



# Timothy Hackworth Primary School

**'Respectful and resilient; being the best that we can be.'**

## Emergency Inhalers

### Appendix to Supporting Children with Medical Conditions Policy

CRC Article 24: All children have the right to be healthy.

Policy Date: March 2025

Review Date: March 2026

### Our Governing Body

The Governing Body will be provided with regular updates regarding the implementation and monitoring of this appendix.

The Governing Body will ratify and review the appendix alongside the Supporting Children with Medical Conditions Policy.

### Introduction

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed 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).

This 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. This policy

sets out the protocol for the use of the emergency inhaler at Timothy Hackworth Primary School.

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.

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. This should be easily accessible to them at all times.

### **Designated staff:**

Mrs. K. Kozlowski - SENCO

All First Aid trained staff

### **Arrangements for the supply, storage, care and disposal of the inhaler**

#### **Supply**

School will buy inhalers and spacers from a pharmaceutical supplier, such as a local pharmacy.

A supplier will need a request signed by the Head Teacher 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 kit**

The emergency asthma inhaler kit includes:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- 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 list of children permitted to use the emergency inhaler (see Health Care Plan Register) as detailed in their individual Health Care Plans;

- a record of administration (i.e. when the inhaler has been used).

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

Named administrative staff are responsible for the supply, storage, care and disposal of the inhalers and spacer kits.

They will ensure that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available (**Monthly Check Record: Appendix 5**);
- 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.

Emergency inhalers and spacers are kept in a central location (School Office) 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.**

## **Disposal**

School will be registered as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Alternatively, expired inhalers will be disposed of at a pharmacy.

## **Children who can use an 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 is recorded in a child's individual Health Care 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.**

There are procedures in place to ensure that our school has been notified of children that have additional health needs and this information is held on the Health Care Plan Register which is designed to allow a quick check of whether or not a child is recorded as having asthma and if there is parental consent for an emergency inhaler to be administered.

## **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 the child's 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 see Appendix 1**

### **What to do in the Event of an Asthma Attack-see Appendix 2**

## **Recording use of the inhaler and informing parents/carers**

Use of the emergency inhaler will 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 (**See Appendix 4**). The Supporting Children with Medical Conditions Policy 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 - see Appendix 3.

## **Staff**

Designated members of staff have responsibility for administering an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, and been trained to do this. School will ensure that staff have appropriate training and support, relevant to their level of responsibility.

We 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 from the main Office.

Designated members of staff have been 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.

## HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack include:

- Persistent cough (when at rest);
- A wheezing sound coming from the chest (when at rest);
- Being unusually quiet or being unable to talk or complete sentences;
- 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.

If a child is displaying the above signs of an asthma attack, the guidance in **Appendix 2: What to do in the Event of 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.

## 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 the inhaler and spacer are brought to them;
  - Immediately help the child to take two separate puffs of the salbutamol via the spacer;
  - 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.

**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.

This happened at (TIME)                      in (LOCATION)                      when (ACTIVITY)

A. A member of staff helped them to use their asthma inhaler.

OR

B. 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.

OR

C. 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,

*Mrs. L. Boulton*

Mrs. L. Boulton

Head Teacher







## HEALTH CARE PLAN

<b>NAME OF CHILD:</b>		<b>PHOTO OF CHILD: (School to Complete)</b>	
<b>ADDRESS AND CONTACT NUMBER(S):</b>			
<b>ADDITIONAL CONTACT:</b>			
<b>CLASS TEACHER:</b>		<b>YEAR GROUP AND CLASS:</b>	
<b>DIAGNOSIS/CONDITION:</b>			
<b>IF ASTHMA: (PLEASE TICK AS APPROPRIATE)</b>			
A) My child is able to take responsibility for the self-administration of his/her Asthma medication and is able to carry his/her Asthma device at school. <input type="checkbox"/>			
B) My child is not able to self-administer his/her medication and will require assistance. <input type="checkbox"/>			
C) In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I give permission for them to receive Salbutamol from an emergency inhaler held by the school. <input type="checkbox"/>			
<b>WHAT TO DO IF SYMPTOMS OCCUR:</b>		<b>MEDICATION:</b>	
		<b>FREQUENCY/DOSE:</b>	
		<b>MAXIMUM DOSE:</b>	
<b>HOW TO MANAGE SYMPTOMS:</b>			
<b>ANY FURTHER INFORMATION:</b>			
<b>GP ADDRESS AND CONTACT NUMBER:</b>			
<b>DATE OF PLAN:</b>		<b>REVIEW DATE:</b>	
<b>NAME OF PARENT/CARER:</b>		<b>PARENT/CARER SIGNATURE</b>	
<b>DATE COMPLETED:</b>		<b>RELATIONSHIP TO CHILD:</b>	