

TITLE OF POLICY: INHALER GUIDANCE

Date reviewed	Date Approved	Approved by whom:	Next review
	February 2016	Full Governing Body	February 2019

AUDIENCE: CHILDREN, PARENTS, STAFF, GOVERNORS

General

This policy has been drawn up with reference to DfEE Circular 14/96 “Supporting pupils with Medical Needs in School” and updated with guidance from “Supporting pupils at school with medical conditions”, April 2014 and “Guidance on the use of emergency salbutamol inhalers in Schools” (Department of Health 2014). If further clarification is needed on any matters in this policy reference should be made to the above named policies.

GUIDANCE ON THE USE OF EMERGENCY SALBUTAMOL INHALERS IN SCHOOL

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

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an 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.

In order to support individuals with their condition the school chooses to hold a number of emergency inhalers.

2 Arrangement for the supply, storage, care and disposal of an emergency inhaler

Supply

The school has authority to buy a small number of inhalers and spacers from a pharmaceutical supplier, without a prescription.

In order to purchase this medication it will be necessary to provide the supplier with a signed request by the principal (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.

Each emergency kit

An emergency asthma inhaler kit should include:

- 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 (see section 4) as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

One emergency kit is to be held in the Main school office and a second kit is to be made available for off-site activities, such as PE.

3. Use of the 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.

All children with asthma will be invited to join the asthma register, which is a list of individuals whose families have given their permission that in the event of their child displaying symptoms of asthma, and that their inhaler is not available or not usable, the child is given permission to receive salbutamol from an emergency inhaler held by the school for such emergencies. Children listed on the asthma register will be updated annually, in line with update of individual care plans, or with medical updates from the child's family or doctor.

Information on pupils on the asthma register is to be shared with all staff so that staff are aware of how to recognise and what to do in the event of an asthma attack and the potential use of the emergency inhaler.

4. Responding to asthma symptoms and an asthma attack

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

5. Storage and care of the inhaler

The emergency inhaler kit will need to be checked on a monthly basis by two members of the first aid team.

- 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.

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.

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), 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 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. Spent inhalers are to be returned to the pharmacy to be recycled.

6. Staff responsibilities

The school will appoint a team of designated members of staff who will be trained to:

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

As part to the school's overall training to enable them to support children with medical conditions, staff will 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.

Annex A
CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
[Insert 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. 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:
.....

E-mail:
.....

Annex B
SPECIMEN LETTER TO INFORM PARENTS OF
EMERGENCY SALBUTAMOL INHALER USE

Child's name:

.....
Class:

.....
Date:

Dear.....,

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his/her 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 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 seen by you