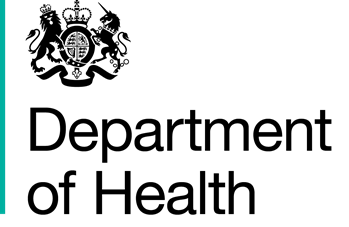
****

**Guidance for the use of emergency salbutamol inhalers in schools**

Contents

[1. About this guidance 2](#_Toc382386721)

[2. Introduction 4](#_Toc382386724)

[3. Arrangements for the supply, storage and disposal of the Inhaler 6](#_Toc382386725)

[4. Children who can use the inhaler 8](#_Toc382386726)

[5. Responding to asthma symptoms and an asthma attack 9](#_Toc382386727)

[6. Staff 13](#_Toc382386728)

[7. Useful links 15](#_Toc382386729)

**The following guidance has been drafted as a basis for public consultation. References which cannot be completed (for example, the title of the proposed regulations), and outstanding issues, are highlighted in bold text within square brackets.**

1. About this guidance

From **[insert date]** the **[insert reference to regulations]** will enable schools **[include details on types of schools]** to keep a salbutamol inhaler, if they wish, for use in emergencies when a pupil’s inhaler is unavailable, broken, empty or has expired. This change applies to all schools in the UK. 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. Schools are not required to hold an inhaler – this is a discretionary power.

**The emergency salbutamol inhaler should only be used by children:**

* **who have been diagnosed with asthma, and prescribed an inhaler;**
* **who have been prescribed an inhaler as reliever medication;**
* **for whom written parental consent for use of the emergency inhaler has been given.**

Please note that only those institutions described in **[Insert reference to regulations]** 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.

This guidance does not apply to schools in Wales, Northern Ireland and Scotland, which as devolved administrations have respective responsibility for issuing 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 should apply to the whole of the UK

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 comes into force in 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*,[[1]](#footnote-1)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* requires schools to:

* develop policies for supporting pupils with medical conditions and review them regularly;
* develop individual healthcare plans for children 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

Asthma is the most common chronic condition affecting children, with one in every eleven children affected. On average, there are two children with asthma in every classroom in the UK.[[2]](#footnote-2) There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.[[3]](#footnote-3)

Children should have their own asthma inhaler at school to treat chronic symptoms and for use in the event of an acute asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

However, 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.[[4]](#footnote-4) Some schools have asked parents to provide a spare inhaler for use in these circumstances, but have encountered difficulties. In one area where this has been tried, only 1 in 4 pupils had a spare inhaler at school. Storing a large number of spare inhalers can also have logistical implications (such as being able to find the correct inhaler quickly in an emergency). However, it is currently illegal for schools to hold emergency salbutamol inhalers for the use of their pupils whose own inhaler is 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. The regulations which enable this are expected to come into force in **[xxxxx]**. The MHRA also recommended that their use be supported by appropriate protocols and this guidance provides advice on what such a protocol should contain.

Any school which chooses to hold an emergency inhaler will need to ensure that its use and management is included in its policy on supporting children with medical conditions, based on *Supporting pupils* and in the individual healthcare plans of children who may need to use the emergency inhaler.

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.

There are a number of resources which provide information on asthma, and how it can be treated listed in section 7 together with contact details for support organisations. This guidance is not intended to be a detailed guide to the diagnosis or treatment of asthma in general. If any member of staff has reason to suspect a child has asthma or a respiratory condition, they should notify the parents, so they can take the child to a doctor. Section 5 gives advice on what to do in an emergency.

**Summary**

Schools that wish to keep an emergency inhaler should have a protocol for its use. The protocol could be incorporated into a wider medical conditions policy (in line with *Supporting pupils)* or asthma policy if the school has one.

The protocol should cover:

* Arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting children with long-term and complex 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.
* That staff are appropriately supported and trained in the use of the emergency inhaler in line with the schools wider policy on supporting t children 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 named people responsible for ensuring the protocol is followed.

A school’s medical conditions policy or asthma policy may already cover elements of the emergency inhaler protocol set out above, for example ensuring appropriate support and training for teachers. Policies will likely already cover elements such as 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 could simply be expanded to cover the emergency inhaler.

1. Arrangements for the supply, storage, care and disposal of the Inhaler

Supply

A community pharmacist can supply the emergency inhalers to a school provided the general advice relating to these transactions are observed.  This requires the supply to be occasional, not for profit and in small quantities.



An emergency asthma inhaler kit should include:

* a salbutamol metered dose inhaler;
* at least two plastic spacers or plastic holding chambers , compatible with the inhaler;
* instructions on using the inhaler and spacer/plastic chamber;
* instructions on cleaning and storing the inhaler;
* manufacturer’s information;
* a record of inhalers including identifying details such as the batch number and expiry date, and a note of the arrangements for replacing the inhaler and spacers (see below);
* a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans.

Spacers / plastic holding chambers are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs.

Large schools, or those spread over more than one site should consider keeping more than one emergency asthma 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. Section 5 provides essential information on the safe use of an inhaler.

Storage

A school’s policy for supporting pupils with medical conditions should include staff responsibilities for maintaining the emergency inhaler kit. It is recommended that at least two named individuals 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;
* replacement spacers are available following use;
* the mouthpiece of the inhaler has been cleaned, dried and returned to storage following use, or that replacements are available if it has to be disposed of.

Schools will wish to ensure that the 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). The inhaler and spacers should 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.

When empty, the inhaler should be disposed of in line with the manufacturer’s guidelines.

Care and disposal

It is recommended that the spacer should not used by more than one child, to avoid risk of cross-infection. After use, the spacer should be given to the child to take home, to use in the future where applicable. We strongly advise that the spacer should not be re-used by the school, even if 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 the inhaler should also not be re-used but disposed of in line with the manufacturer’s instructions and replaced.[[5]](#footnote-5)

1. Children who can use the inhaler

The emergency salbutamol inhaler should only be used by children:

* who have been diagnosed with asthma, and prescribed an inhaler;
* who have been prescribed a reliever inhaler;
* 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.

There should already be procedures in place to ensure that schools are notified of children that have additional health needs and this information, will enable them to compile an asthma register. Some schools will already have such a register as part of an asthma policy or medical conditions policy.

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 a photograph of each child, to allow a visual check to be made.

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 register. Schools should have in their asthma policy a proportionate and flexible approach to checking the register.

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. Schools will want to consider when consent for use of the inhaler is best obtained. Options include:

* obtaining consent at the same time as for administering or supervising administration of a child’s own inhaler under an asthma policy or medical conditions policy, or as part of development of an individual healthcare plan
* obtaining consent at the same time as seeking consent for the Flu vaccination or other vaccinations

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.

1. 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 heart attacks and severe allergic reactions can be mistaken for those of asthma, and the use of the emergency inhaler in such cases will have no positive impact on the child and could lead to a delay in the child getting the treatment they need.

That is why the emergency inhaler should only be used by children who have been diagnosed with asthma, or prescribed a reliever inhaler, and whose parents have given consent for an emergency inhaler to be used.

Staff should be aware in particular of the difficulties very young children may have in explaining how they feel.

It is recommended that each school’s policy on supporting children with medical conditions should include general information on how to recognise and respond to an asthma attack, and what to do in emergency situations. Often guidance provided to schools by local authorities will provide this information. Some schools will already have this information in an asthma policy or medical conditions policy.

**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 a salbutamol 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. If a child regularly displays these symptoms during exercise, a salbutamol inhaler should be used before the period of exercise, to prevent the occurrence of these symptoms and to encourage participation; however a child should use their own inhaler for this routine use.

**Early signs of an asthma attack include**:

* Persistent cough (when at rest)
* Audible wheeze (when at rest)

If a child is displaying the above early signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

**Responding to early signs of an asthma attack**

* The child should be encouraged to sit up and slightly forward.
* The child’s own inhaler should be used if it is available. If it is not (and the child is on the asthma register and has written parental consent for use of the emergency inhaler ) the emergency inhaler and spacer should be used.
* If possible, the member of staff should wash and dry their hands, but not if this would delay treatment (for example, if washing facilities are not close by).
* The inhaler and spacer should be brought to the child, rather than taking the child to them.
* The inhaler should be shaken, and fitted to the spacer and the spacer should be placed in the child’s mouth.
* The child should take two separate puffs from the inhaler via the spacer immediately.
* If there is no immediate improvement the child should take one puff of the inhaler every minute for five minutes, or until their symptoms improve. The inhaler should be removed from the spacer between puffs and shaken.
* The member of staff should stay calm and reassure the child. They should stay with the child until they feel better. The child can return to school activities when they feel better.

Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children.

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

**Late signs of an asthma attack include**:

* 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)
* Being unusually quiet
* Being unable to complete sentences
* Going blue

If a child is displaying the above early signs of an asthma attack, the guidance below on responding to an asthma attack should be followed **while urgent medical attention is sought, e.g. an ambulance is called.**

**Responding to late signs of an asthma attack**

* The child should be encouraged to sit up and slightly forward.
* The child’s own inhaler should be used if it is available. If it is not (and the child is on the asthma register and has written parental consent for use of the emergency inhaler) the emergency inhaler and spacer should be used.
* If possible, the member of staff should wash and dry their hands, but not if this would delay treatment (for example, if washing facilities are not close by).
* The inhaler and spacer should be brought to the child, rather than taking the child to them.
* The inhaler should be shaken, and fitted to the spacer and the spacer should be placed in the child’s mouth.
* The child should take two separate puffs from the inhaler via the spacer immediately.
* If there is no immediate improvement the child should take one puff of the inhaler every minute for five minutes, or until their symptoms improve. The inhaler should be removed from the spacer between puffs and shaken.
* The member of staff should stay calm and reassure the child. They should stay with the child until they feel better. The child can return to school activities when they feel better.

**What to do in an emergency**

An ambulance should be called if there is any doubt about a child’s condition when they are displaying late signs of an asthma attack, and in the following circumstances.

* the child’s own inhaler cannot be located and the parent has not given consent to using the school’s inhaler or
* the child’s symptoms do not improve after 10 puffs of the inhaler or
* the child is either distressed or unable to talk or
* the child is getting exhausted or
* the child’s lips are blue or

Another pupil should be sent to get a member of staff to call an ambulance, whilst a member of staff administers the inhaler.

* The child should continue to take one puff of the inhaler every minute until the ambulance arrives.
* 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 must be informed in writing so that this information can also be passed onto the child’s GP.

1. Staff

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so unless it is included in their contract of employment. 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.

Schools will want to ensure there are a reasonable number of designated members of staff to provide sufficient coverage. In small schools, it may be that all members of staff are designated members of staff.

*S*chools should 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.

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, the school should 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 responsible older 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 should include a procedure for allowing a quick check of the register as part of the initiating of the emergency response. This does not necessarily need to be undertaken by a designated member of staff, but there may be value in a copy of the register being held by at least each designated member. If the register is relatively succinct, it could be 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.

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.

In a number of areas, local asthma teams have provided training for school staff in supporting children with asthma, including use of the inhaler, and schools could contact their local NHS Hospital Trust for information on how children with asthma are supported, and improving links between the NHS and the school.

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 governing bodies ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place, including liability cover relating to the administration of medication.

Local Authorities may provide schools which are administering inhalers with appropriate indemnity cover; however schools will need to agree any such indemnity cover directly with the relevant authority or department.

1. 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).**](http://www.education.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1947&external=no&menu=1)

[www.education.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1947&external=no&menu=1](http://www.education.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1947&external=no&menu=1)

[***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)

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

***[Supporting Pupils with Medication Needs](http://www.deni.gov.uk/index/support-and-development-2/special_educational_needs_pg/special_educational_needs-supporting_pupils_with_medication_needs-2.htm)*[, (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)**

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

[**Asthma UK Website**](http://www.asthma.org.uk/)

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

**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)**

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

[**NICE Quality Standard**](http://publications.nice.org.uk/quality-standard-for-asthma-qs25)

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

[**Children and Maternal Health Intelligence Network**](http://www.chimat.org.uk/)

<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>

Comments on this protocol can be sent to:

Pat Parris

Disabled and Ill Child Services Team

Social Care, Local Government and Care Partnerships Directorate

310, Department of Health, Richmond House

79, Whitehall, London, SW1A 2NS

[pat.parris@dh.gsi.gov.uk](mailto:pat.parris@dh.gsi.gov.uk)

Annex A

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. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is 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: …………………………………………………………………………………………………………………………….

1. The draft guidance is available at: [www.education.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1947&external=no&menu=1](http://www.education.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1947&external=no&menu=1) [↑](#footnote-ref-1)
2. Asthma UK, ‘Asthma Facts and FAQs’, <http://www.asthma.org.uk/asthma-facts-and-statistics> [↑](#footnote-ref-2)
3. The NHS Atlas of Variation in Healthcare for Children and Young People gives the numbers of emergency admissions of children and young people for asthma in each former PCT / local authority area <http://www.sepho.org.uk/extras/maps/NHSatlasChildHealth/atlas.html> [↑](#footnote-ref-3)
4. Asthma UK survey. [↑](#footnote-ref-4)
5. This advice is in line with the British Thoracic Society’s *The use of placebo inhaler devices, peak flow meters and inspiratory flow meters in clinical practice. Practical Recommendations* (2005) <http://www.brit-thoracic.org.uk/Portals/0/Clinical%20Information/Asthma/Other%20useful%20links/placeboinhalersfinal.pdf> [↑](#footnote-ref-5)