



## THE FOREST FEDERATION

# Protocol for the use of emergency salbutamol inhalers in our Federation schools

### Introduction

Following a change in regulations, schools are now able to purchase a salbutamol inhaler without a prescription for use in emergencies when a child with asthma cannot access their own inhaler.

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. A letter is sent annually to parents of children with inhalers in school for written consent. A list of these children is sent to staff. The inhaler can be used if the pupil's prescribed inhaler is not available, for example, because it is broken, out of date (even though a new one has been chased) left at home or empty.

Keeping an inhaler for emergency use will have many benefits, it could potentially save the life of a child. Parents/guardians 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 that they know what to do in the event of a child having an asthma attack.

This document provides a protocol to ensure the safe and effective use of the emergency salbutamol inhaler.

The protocol will provide guidance for:

- Keeping a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler
- Ensuring written parental consent for the use of the emergency salbutamol inhaler is recorded 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
- Ensuring staff are appropriately trained in the use of the emergency inhaler
- Recording the use of the emergency salbutamol inhaler and informing parents/carers that their child has used the emergency inhaler

### 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. It is essential 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.

### Storage and care of the inhaler and the spacer

- Our office staff and a TA in each school are responsible for maintaining the emergency inhaler in order to ensure continuity in staff absence.
  - On a monthly basis one of the nominated members of staff must ensure the inhaler are present and in working order and the inhaler has sufficient number of doses available. The inhaler should be regularly primed (every 3 months) by spraying two puffs.
- The emergency inhaler is stored in a safe and suitably central location:
- such as the school office or staffroom, where all staff have access at all times.
  - @ Rangemore it is in the medical room @ Needwood it is in the medical cupboard.
- They are not locked away.
- The emergency inhaler is out of the reach and sight of children.
- The inhaler is stored below 30°C (86°F) and protected from extremes in temperature and direct sunlight (not close to radiators).
- Replacement inhalers will be obtained when expiry dates approach.
- The plastic inhaler housing (which holds the canister) must be cleaned, dried and returned to storage following use. However, if there is any risk of contamination i.e. the inhaler has been used without the spacer it should be not be reused and disposed of as per guidance.

**Cleaning the inhaler** : 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 its emergency kit located in the designated storage place.

**Disposal of the Inhaler** Expired inhalers must be returned to a pharmacy for destruction. To do this legally, we register as a lower-tier waste carrier.

### **Children who can use the emergency salbutamol 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.

### **Children using a terbutaline reliever inhaler**

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.

### **Consent for using the emergency salbutamol inhaler**

A register listing all children diagnosed with asthma who have received parental consent to use the emergency salbutamol inhaler is available to all staff. This is also listed on their health care plans.

Before the emergency salbutamol inhaler can be used, a check to confirm parental consent has been given must be completed.

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.

All staff have annual asthma training and 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.

### **Recognising asthma symptoms**

#### **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 must 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

- CALL 999 FOR AN AMBULANCE
- 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 inhaler and spacer are brought to them
- Immediately help the child to take two puffs of the salbutamol via the spacer (see guidance below)

### USE OF INHALER

1. Remove the cap from the salbutamol inhaler
2. Shake the salbutamol inhaler 4 or 5 times and prime with 2 doses
3. Insert the salbutamol inhaler into the Volumatic® spacer
4. Insert the Volumatic® mouthpiece into the child's mouth, ensuring their lips form a tight seal around it
5. Ask the child to start breathing in slowly and gently and press the salbutamol inhaler down (the Volumatic® makes a 'clicking' sound as the valve opens and closes)
6. Ask the child to take 4 to 5 breaths through the mouth piece (tidal breathing technique)
7. Gently press the salbutamol inhaler down to release a second dose
8. Ask the child to take 4 to 5 breaths through the mouth piece (tidal breathing technique)
9. Remove the inhaler from the Volumatic®

### If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs

1. 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
2. Stay calm and reassure the child. Stay with the child until they feel better.
3. If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
4. The child's parents or carers should be contacted after the ambulance has been called
5. 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 and informing parents of the use of the emergency inhaler

Use of the emergency inhaler must be recorded on our medicine administration form This includes

- 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/guardian must be informed in writing so that this information can also be passed onto the child's GP. Proforma below:

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today.  
This happened when.....

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 out of date / empty so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. 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,

(This letter is to be altered if a child is taken to hospital etc)

### Staff Responsibilities

Our paediatric first aid trained staff and our First aid in the workplace trained staff as well as others are able to support the use of this protocol and to support the administration of the emergency salbutamol inhaler.

There is a good compliment of trained staff to provide sufficient coverage to implement this emergency protocol. These staff are listed on our first aid lists around school.

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