



**Respect for all. Learners for life**

# Use of Emergency Inhalers in School Protocol and Policy

September 2023

## Use of Emergency Inhalers in School

### Respect for All. Learners for Life

#### OVERVIEW

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.

#### AIMS

- Children with asthma attend school regularly and achieve their potential in all aspects of school life.

#### STRATEGY

At Lister Infants we will be holding Emergency Salbutamol Inhalers in school and we will ensure that it will only be used by children, for whom 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. **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.**

We have arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the school's policy on supporting pupils with medical conditions.

#### Also in place will be the following: -

- Child Medical List in each classroom 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. There will be a list in the front, of all children who have parental permission for the use of the Emergency Inhaler. This allows for the staff to have a quick check for initiating the emergency response.
- **ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use.** (The draft letter for consent at **Appendix A** will be used for this)

*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. Consent will be updated regularly – at least annually - to take account of changes to a child's condition.*

- appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions.
- keeping a record of use of the emergency inhaler as required by *Supporting pupils at school with medical conditions policy* and informing parents or carers that their child has used the emergency inhaler. The draft letter at **Appendix B** will be used to notify parents.
- having at least two volunteers responsible for ensuring the protocol is followed. (Mrs Gordon SENCO and Mrs Davidson Admin Assistant)
- The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

#### The emergency kit

Our emergency asthma inhaler kit includes:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's 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 inhaler and spacers
- a list of children permitted to use the emergency inhaler as per parental consent form.
- a record of administration (i.e. when the inhaler has been used).

We will be keeping three emergency kits these will be kept in the **SCHOOL OFFICE, LEARNING MENTOR'S ROOM AND NURSERY which** is known to all staff, and to which all staff have access at all times. **The inhaler and spacer will not be locked away** but will be out of the reach and sight of children.

The emergency inhaler will be stored in a blue sports bag clearly labelled.

### **Storage and care of the inhaler**

There will be least two named volunteers 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;
- 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

Named volunteers: Mrs Gordon, Mrs Davidson and Mrs Johnston.

An inhaler should be primed when first used (e.g. spray two puffs), as it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however 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.

### **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 a reliever inhaler **AND** whose parents have given **consent** for an emergency inhaler to be used.

### **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
- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- **Use the child's own inhaler – if not available or there is a problem ie: broken, empty, out of date, not in school, use the emergency inhaler which is located in the school office, Learning Mentor's office, Nursery.**

- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two 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

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. The draft letter at **Annex B** will be used to notify parents.

### Staff

All teaching staff have received asthma training and have responsibility for supporting children as required.

**ALL** staff are informed of:

- 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;
- administering salbutamol inhalers through a spacer;
- The school nurse or asthma team delivers this training each year to all members of school staff.

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;
- making appropriate records of asthma attacks.

At Lister Infants:

- two individuals are responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register; (Mrs Gordon SENCO/ Mrs Davidson Admin Assistant)
- At least two individuals are responsible for the supply, storage care and disposal of the inhaler and spacer. (Mrs Gordon SENCO/ Mrs Davidson Admin Assistant/ Mrs Johnston Nursery TA). When new inhalers are required Mrs Gordon/ Mrs Davidson will write a letter requesting new inhalers and/or spacers on letterheaded paper, which will be signed by Mrs Davies (Head Teacher) and handed in to our local pharmacy for supply. Our local pharmacy will also dispose of our inhalers.

### OUTCOMES

- Children with asthma attend school regularly and achieve their potential in all aspects of school life.

### MONITORING, REVIEW AND EVALUATION

- The School Leadership Team and the Governing Body monitor the effectiveness, efficiency and impact of this policy annually.

Date adopted	Dec 2015	Review Cycle	Annually	Last Reviewed	Sept 2023	Version	Sept 2023
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**Appendix A – Parental Consent Letter**



**Letter of consent for use of  
School Emergency Salbutamol Inhaler**

Child's name..... Class.....

Date.....

*From 1st October 2014 the Human Medicines Regulations 2014 will allow schools to keep a 'Salbutamol' inhaler for use in emergencies.*

*This will be used for any pupil with asthma or who has been prescribed an inhaler as a reliever medication.*

*This can only be used if the pupils prescribed inhaler is not available.*

*As your child is on our Medical Register as asthmatic and we have a Healthcare plan in place for them we ask that you also give your permission for the Emergency inhaler to be administered should the occasion arise.*

*Yours sincerely,*

*Mrs J Davies  
Head Teacher*

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In the event of my child displaying symptoms of Asthma and if their inhaler is not available or unusable I consent for my child to receive the School 'Salbutamol' Emergency Inhaler.

Child's Name:.....

Parent/Carer Name.....

Parent/Carer Signature.....

Date.....



EMERGENCY SALBUTAMOL INHALER USE

Child's name: .....

Class: .....

Date: .....

Dear.....,

This letter is to formally notify you that.....has had problems  
with his / her breathing today. This happened  
when.....  
.....

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

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

Yours sincerely,

*Mrs J Davies*  
*Head Teacher*

# 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 or there is a problem ie: broken, empty, out of date, not in school use the emergency inhaler which is located in the school office**
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two 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**



# Location of Emergency Salbutamol Inhaler kit(s)

Emergency kit must be kept out of reach of children but NOT locked away.

KIT 1

SCHOOL OFFICE

KIT 2

LEARNING MENTOR'S OFFICE

KIT 3

NURSERY



**Maintaining your emergency salbutamol inhaler kits**

<b>Emergency Salbutamol Inhaler Kit:</b>	<b>Location:</b>
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Complete a monthly check to ensure emergency asthma kit is available and functional.

<b>Expiry date of salbutamol inhaler:</b>	<b>Batch Number:</b>
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<u>Date</u>	<u>Tick to confirm checks have been made:</u>	<u>Checked by: Print Name</u>
	Is the kit in the correct location? (stored below 30°C)	
	Are the contents of the emergency kit within their expiry date?	
	Are two volumatics in the kit?	
	Is the inhaler in working order? (Prime the inhaler every 3 months to ensure it remains functional)	
	Is the folder in the bag containing emergency inhaler consent register, policy, record of administration, manufacturer information, monthly checklist and instructions on using the inhaler and spacer?	
	Is the kit in the correct location? (stored below 30°C)	
	Are the contents of the emergency kit within their expiry date?	
	Are two volumatics in the kit?	
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## Using the Inhaler and Spacer

1. Explain what's going to happen and what they need to do
2. Remove the cap and shake the inhaler. Prime the Inhaler – spray 2 puffs.
3. Put the inhaler into the end of the spacer.
4. Place the mouthpiece between the child's teeth and lips, making a seal so no medicine can escape. Hold spacer at 45° angle.
5. Press the canister once to put one puff of the inhaler medicine into the spacer.
6. Get them to breathe in and out of the mouthpiece five times. Steady breaths. Breathing from the stomach not the shoulders.
7. Repeat from step 2 for each puff of the inhaler needed, remembering to take out the inhaler and shake it before each puff.

## After Use

- Plastic spacer goes home with the child.
- Fill in Asthma log in the Emergency Inhaler Bag and class book.
- Send letter home to parent/ speak to parents if a new inhaler is required from home.
- The inhaler itself however 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.
- Inform Mrs Gordon/Mrs Davidson that more supplies are required- spacers and/or inhaler.