## **Emergency Asthma Inhalers in Schools A Guide for parents**



Aspire and Achieve





This guide has been produced in conjunction with Safety First Aid www.safetyfirstaid.co.uk

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From the 1st October 2014 the <u>guidance</u> use of Salbutamol inhalers in schools has changed to allow schools to buy and use inhalers without prescription, for use in emergencies.

Emergency Salbutamol inhalers can only be used by the school on a child who has been diagnosed with asthma or has previously been prescribed an inhaler. If the child is suffering from an asthma attack and their own inhaler is not available, broken or is empty, then the school emergency Salbutamol inhaler can be used.

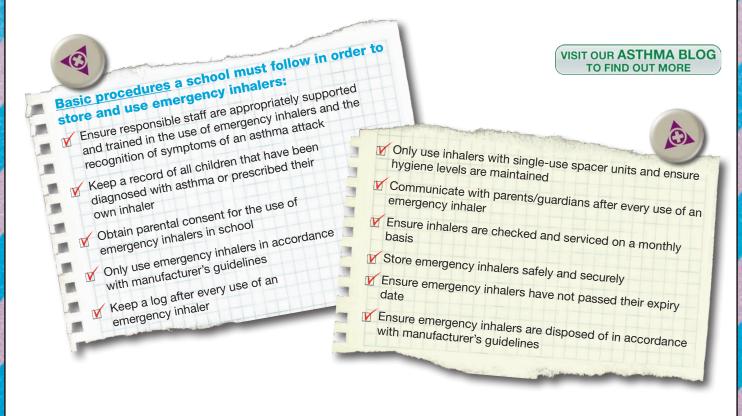
These changes apply to both primary and senior schools in England. Schools are not required by regulation to hold emergency inhalers. Head Teachers/Principals hold discretionary powers to store and use emergency inhalers as long as the school follows some **basic procedures**.

There are many benefits to schools keeping emergency inhalers. They can stop a child having unnecessary and traumatic trips to hospital and potentially **save lives**. This will also give parents a greater peace of mind in sending their child to school.



Salbutamol is a relatively safe medicine to use. As with all medicine, there can be some side effects which include feeling shaky, trembling and/or an increased heart rate. The largest risk when taking Salbutamol comes from allowing a child to take a dose from an emergency inhaler when they are out of breath rather than suffering from an asthma attack. Schools need to abide by some **basic procedures** to ensure this does not happen. These include providing responsible adults with training on the symptoms of an asthma attack and only allowing a child that has been diagnosed with asthma and prescribed with their own inhaler to use an emergency inhaler.

Parental consent to use an emergency inhaler must be given to the school.



## How to recognise an asthma attack

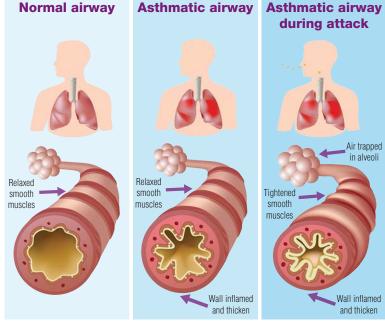
Asthma is a chronic inflammatory illness that affects the airways within the lungs. The most common type of asthma is allergic asthma. However, an attack can be induced by a variety of other factors including infection, exercise, exertion and stress.

When exposed to 'triggers' such as **dust**, **smoke**, **physical exercise** and **cold air**, the airways (bronchi) contract, causing breathing difficulties for the child.

The constriction of the airways gradually reduces the amount of oxygen running through the body and affects its ability to function properly.

An attack may become life threatening if it is prolonged.

Prompt first aid response can help to stop an asthma attack in its tracks and may even save a child's life.





As a general rule, an asthma attack can be identified by the following symptoms:

- A wheezing sound when breathing out.
- Distress owing to breathing difficulties.
- Difficulty communicating owing to shortness of breath. Some children will go very quiet.
- Nasal flaring.
- A child may try to tell you their chest feels tight. Younger children may express this as tummy ache.

Call an ambulance immediately and commence asthma attack procedure if the child:

- Has a blue tinge around extremities such as fingertips and lips.
- Appears to be going blue.
- Is visibly exhausted.
- Has collapsed.
- Or if you feel you are unable to cope with the situation.



## Action in event of an asthma attack

Witnessing an asthma attack can be very distressing. It is important you remain calm in order to keep the child calm.





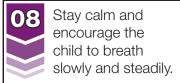




If the child does not feel better or you are worried at any time before you have reached the 10 puffs, call 999 for an ambulance.



Salbutamol Inhaler to be used.









On arrival of the ambulance, inform the emergency personnel the number of puffs that the child has taken and the amount of time that has elapsed since the start of the asthma attack.