



1. INTRODUCTION

Asthma is a long-term medical condition that affects the airways – the small tubes that carry air in and out of the lungs. Children and young people with asthma have airways that are almost always red and sensitive (inflamed). Asthma triggers then irritate these airways, causing them to react.

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

The emergency salbutamol inhaler should only be used by pupils for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma or prescribed an inhaler. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, left at home or empty).

Keeping an inhaler for emergency use will have many benefits and it could potentially save the life of a pupil. 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 pupil having an asthma attack.

This document provides a protocol that should be adopted by the school to ensure the safe and effective use of the emergency salbutamol inhaler.

The protocol will provide guidance for:

- The supply, storage, care, and disposal of the emergency salbutamol inhaler and spacers.
- Creating a register of pupils 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 pupil's individual healthcare plan.
- Ensuring that the emergency inhaler is only used by pupils with asthma, or a medical respiratory condition, 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.

The protocol must be referred to in the school's strategy for supporting pupils at school with medical conditions.

2. SUPPLY, STORAGE, CARE AND DISPOSAL OF THE EMERGENCY SALBUTAMOL INHALER

2.1. Supply of emergency salbutamol inhaler kit

Emergency salbutamol inhalers and spacers will be supplied by Hutchesons' Grammar School.

Emergency Asthma inhaler kits are in Matron's office at both sites, School office (Secondary school), Sports Base and all Sports' Grounds.





The emergency asthma kit will include:

- Two salbutamol metered dose inhalers,
- 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; (product information leaflets will be supplied for the salbutamol inhaler and spacer devices),
- An emergency inhaler kit monitoring log. This will record all monthly checks, carried out by matron and any usage that may have occurred. The log will also include the expiry date and batch number of the salbutamol inhalers,
- A list of pupils and their photograph permitted to use the emergency inhaler,
- A record of administration (i.e. when the inhaler has been used) This form will be given to the pupil to give to a parent.

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 pupil 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 pupils who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Spacer

A spacer is a plastic container, with a mouthpiece at one end and a hole for the aerosol inhaler at the other. Spacers only work with an aerosol inhaler.

Using a spacer device can help those who have difficulty coordinating the use of their inhaler with breathing in, particularly young pupils or those who have difficulty with breathing in and 'pressing' their inhaler at the same time. It increases the amount of drug that gets into the lungs.

2.2. Storage and care of the inhaler and the spacer

- Matrons (Aneesah Mustafa and Lindsey Alexander) are responsible for maintaining the emergency inhaler kits. All staff must be notified about the location of each kit.
- Do not lock the salbutamol inhaler and spacer away.
- The emergency inhaler kit must be out of the reach of pupils. The inhaler must be stored below 30°C (86°F) and protected from extremes in temperature and direct sunlight (not close to radiators).
- Store the emergency salbutamol inhaler and spacers separate from the named prescribed inhalers.
- Prime the emergency inhaler when first used (e.g. spray two puffs) as it can become blocked when not used over a period of time.
- On a monthly basis one of the Matrons must ensure the inhaler and spacers 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. Replacement inhalers must 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 not be reused and disposed of as per guidance.

2.3. 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.

2.4. Disposal of the Inhaler

All expired inhalers must be returned to Matron's Office to be placed in Blue Pharmaceutical waste unit.

3. PUPILS WHO CAN USE THE EMERGENCY SALBUTAMOL INHALER

3.1. Pupils using a terbutaline reliever inhaler

A pupil 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 pupils if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

3.2. Consent for using the emergency salbutamol inhaler

- A register listing all pupils diagnosed with asthma who have received parental consent to use the emergency salbutamol inhaler must be compiled.
- The school should seek written consent from parents of pupils on the asthma register to allow them to use the salbutamol inhaler in an emergency.
- Consent for using the emergency salbutamol inhaler should be noted in the pupil's individual medical notes on the school MIS.
- The school must ensure that the compiled register of consent is easy to access, (i.e. within the emergency kit) and is designed to allow a quick check of whether or not a pupil is recorded as having asthma, and consent for an emergency inhaler to be administered has been recorded.
- Before the emergency salbutamol inhaler can be used, a check to confirm parental consent has been given must be completed.

Consent should be updated annually – to take account of changes to a pupil's condition.

4. RESPONDING TO ASTHMA SYMPTOMS AND AN ASTHMA ATTACK

Salbutamol inhalers are intended for use where a pupil 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 pupil getting the treatment they need. For this reason, the emergency inhaler should only be used by pupils 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.





4.1. 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 pupil to be sent home from school or to need urgent medical attention.

Signs of an asthma attack may 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 pupil is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack must be followed.

Responding to signs of an asthma attack

- Keep calm and reassure the pupil,
- Encourage the pupil to sit up and slightly forward,
- Use the pupil's own inhaler – if not available, use the emergency inhaler,
- Remain with the pupil while inhaler and spacer are brought to them,
- Immediately help the pupil to take two puffs of the salbutamol via the spacer (see guidance below),
- If there is no improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs or until their symptoms improve.

If Condition Deteriorates

- CALL 999,
- Be ready to perform CPR if necessary,
- Inform Parent,
- A member of staff should always accompany a pupil to hospital in an ambulance in the absence of a parent or carer.





Using a spacer with the Salbutamol 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 spacer,
4. Insert the mouthpiece into the pupil's mouth, ensuring their lips form a tight seal around it,
5. Ask the pupil to start breathing in slowly and gently and press the salbutamol inhaler down (the spacer makes a 'clicking' sound as the valve opens and closes),
6. Ask the pupil to take 4 to 5 breaths through the mouthpiece (tidal breathing technique),
7. Gently press the salbutamol inhaler down to release a second dose,
8. Ask the pupil to take 4 to 5 breaths through the mouthpiece (tidal breathing technique),
9. Remove the inhaler from the spacer,
10. The inhaler should be shaken between puffs.

4.2. Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler must 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. (Written records to be kept of medicines administered to pupils). Enclosed in the Emergency Asthma Kits is a logbook for administration of inhaler and a record of medication slip to be given to the pupil for their parent. The pupil's school health record must be updated following any clinical incident. The pupil's parents/guardian must be informed in writing.

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 pupil 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,

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.

They will be responsible for overseeing the protocol for use of the emergency inhaler, monitoring its implementation and for maintaining the emergency inhaler kit register. They will also be responsible for the supply, storage care and disposal of the inhaler and spacer. These individuals will also be trained to administer the emergency salbutamol inhaler. There will be non-compulsory staff training provided annually at the start of each new academic term.





5. STAFF RESPONSIBILITIES

The school must ensure there is a reasonable number of trained staff to provide sufficient coverage to implement this emergency protocol.

All teaching staff receive annual training. The school will ensure staff has appropriate training and support, relevant to their level of responsibility.

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.

Matrons will be required to make a check of the list of authorised pupils who have parental consent for using the emergency salbutamol inhaler as part of initiating the emergency response. A copy of the authorised list will also be kept with every emergency salbutamol inhaler kit.

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The Governors of Hutchesons' Educational Trust, Registered Charity Number SC002922, is the governing body of Hutchesons' Grammar School.





APPENDIX A – ASTHMA ATTACK FLOW CHART

