



Policies

School Emergency Salbutamol Inhaler Operating Procedure

Signed by
Chair of Governors

Next Review – September 2022



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Rationale

The school asthma policy recommends that as well as the reliever inhaler the student brings daily to school, parents should provide a spare inhaler as well. However, if their prescribed inhaler and spare inhaler does not work or is not available the student may be offered the school generic inhaler.

Purpose

This operating procedure details the process taken by all parties to enable the process for the use of the school emergency salbutamol inhaler.

Guidelines

This School operates the use of the Generic Inhaler on an 'opt out' basis.

Roles & Responsibilities

The following roles and responsibilities are used for the asthma policy at this school.

- Parents
- Students
- Health Care Officer
- Special Educational Needs coordinators
- Student Services
- School Office
- Lead Learning Intervention Manager
- School Trip Leader
- Senior Leadership Team
- Education Support Officers
- Local doctors and specialist healthcare professionals

Signs of asthma attack

As a school we require any students with asthma have a healthcare plan provided by the parents/carers. These plans inform the school of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. It is the parent responsibility to ensure HCP's are returned to enable the student to be added to our asthma register.

The school recognise that signs of an asthma attack are:

- Dry cough or persistent cough when at rest
- Wheeze (a 'whistle' heard on breathing out)
- Difficulty in breathing (child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight'

If a child shows these symptoms the school will follow the guidance for responding to an asthma attack as recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- Has blue/white tinge around lips
- Is going blue
- Has collapsed

In the event of an asthma attack

All staff who come into contact with a student know what to do in the event of an Asthma attack and can recognize signs and symptoms.

Signs that a student may be having an asthma attack include:

- Symptoms are getting worse (cough, breathlessness, wheezing or tight chest).
- Reliever inhaler (usually blue) isn't helping.
- Student may be too breathless to speak or eat.
- Student's breathing is getting faster and it feels like they can't catch their breath.
- Student may also complain of a tummy or chest ache.

The symptoms won't necessarily occur suddenly. In fact, they often come on slowly over a few hours or days.

Emergency Procedure

Sit student upright in the W position (sit upright against a wall or flat surface and bend the knees to a 45 degree angle). Encourage to take slow, steady breaths.

Remain calm. Asthma can be made much worse through panicking.

- Tell them to take 1 puff of their reliever inhaler (usually blue) every minute, up to a maximum of 10 puffs.
- Get Health Care Officer or reception to call 999 for an ambulance if no inhaler is available; symptoms are getting worse despite using the inhaler; there is no improvement after taking 10 puffs or you're worried at any point.
- If the ambulance hasn't arrived within 15 minutes, repeat step 2.

Never be afraid of calling for help in an emergency.

If student's symptoms improve and there isn't a need to call 999, arrange for contact to be made with parents/guardians with the advice that they should get an urgent

same-day appointment to see the GP or asthma nurse.

IF NO INHALER IS AVAILABLE PLEASE FOLLOW THE ABOVE PROCEDURE
USING THE SCHOOL INHALER WHICH IS KEPT BEHIND RECEPTION.

Guidelines

Please record on Bromcom ALL of the following when reporting on an asthma attack.

- What happened to cause the attack?
- Did the child lose consciousness?
- How did they appear afterwards?
- Confirm that the Emergency Procedure was followed.
- If the school inhaler has been used or a student needed assistance using their inhaler The Health Care Officer and the Parent/Carer MUST be notified.

The use of these guidelines will be monitored by the Head teacher and will be reviewed annually.

8 steps to get the correct inhaler technique

- Take off the cap and shake the inhaler
- Put the inhaler into the end of your spacer
- Breathe out gently as long as feels comfortable
- Put the mouthpiece between your teeth and lips, making a seal so no medicine can escape
- Press the canister to put one puff of your medicine into the spacer
- Breathe in slowly and steadily (not hard and fast) through the mouthpiece
- Remove the spacer from your mouth and hold your breath for 10 seconds (or for as long as is comfortable) then breathe out slowly through your nose
- If you need a second dose, wait 30 seconds, remove the inhaler, shake it and repeat the steps above.

OR, if you find it hard to hold your breath, carry out steps 1 to 6 as above, then:

Keep the spacer in your mouth with your lips sealed around it and breathe in and out of the mouthpiece five times. Repeat the steps for each dose needed. Research has shown breathing in and out in this way, using your spacer, is just as effective as holding your breath for 10 seconds as above.