

St. Margaret's C.E.



St. Margaret's C of E. Primary School

Asthma Policy Guidance on the use of inhalers in school

October 2022

Review: October 2023

Introduction

This policy statement has been drafted following Government legislation as outlined below in the 'Executive Summary'.

Executive summary (Extracted from the Department of Health: September 2014:Guidance on the use of emergency salbutamol inhalers in schools)

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 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).

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. Schools, which choose to keep an emergency inhaler, should establish a policy or protocol for the use of the emergency inhaler based on this guidance.

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.

The protocol could be incorporated into a wider medical conditions policy, which will be required by Supporting Pupils from 1st September 2014. The protocol should include the following – on which this guidance provides advice:

- *arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with 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*
- *appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils 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 volunteers responsible for ensuring the protocol is followed.*

Please note that only those institutions described in regulation 17 of the Human Medicines

(Amendment) (No. 2) Regulations 2014, which amends regulation 213 of the Human Medicines Regulations 2012 may legally hold emergency asthma inhalers containing salbutamol.

This guidance is non-statutory, and has been developed by the Department of Health with key stakeholders, to capture the good practice which schools in England should observe in using emergency inhalers and which should form the basis of any school protocol or policy. The guidance has been updated to take account of issues raised during the public consultation, and the Department is grateful to all who submitted comments and suggestions, which we have endeavoured to incorporate.

The principles of safe usage of inhalers in this guidance are universal and based on recognised good practice.

The Children and Families Act 2014 requires governing bodies of English schools to make arrangements for supporting pupils at school with medical conditions. This duty came into force on 1st September 2014 and will be supported by the statutory guidance Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, referred to hereafter as Supporting pupils. This guidance is therefore designed to be read in conjunction with Supporting pupils, and every school's protocol or policy on use of the inhaler should have regard to it.

Supporting Pupils expects schools to:

- *develop policies for supporting pupils with medical conditions and review them regularly;*
- *develop individual healthcare plans for pupils with medical conditions that identify the child's medical condition, triggers, symptoms, medication needs and the level of support needed in an emergency.*
- *have procedures in place on managing medicines on school premises;*
- *ensure staff are appropriately supported and trained.*

1. Introduction to Policy & Background to Changes

(including extracts from the DFH Guidance)

At St Margaret's we are aware of the need to ensure that the pupils who are asthmatic have access to their inhalers at all times. We have procedures in place to ensure that inhalers are readily available. The school maintains a record of all those who are registered as asthmatic/have allergies. In the event of a child requiring an inhaler and not having access to their own we have implemented the following policy and procedures. These have been published for all parents to view. This policy will be updated in accordance with any further additions and directives.

Asthma is the most common chronic condition, affecting one in eleven children. 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.

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 the inhaler should be easily accessible to them.

However, an Asthma UK survey found that 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. However, before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available.

In 2013 in response to this, and following advice from the Commission of Human Medicines 2013 and the Medicines and Healthcare Products Regulatory Agency (MHRA) recommended changes to legislation to enable schools to hold emergency salbutamol inhalers.

A public consultation was held and there was overwhelming support for changing the regulations to allow schools to hold an emergency inhaler. The regulations, which enable this, come into force on 1st October 2014. The MHRA also recommended that the use of emergency inhalers be supported by appropriate protocols and this guidance provides advice on what such a protocol should contain. Any school that chooses to hold an emergency inhaler may wish to consider including a cross-reference to the asthma policy in the school's policy for supporting pupils with medical conditions. The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate. As a school we have decided to implement this policy and inform parents of the new procedures.

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

Supply

Legislation allows for schools to buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, 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 is not for profit.

The emergency kit

Guidance advises that 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 (see below);
- a list of children permitted to use the emergency inhaler (see pages 6-7: Children who can use an inhaler) as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

At St Margaret's we have made the decision to keep two emergency asthma kits, one in the main school office and one in the deputy head office, to ensure that all children within the school environment are close to a kit.

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. Page 7 of this policy provides essential information on the safe use of an inhaler (How to recognize an asthma attack & what to do in the event of an asthma attack).

Storage and care of the inhaler

Our asthma policy includes staff responsibilities for maintaining the emergency inhaler kit. It has been recommended that at 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.

We will ensure that the inhaler and spacers are kept in a safe and suitably central location in the school, 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 is 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 will 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, after every use, the plastic spacer will be washed in warm soapy water, rinsed with warm running water and left to dry. Do not scrub the inside of the spacer as this can impair its effectiveness.

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. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. St Margaret's School has the relevant registration in place.

3. Children who can use 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 asthma 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.

We collect information on children's additional health needs by means of a form that is issued to all parents when their child starts at our school. This information enables us to compile an asthma register as part of our medical conditions policy.

The asthma register is crucial. Which is easily accessible to all staff, 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.

As part of the school's asthma policy, when the emergency inhaler is to be used, a check will be made that parental consent has been given for its use, in the register. School will seek written consent from parents of children on the register for them to use the salbutamol inhaler in an emergency. An example of the consent form is at Appendix 1.

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 annually - to take account of changes to a child's condition.

4. 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.

This policy includes general information on how to recognise and respond to an asthma attack, and what to do in emergency situations. Staff receive annual asthma training that includes the difficulties very young children may have in explaining how they feel.

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 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 will be informed in writing so that this information can also be passed onto the child's GP. The example letter at Annex B may be used to notify parents.

5. 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, and are identified in this asthma policy as someone to whom all members of staff may have recourse in an emergency.

At St. Margaret's all our staff trained in First Aid are classed as designated members of staff and all our staff undergo asthma training annually. Supporting Pupils requires governing bodies to ensure that staff supporting children with a medical condition should have appropriate knowledge, and where necessary, support.

All our staff are:

- 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.

As part of the asthma policy, staff would summon the assistance of a designated member of staff, to help administer an emergency inhaler and to arrange collection of the emergency inhaler and spacer. These arrangements are proportionate, and flexible – and can include phone calls being made by other staff members or responsible KS2 children being sent to ask for the assistance of another member of staff.

The school's policy includes a procedure for allowing a quick check of the register as part of initiating the emergency response. The register is held in every classroom.

The asthma register should be checked before administering the emergency inhaler. An electronic copy of a class specific asthma register is held by each class teacher and can also be accessed by any of the school office staff, a hard copy of the full school asthma register is in a marked brown envelope in the perspex filing rack at the right hand side of the school office reception hatch.

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.

At St Margaret's:

- the SENDCO, the business manager and school administrator are responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register;
- the SENDCO, the business manager and school administrator are responsible for the supply, storage care and disposal of the inhaler and spacer.

Liability and indemnity

The Board of Governors can confirm that the school has levels of insurance in place to cover staff, including liability cover relating to the administration of medication. The only exclusion is if a 'medically qualified employee' provides the treatment. This means that our insurers would not cover, for instance, a NHS Nurse employed by the school as they would come under the NHS Trust's insurance.

Useful Information:

Supporting pupils at school with medical conditions.

- Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, December 2015).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf

Asthma UK Website

<http://www.asthma.org.uk/>

Education for Health

<http://www.educationforhealth.org>

School Asthma Cards

<http://www.asthma.org.uk/Shop/school-asthma-card-pack-of-20-healthcare-professionals>

NHS Choices, Asthma in Children

<http://www.nhs.uk/conditions/asthma-in-children/pages/introduction.aspx>

NICE Quality Standard

<http://publications.nice.org.uk/quality-standard-for-asthma-qs25>

Children and Maternal Health Intelligence Network

<http://www.chimat.org.uk/>

Appendix 1 - St Margaret's Primary School Asthma Care Plan 2021-2022

Childs Name: D.O.B:

Please give details of TWO contact numbers to be used in an emergency.

1. NAME TEL NO
2. NAME TEL NO
3. NAME OF GP TEL NO

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers'

Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose. (E.g. once or twice daily, just when they have asthma symptoms, before sport)

Name of Asthma Medicine/Inhaler

Describe what an asthma attack looks like for your child and the action to be taken if this occurs.

Advice for Parent/Guardian

- It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medication.
- It is your responsibility to ensure that your child has their 'relieving' medication and a 'spacer' with them in school and that it is clearly labelled with their name/class.
- It is your responsibility to ensure that your child's asthma medication has not expired.
- I understand my child will be given extra relief medication using the inhaler held by the school in event of him or her suffering an asthma attack. I understand that the emergency Inhaler and spacer will be used in an emergency if larger doses of medication are deemed necessary.

I consent that I am happy that the above information be passed onto emergency care staff in the event of an emergency during school hours or during after school activities.

Parent/Guardian Signature.....

Date.....

Appendix 2:

LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:.....

Date:

Dear Parent/Carer

This letter is to formally notify you that your child has had problems with his/ her breathing today. This happened (when & where)

.....
.....
.....

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.

**Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.

[**Delete as appropriate]

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

Mr D Whittle
Headteacher

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 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