

GUIDANCE FOR THE USE OF EMERGENCY SALBUTAMOL INHALERS IN SCHOOLS

ADDENDUM TO SUPPORTING PUPILS WITH MEDICATION NEEDS

The purpose of this addendum to *Supporting Pupils with Medication Needs* is to notify schools that from 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows primary and secondary schools in the UK to keep a salbutamol inhaler for use in emergencies.

The policy contained within *Supporting Pupils with Medication Needs* recommends that as well as the reliever inhaler the child or young person should bring daily to school, all parents should provide a spare inhaler to the school. The change in legislation is **not** a change to this policy and schools can continue to implement existing practices if they wish.

The change in legislation will allow an emergency salbutamol inhaler to be used if the pupil's prescribed inhaler and spare inhaler are not available (for example, because they are broken, or empty) and will broaden the choices open to schools as part of the pupil's wider asthma management plan. There is no compulsory requirement for schools to hold an inhaler for emergency use – 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. The protocol can be incorporated into the wider medical conditions policy detailed in *Supporting Pupils with Medication Needs*. The protocol should include the following –:

- Arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medication needs.
- Keeping a copy of the asthma register with the emergency inhaler.
- Having written parental consent for use of the emergency inhaler included as part of a child's medication 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 medication needs.
- Keeping a record of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler.

Supporting Pupils with Medication Needs already cover elements of the emergency inhaler protocol, for example ensuring appropriate support and training for teachers, arrangements for storage, care and disposal of medication, ensuring written consent for administration or supervision of administration of medication, keeping a record of administration of medication, and informing parents in relation to children's own inhalers, and therefore any protocol could simply be expanded to cover the emergency inhaler. Any school which 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 medication needs. The use of an emergency asthma inhaler should also be specified in a pupil's individual medication plan where appropriate.

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

Supply

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, such as a local pharmacy, without a prescription, 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.

A supplier will need a request signed by the principal or head teacher (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.

Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler.

Schools should be aware that pharmacies cannot provide inhalers and spacers free of charge and will charge for them. Inhalers cost approximately £4 each and spacers approximately £10 each.

The 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;
- 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 as detailed in their individual medication plans;

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

Schools should consider keeping more than one emergency asthma kit, especially if covering more than one site, to ensure that all children within the school environment are close to a kit. The experience of some respondents to the 2014 consultation on guidance for asthma inhalers for emergency use suggested a stock of 5 spacers would be adequate for a typical school.

Salbutamol

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.

In a case where salbutamol is administered inadvertently to a child who has not been prescribed an inhaler no serious harm should occur. 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.

Storage and care of the inhaler

A school's asthma policy should include staff responsibilities for maintaining the emergency inhaler kit. It is recommended that if possible 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 and
- replacement inhalers and spacers are available following use.

Schools will wish to ensure that the emergency 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 emergency inhaler and spacers should be kept separate from a child's own inhaler (which they should carry with them) and their spare inhaler (which for Primary Schools should be stored in a nearby location to the pupil preferably the child's individual classroom and a central unlocked room for Post Primary schools). The emergency inhaler should also be clearly labelled to avoid confusion with a child's inhaler.** An inhaler should be primed when first used (e.g. spray two puffs).

To avoid possible risk of cross-infection, the plastic spacer and inhaler should not be reused.

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. To register you should download the application form via the below link, complete and send to Northern Ireland Environment Agency who will send out your registration. Registration is free and normally does not need to be renewed.

http://www.doeni.gov.uk/niea/application_to_register_as_a_lower_tier_carrier_of_controlled_waste.pdf

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 should be recorded in a child's medication 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.

Supporting Pupils with Medication Needs has recommended all schools should keep an asthma register. The asthma register is crucial as in larger schools and secondary schools in particular, there may be many children with asthma, and it will not be feasible for individual members of staff to be aware of which children these are (in primary settings, where a teacher has responsibility for a single class each year this is more reasonable). Consequently, schools should 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. A school may wish to include – with parental consent - a photograph of each child, to allow a visual check to be made.

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

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 with Medication Needs* 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. The draft letter at Annex B may be used to notify parents.

Staff and Training

Within *Supporting Pupils with Medication Needs* there is no contractual responsibility for staff to administer medicines to pupils. Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so.

Staff who volunteer to help administer an emergency inhaler will fall under the term "designated member of staff" and this implies that 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.

Schools should ensure staff have appropriate training and support, relevant to their level of responsibility. *Supporting Pupils with Medication Needs* recommends that all staff, particularly PE teachers, should have training or be provided with information about asthma once a year.

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.

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.

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Children with inhalers will also be able to demonstrate to their teacher how they use it; the school nurse may also be able to advise on appropriate use.

Useful links

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

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

http://www.deni.gov.uk/index/support-and-development-2/special_educational_needs_pg/special_educational_needs-supporting_pupils_with_medication_needs-2.htm

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>

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-gs25>

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

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 and the school also holds a spare inhaler prescribed for my child.
3. In the event of my child displaying symptoms of asthma, and if their inhaler and spare inhaler are not available or are 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.....,

This letter is to formally notify you that.....has had problems with his / her breathing today at o'clock. This happened when.....(description of what student was doing at the time and where he/she was)

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

The inhaler used was (please tick box that applies)

Pupil's own prescribed inhaler

Pupil's own prescribed spare
inhaler

School's emergency inhaler

Number of puffs given.....

Additional information **(if emergency inhaler was used please give reason why the pupil's own or spare inhaler was not accessible)**.

Although they soon felt better, we would strongly advise that you have your son / daughter seen by your own doctor as soon as possible.

Yours sincerely,