



The Castle Partnership Trust
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ASTHMA AND INHALERS IN SCHOOL POLICY

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Due for review: Autumn Term 2021

This policy should be operated in conjunction with the Medical & First Aid Policy

Introduction and General Principles

The staff, Directors and Governors at the Castle Partnership Trust are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions.

This policy is designed to support the management of Emergency Asthma Inhalers in school as recommended by the Department of Health and amendments to the Human Medicines Regulations 2012 to allow supplies of emergency salbutamol inhalers to schools.

Rationale

At The Castle Partnership Trust 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 schools maintain records 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 The Castle Partnership Trust 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. 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. Since 1st October 2014 schools have been enabled to hold emergency salbutamol inhalers.

It is our Trust 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, there are occasions when children forget or lose inhalers and it is on these occasions that this policy is intended to support students.

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known; they 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 holding 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 the 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.

Roles

Directors/ Governors	To ensure the policy on supporting children with medical conditions is adhered to. To ensure Health and Safety guidelines are followed in the storage and disposal of medicines. To ensure those administering the inhaler are trained
Headteachers	To ensure that the policy is followed and that the personnel are fully trained to administer emergency inhalers.
Welfare/medical officer	<p>To identify students with asthma and contact parents to set up an Individual Healthcare Plan. To maintain this and update annually or as appropriate. To obtain written parental consent for the emergency use of the inhaler from each parent/carer.</p> <p>To maintain a list of those allowed to receive emergency inhaler treatment. Ensure other first aiders are aware of this list and are trained.</p> <p>To organise the purchase of the emergency inhaler and relevant equipment.</p> <p>To store the emergency inhaler securely, maintain it hygienically and ensure it is in date, replacing as necessary.</p> <p>Maintain a record of use of the emergency inhaler. Ensuring parents/carers are informed following the use of the emergency inhaler.</p>
Staff	To be aware of potential symptoms of an acute asthma attack and seek help/emergency inhaler promptly or if child has their own inhaler instruct them to use it. If acute emergency phone 999 for ambulance.
Parents/carers	<p>To cooperate with the school in setting up an individual Healthcare Plan where relevant.</p> <p>To ensure their child has in-date inhalers in school.</p>

ANNEX A

Protocol arrangements for the supply, storage, care and disposal of the inhaler

Supply

The Castle Partnership Trust will buy salbutamol inhalers and “spacers” from a reputable pharmaceutical company to enable each school to hold more than one emergency asthma kit.

The emergency kit

Upon the advice outlined in the Department for Health 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 (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).

Storage and care of the inhaler

Care of the emergency inhalers will be the responsibility of the designated First Aiders at each school.

- On a monthly basis the inhaler and spacers will be checked to ensure they are in working order and have a 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 Trust we will ensure that the inhaler and spacers are kept in a safe and suitably central location in the schools, which are 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 inhalers 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 when not used over a period of time. It should be regularly primed by spraying two puffs at least once a month.

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 Department for Health guidance, manufacturer's guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. The Trust will register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. This is a one off 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 and this information.

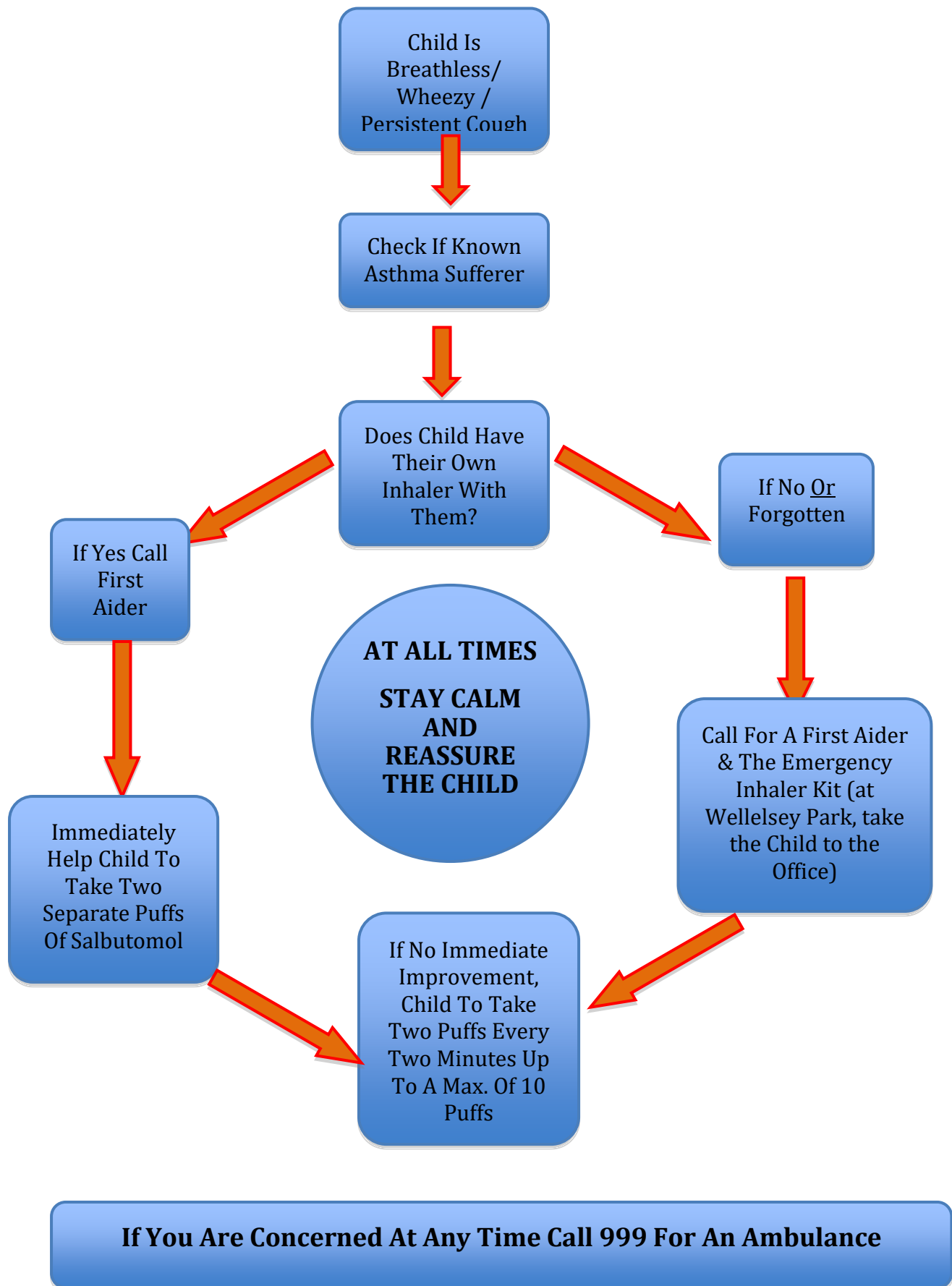
As a Trust we will ensure that the asthma list is easy to access, and is designed to allow a quick check of whether or not a child is recorded as having asthma, and

whether parental consent for an emergency inhaler to be administered has been given. This will include – with parental consent - a photograph of each child, to allow a visual check to be made.

An example of the consent form is to be uploaded onto each of the school's websites under the 'Downloadable Forms'. As a Trust we will consider when consent for use of the inhaler is best obtained. Options include:

- Obtaining consent when a child joins the Trust.
- 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.
- Keeping a record of parental consent on the asthma list 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.



ALL FIRST AIDERS ARE TRAINED IN THE USE OF INHALER'S AND SPACERS

The Emergency Asthma Kit will include:

- A Salbutamol metered dose inhaler
- A plastic "spacer" compatible with the inhaler
- Instruction on using the "spacer" and inhaler
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- Expiry date and monthly checks recorded
- Arrangements for replacing the inhaler and "spacer"
- A list of children permitted to use the inhaler
- A record of administration