 The asthma register is crucial as in larger schools and secondary schools in particular, there may be many children with asthma, and it will not be feasible for individual members of staff to be aware of which children these are (in primary settings, where a teacher has responsibility for a single class each year this is more reasonable). Consequently, schools should ensure that the asthma register is easy to access, and is designed to allow a quick check of whether or not a child is recorded as having asthma, and consent for an emergency inhaler to be administered. A school may wish to include a photograph of each child, to allow a visual check to be made.
- 3.4 As part of the school's asthma policy, when the emergency inhaler is to be used, a check should be made that parental consent has been given for its use, in the register. Schools should have in their asthma policy a proportionate and flexible approach to checking the register.
- 3.5 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 at Annex A. Schools will want to consider when consent for use of the inhaler is best obtained. Options include:
- Obtaining consent at the same time as for administering or supervising administration of a child's own inhaler under an asthma policy or medical conditions policy, or as part of development of an individual healthcare plan
 - Obtaining consent at the same time as seeking consent for the Flu vaccination or other vaccinations
- 3.6 Keeping a record of parental consent on the asthma register will also enable staff to quickly check whether a child is able to use the inhaler in an emergency.

4. Responding to asthma symptoms and an asthma attack

- 4.1 Salbutamol inhalers are intended for use where a child has asthma.

The symptoms of other serious conditions/illnesses, including heart attacks and severe allergic reactions can be mistaken for those of asthma, and the use of the emergency inhaler in such cases will have no positive impact on the child and could lead to a delay in the child getting the treatment they need.

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

- 4.2 Staff should be aware in particular of the difficulties very young children may have in explaining how they feel.

4.3 It is recommended that each school's policy on supporting children with medical conditions should include general information on how to recognise and respond to an asthma attack, and what to do in emergency situations. Often guidance provided to schools by local authorities will provide this information. Some schools will already have this information in an asthma policy or medical conditions policy.

4.3.1 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 a salbutamol 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. If a child regularly displays these symptoms during exercise, a salbutamol inhaler should be used before the period of exercise, to prevent the occurrence of these symptoms and to encourage participation; however a child should use their own inhaler for this routine use.

4.3.2 Early signs of an asthma attack include:

- Persistent cough (when at rest)
- Audible wheeze (when at rest)

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

Responding to early signs of an asthma attack

- The child should be encouraged to sit up and slightly forward.
- The child's own inhaler should be used if it is available. If it is not (and the child is on the asthma register and has written parental consent for use of the emergency inhaler) the emergency inhaler and spacer should be used.
- If possible, the member of staff should wash and dry their hands, but not if this would delay treatment (for example, if washing facilities are not close by).
- The inhaler and spacer should be brought to the child, rather than taking the child to them.
- The inhaler should be shaken and fitted to the spacer and the spacer should be placed in the child's mouth.
- The child should take two separate puffs from the inhaler via the spacer immediately.
- If there is no immediate improvement the child should take one puff of the inhaler every minute for five minutes, or until their symptoms improve. The inhaler should be removed from the spacer between puffs and shaken.
- The member of staff should stay calm and reassure the child. They should stay with the child until they feel better. The child can return to school activities when they feel better.

Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

4.3.3 Late signs of an asthma attack include:

- 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)
- Being unusually quiet
- Being unable to complete sentences
- Going blue

If a child is displaying the above early signs of an asthma attack, the guidance below on responding to an asthma attack should be followed **while urgent medical attention is sought, e.g. an ambulance is called.**

Responding to late signs of an asthma attack

- The child should be encouraged to sit up and slightly forward.
- The child's own inhaler should be used if it is available. If it is not (and the child is on the asthma register and has written parental consent for use of the emergency inhaler) the emergency inhaler and spacer should be used.
- If possible, the member of staff should wash and dry their hands, but not if this would delay treatment (for example, if washing facilities are not close by).
- The inhaler and spacer should be brought to the child, rather than taking the child to them.
- The inhaler should be shaken and fitted to the spacer and the spacer should be placed in the child's mouth.
- The child should take two separate puffs from the inhaler via the spacer immediately.
- If there is no immediate improvement the child should take one puff of the inhaler every minute for five minutes, or until their symptoms improve. The inhaler should be removed from the spacer between puffs and shaken.
- The member of staff should stay calm and reassure the child. They should stay with the child until they feel better. The child can return to school activities when they feel better.

4.3.4 What to do in an emergency

An ambulance should be called if there is any doubt about a child's condition when they are displaying late signs of an asthma attack, and in the following circumstances.

- The child's own inhaler cannot be located and the parent has not given consent to using the school's inhaler or

- The child's symptoms do not improve after 10 puffs of the inhaler or
- The child is either distressed or unable to talk or
- The child is getting exhausted or
- The child's lips are blue or

Another pupil should be sent to get a member of staff to call an ambulance, whilst a member of staff administers the inhaler.

- The child should continue to take one puff of the inhaler every minute until the ambulance arrives.
- 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.

4.4 Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. *Supporting pupils* requires written records to be kept of medicines administered to children.

The child's parents must be informed in writing so that this information can also be passed onto the child's GP.

5. Staff

- 5.1 Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so unless it is included in their contract of employment. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.
- 5.2 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, and are identified in the school's asthma policy as someone to whom all members of staff may have recourse in an emergency.
- 5.3 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.
- 5.4 Schools should ensure staff have appropriate training and support, relevant to their level of responsibility. *Supporting Pupils* requires governing bodies to ensure that staff supporting children with a medical condition should have appropriate knowledge, and where necessary, support.

5.5 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.

5.6 As part of the asthma policy, the school should have agreed arrangements in place for all members of staff to summon the assistance of a designated member of staff, to help administer an emergency inhaler, as well as for collecting the emergency inhaler and spacer. These should be proportionate, and flexible – and can include responsible older children asking for the assistance of another member of staff and/or collecting the inhaler (but not checking the register), and procedures for supporting a designated member's class while they are helping to administer an inhaler

5.7 The school's policy should include a procedure for allowing a quick check of the register as part of the initiating of the emergency response. This does not necessarily need to be undertaken by a designated member of staff, but there may be value in a copy of the register being held by at least each designated member. If the register is relatively succinct, it could be held in every classroom.

5.8 Designated members of staff should be 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.

In a number of areas, local asthma teams have provided training for school staff in supporting children with asthma, including use of the inhaler, and schools could contact their local NHS Hospital Trust for information on how children with asthma are supported, and improving links between the NHS and the school.

5.9 It is recommended that schools should also ensure that:

- A named individual is responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register;
- At least two individuals are responsible for the supply, storage care and disposal of the inhaler and spacer.

5.10 Liability and indemnity

Supporting pupils requires that governing bodies ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place, including liability cover relating to the administration of medication.

Local Authorities may provide schools which are administering inhalers with appropriate indemnity cover; however schools will need to agree any such indemnity cover directly with the relevant authority or department.

6. Useful links (for convenience both hot links and full URLs are given below).

6.1 [Asthma UK Website](http://www.asthma.org.uk/)
<http://www.asthma.org.uk/>

6.2 [School Asthma Cards](http://www.asthma.org.uk/Shop/school-asthma-card-pack-of-20-healthcare-professionals)
<http://www.asthma.org.uk/Shop/school-asthma-card-pack-of-20-healthcare-professionals>

6.3 [NHS Choices, Asthma in Children](http://www.nhs.uk/conditions/asthma-in-children/pages/introduction.aspx)
<http://www.nhs.uk/conditions/asthma-in-children/pages/introduction.aspx>

Annex A

CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

School Name

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 [delete as appropriate].
2. 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.

Signature

Date

Print Name

Child's Name

Class

Parent's
Address

Telephone

Email