

USE OF EMERGENCY SALBUTAMOL INHALER IN SCHOOL POLICY

Aim: This document is intended to provide schools with supplementary information on managing medication in line with the *Supporting Pupils with Medical Conditions Policy*

ESSENTIAL MANAGEMENT POLICY FOR:

Heads of Schools, Qualified first aiders, Visit Leaders, and Organisers

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Next review: May 2025

Revision History

Issue Date:	Version:	Comments
September 2018	1.0	New Policy distributed to Headteachers, COO, SET SLT
September 2021	2.0	No changes required
August 2022	3.0	<ul style="list-style-type: none"> • Updated asthma statistics • Symptoms expanded • Emergency Procedure Annex A, revised in line with NHS guidance. • Information added on Spacers and storage. • Purchase of an emergency salbutamol inhaler • Training expanded

August 2023	4.0	<ul style="list-style-type: none"> • Section 2 revised to reflect current NHS guidance and that provided by Guidance on the use of salbutamol inhalers in schools (March 2015). • Section 3-reference to the school's first aid needs assessment has been added. • Annex A-revised to reflect current NHS guidance.
May 2024	5.0	<ul style="list-style-type: none"> • Section 4 Training provider info updated. • New section 6

1 INTRODUCTION

Asthma is a common lung condition that can cause occasional breathing difficulties. Although asthma affects both adults and children, it commonly starts in childhood. There is currently no long-term cure; however, asthma can be managed with treatments that keep the symptoms under control and allow children and young people to continue their normal, day-to-day activities. Some children do eventually grow out of asthma, but for others, it is a lifelong condition.

Asthma 'triggers' cause the already sensitive airways in an asthmatic to become narrowed and inflamed. Triggers are individual, and asthmatics can have more than one trigger. Common triggers are weather changes, viral infections e.g., colds and 'flu, smoking, pollen, exercise, stress, animals, and house dust mite.

- One in 11 children in the UK suffers with asthma.
- Approximately 3 children in every classroom will have asthma.
- Asthma attacks kill 3 people in the UK every day.
- Every 10 seconds someone has a potentially life-threatening asthma attack.
- In 2016, 169 children under the age of 15 died from asthma.

2 SYMPTOMS

The most common symptoms of asthma are:

- Wheezing (a whistling sound when breathing).
- Breathlessness.
- A tight chest – it may feel like a band tightening around it.
- Coughing.

Many things can cause these symptoms, but they are more likely to be asthma if they:

- Happen often and keep coming back.
- Are worse at night and early in the morning.
- Seem to happen in response to an asthma trigger like exercise or an allergy (such as to pollen or animal fur).

Mild symptoms are usually responsive to the child's own inhaler and rest (stopping exercise). They would not normally require urgent medical attention.

Symptoms of an asthma attack will not necessarily occur suddenly and can often come on slowly over a few hours or days.

Signs and symptoms of an asthma attack are:

Signs that a person may be having an asthma attack include-

- Their symptoms are getting worse (cough, breathlessness, wheezing or tight chest)
- Their reliever inhaler (usually blue) is not helping.
- They are too breathless to speak, eat or sleep.
- Their breathing is getting faster and they feel like they cannot catch their breath.
- Their peak flow score is lower than normal.
- Children may also complain of a tummy or chest ache.
- Unable to talk or complete sentences. Some children will go very quiet.
- Nasal flaring.

The symptoms will not necessarily occur suddenly. In fact, they often come on slowly over a few hours or days.

IF A PUPIL IS HAVING AN ASTHMA ATTACK, FOLLOW THE EMERGENCY PROCEDURE

Do not delay starting the **Emergency Procedure ANNEX A**. If a first aider is not immediately available, proceed directly to the Emergency Procedure.

3 INHALERS IN SCHOOLS

Previously it was illegal for schools to have spare emergency inhalers. Following campaigning from asthma charities, the Department of Health finally guidance and schools are now allowed, and indeed advised, to hold spare emergency reliever inhalers. 86% of children have been without their own inhaler because it was lost, they forgot to bring it, or it had expired.

The main risk of having emergency inhalers in school is that it could be administered inappropriately, e.g. to a breathless or panicky child who is not asthmatic. Schools must therefore ensure that only children who have been prescribed a reliever inhaler, should be given the emergency inhaler, and parental consent must also have been obtained.

All staff working with children should have a basic understanding of asthma. Having an awareness of asthma, and its triggers, helps keep children safe. Staff should be able to recognise symptoms of an asthma attack have a basic knowledge of asthma medication and know what to do in the event of a child having an attack.

Trust schools are required to undertake an annual first aid needs assessment. This will identify if an emergency inhaler and supporting arrangements are necessary.

3.1 Inhalers

Inhalers are devices containing medication which can be breathed in. This type of medication is usually the main treatment for asthma, but other medication may also be needed for more severe cases.

Inhalers can help:

- Relieve symptoms when they occur (reliever inhalers). These are usually blue.
- Stop symptoms developing (preventer inhalers). These are usually brown/orange.
- Common brand names are "Clenil" or "Flixotide"

- Contain a low-dose steroid which reduces inflammation and swelling over time.

3.2 Spacers

Spacers are empty tubes that are usually made of plastic, which slot onto the mouthpiece of the inhaler on one end. The person will breathe in the medication from the mouthpiece or mask on the spacer. Spacers help to get the right amount of medicine straight to the lungs.



If the child requires a spacer as part of managing their asthma medication, it is important it is stored correctly:

- Spacers should not be kept in plastic bags, as this will cause it to build up static and reduce the effect of the asthma medicine.
- Spacers should be kept away from dust and liquids.
- If the spacer needs to be transported for school trips/ visits/ it should be ideally transported in a plastic-free medicine bag or pencil case with the inhaler.

3.3 Emergency salbutamol inhaler

From 1 October 2014 the *Humans Medicines (Amendment) (No.2) Regulations 2014* allows Schools in the UK to purchase a Salbutamol inhaler without prescription for use in emergencies when a child with asthma cannot access their own inhaler. Further information can be found in the *Guidance on the Use of Salbutamol Inhalers in School* on the [Government website](#).

Inhalers / inhaler kits can be purchased online or via a local pharmacy. Pharmacists will need a request by the Principal or Headteacher (ideally on appropriately headed paper) stating:

- The name of the school for which the product is required.
- The purpose for which that product is required, and the total quantity required.

The emergency inhaler must only be used for pupils who have a diagnosis of asthma or who have been prescribed a reliever inhaler AND whose parents have consented for an emergency inhaler to be used.

An Asthma Register should be created, and a hard copy kept within each Emergency Salbutamol Inhaler Kit. The emergency Salbutamol inhaler can still be used even where a child has been prescribed an alternative reliever, e.g. Bricanyl. It will still help to relieve an asthma attack and could save their life.

It is the parent/guardian responsibility to inform us of any asthma diagnosis/treatment, although the school must seek this information from them prior to the pupil joining the school.

Parents will be informed that the school must hold written consent, to enable any staff member to administer the Emergency Salbutamol Inhaler.

Annex B will be completed by the parent. The Asthma Register within each emergency kit will show whether parental consent has been given.

All pupils with asthma who have been prescribed a reliever (blue) inhaler should always carry it with them. If a pupil has an asthma attack and they do not have their inhaler with them and there is no access to immediate medical assistance from the school nurse (if applicable), then the Emergency Salbutamol Inhaler kit should be used. All staff should be made aware of the location of the Emergency inhaler/s by the appointed person for first aid.

Trip Leaders are responsible for taking an Emergency Salbutamol Inhaler kit with them, but only if there are pupils going on the trip whose names are on the Asthma Register.

When the kit has been located, the pupil should be identified and checked against the Asthma Register and whether parental consent has been given. The Emergency Procedure should then be followed.

4 TRAINING

Any member of school staff required to dispense medicines including inhalers for use by pupils must have completed **either** an online Medicines Awareness Foundation Course provided by [Opus Pharmacy Services](#) within the last two years, or hold a National College certificate in administering medication in the setting, either Primary or Secondary.

In addition to this, staff can access training on asthma management through National College. The Headteacher **or designated person at the school** should request this module be allocated to an employee via HR.

5 ACTION FOLLOWING EMERGENCY SALBUTAMOL INHALER USE

If the Emergency Salbutamol Inhaler is used for any pupil, the parent/s guardian must be informed as soon as possible and also by letter or email so that this information can also be passed onto the child's GP. An example letter is shown in Annex B. That template can be followed, or an email sent to include all the information set out in the template. A copy must then be placed on the individual pupil's personal file.

It will be the responsibility of the designated senior staff member to contact parents and request they provide a new inhaler for their child if the child has lost or misplaced their original inhaler, or it was empty at the time of the attack.

References

NHS Choices (2021) Asthma [online].

Available at: <https://www.nhs.uk/conditions/asthma/>

Department of Health (2015) Guidance on the Use of Emergency Salbutamol Inhalers in Schools. [online].

Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Asthma UK (2021) Advice [online].

Available at: <https://www.asthma.org.uk/advice/>

Supporting Children's Health/Education for Health (2021) Asthma Module [online].

Available at: <https://www.supportingchildrenshealth.org/asthma-module/>

Allergy UK (2021) Asthma and Respiratory Allergy [online].

Available at: <https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/12-asthma-and-respiratory-allergy>

National Union of Teachers (2021) Asthma in Schools – Health & Safety Briefing [online].

Available at: <https://neu.org.uk/advice/asthma-schools>

6 ASSOCIATED HEALTH AND SAFETY POLICIES

TRUST

SET Allergies and Anaphylaxis Policy

SET Managing Medicines Policy

SET Supporting Pupils With Medical Conditions Policy

SCHOOL

Managing Medical Conditions in School Policy

Annex A

EMERGENCY PROCEDURE IN THE EVENT OF AN ASTHMA ATTACK

(Procedure taken from the [NHS website](#))

1. Encourage the person to sit up straight and keep calm.
2. They should take one puff of their reliever inhaler (usually blue) every 30-60 second up to 10 puffs.
3. If they feel worse at any point or do not feel better after 10 puffs, call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2 and the ambulance has still not arrived, contact 999 again immediately.

Additional notes —

If stage 3 is not reached and the child feels better after using the inhaler, they may return to school activities.

Even at stage 2, if the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 for an ambulance.

Never be frightened of calling for help in an emergency.

All SET employees have the authority to make a 999 call without the need for permission. When doing so make it clear if it is a child who is suffering the attack.

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.

CONSENT FORM:

USE OF AN EMERGENCY SALBUTAMOL INHALER

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as 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 parent/carers:.....

Date:

Name (print)

Child's name:

Parent's contact details:

Address:

.....

Telephone:

.....

E-mail:

.....

Annex B

EXAMPLE

SPECIMEN 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 his / her breathing today.

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 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. [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.

Yours sincerely,