

DENABY MAIN PRIMARY ACADEMY

ASTHMA AND INHALERS IN SCHOOL

**(INCLUDING EMERGENCY INHALERS
IN SCHOOL)**

SEPTEMBER 2019

(Update Sept 2020)

Introduction

This policy statement has been drafted in light of the 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 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.

This guidance does not apply to schools in Wales, Northern Ireland and Scotland, which as devolved administrations have responsibility for issuing their own guidance for schools which wish to make use of this power (and have their own distinct policies on how staff may support children's health needs in the school setting). The principles of safe usage of inhalers in this guidance however 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,³ 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.

Introduction to Policy & Background to Changes

(including extracts form the DFH Guidance)

At Denaby Main Primary Academy 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.

At Denaby Main we recognise that 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.

It is our school policy that 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 and it 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 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 pupils individual healthcare plan where appropriate. As a school we have decided to implement this policy and inform parents of the new procedures.

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

Supply

It has been agreed in the legislation that schools can 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. At Denaby Main we will liaise with the School Nurse.

The emergency kit

Upon the advice outlined in the Guidance 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).

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 (Responding to asthma symptoms and an asthma attack).

Storage and care of the inhaler

Denaby Main Primary Academy's 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.

As a school 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, the plastic spacer will 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 is recognised that it should also not be re-used but disposed of.

Disposal

As stated in the DFE Health Guidance manufactures 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. Registration only takes a few minutes online and is free, and does not usually need to be renewed in future years. <https://www.gov.uk/waste-carrier-or-broker-registration>

Children who 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 healthcare 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 have procedures in place to ensure that we are notified of children that have additional health needs. We have an asthma register which is checked and updated regularly.

The asthma register is crucial. As a school we will ensure that the asthma register is easy to access, 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. As a school we have a proportionate and flexible approach to checking the register.

At Denaby Main we 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 Annex B and this will be uploaded onto the school website under the 'Downloadable Forms Tab.

We will consider obtain consent at the same time as for administering or supervising - administration of a child's own inhaler under the asthma policy or medical conditions policy, or as part of development of an individual healthcare plan

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 should be updated regularly – ideally annually - to take account of changes to a child's condition.

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. 8

For this reason we recognise that 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.

It is recommended that our asthma policy includes general information on how to recognise and respond to an asthma attack, and what to do in emergency situations. Staff should be aware in particular of 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

We recognise that 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.

In addition to the above the child's parents must 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.

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 the school's asthma policy as someone to whom all members of staff may have recourse in an emergency.

At Denaby Main we have ensured there are a reasonable number of designated members of staff to provide sufficient coverage. As a school we will also ensure staff have appropriate training and support, relevant to their level of responsibility. Supporting Pupils requires governing bodies to ensure that staff supporting children with a medical condition should have appropriate knowledge, and where necessary, support. 10

It would be reasonable for ALL staff to 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.

As part of the asthma policy, we as a school 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. These should be proportionate, and flexible – and can include phone calls being made or responsible secondary school-aged children asking for the assistance of another member of staff and/or collecting the inhaler (but not checking the register), and procedures for supporting a designated member's class while they are helping to administer an inhaler.

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.

Designated members of staff should be 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.

It is recommended that schools should also ensure that:

- a named individual is responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register;
- at least two individuals are responsible for the supply, storage care and disposal of the inhaler and spacer.

Liability and indemnity

Supporting pupils requires that the Board of Governors ensures that the school has levels of insurance in place to cover staff, including liability cover relating to the administration of medication. This is in place.

Useful links

For convenience both hot links and full URLs are given below.

Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014).

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

Access to Education and Support for Children and Young People with Medical Needs (Welsh Assembly Government Circular No: 003/2010, May 2010)

<http://wales.gov.uk/topics/educationandskills/publications/guidance/medicalneeds/?lang=en>

The Administration of Medicines in Schools (Scottish Executive, 2001),

<http://www.scotland.gov.uk/Publications/2001/09/10006/File-1>

Supporting Pupils with Medication Needs, (Department of Education, Department of Health, Social Services and Public Safety, 2008)

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/>

Getting it right for children, young people and families. Maximising the contribution of the school nursing team: Vision and Call to Action (March 2012).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf Guidance on the use of emergency salbutamol inhalers in schools 12