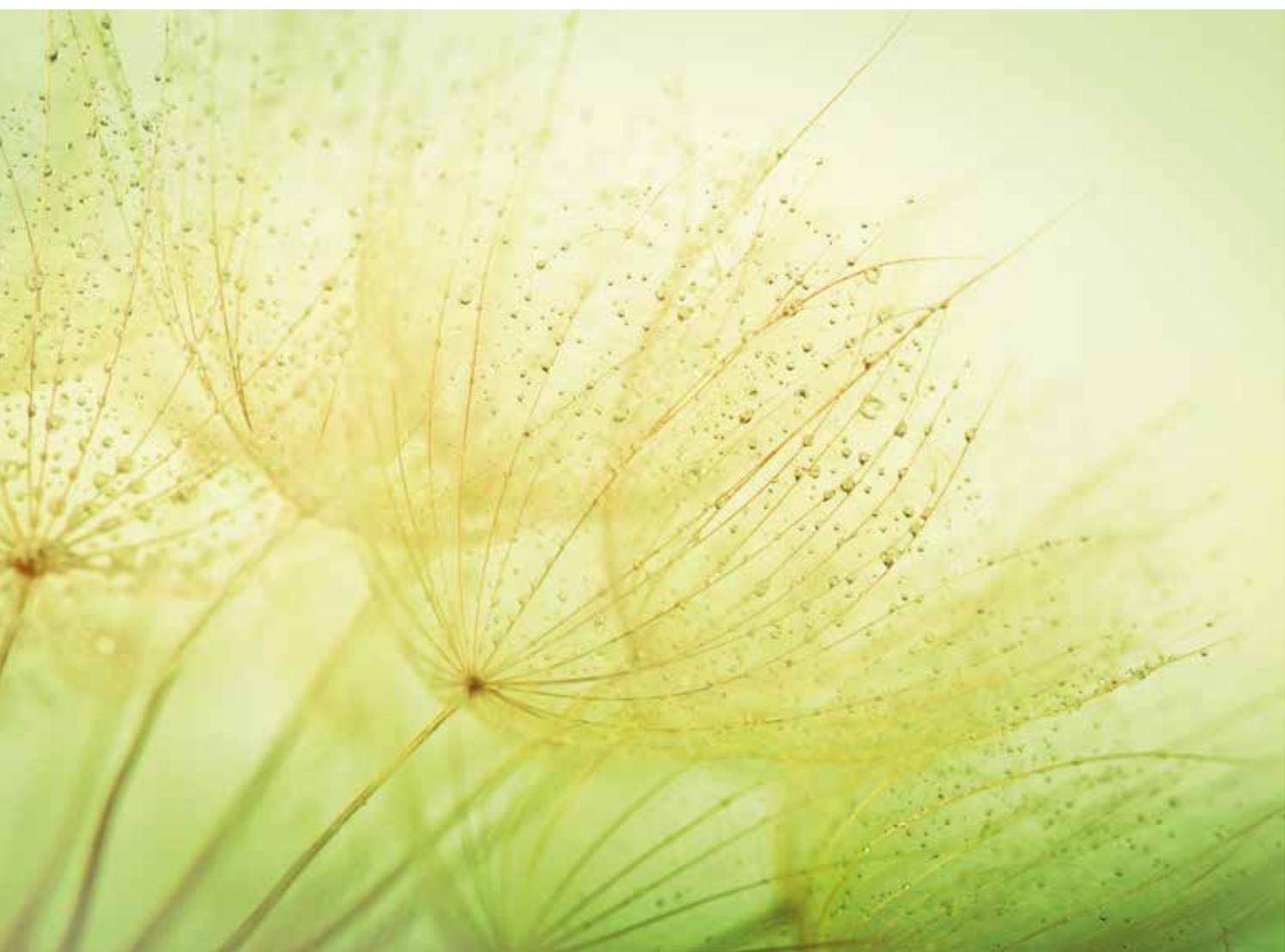




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Guidance on the use of emergency salbutamol inhalers in schools in Wales



Guidance

Welsh Government circular no: 015/2014

Date of issue: October 2014

Guidance on the use of emergency salbutamol inhalers in schools in Wales

Audience	Local authorities; all maintained nursery, primary, secondary, special schools and pupil referral units; interested organisations.
Overview	This guidance document is primarily to provide advice to schools and local authorities on changes to UK regulations which allow schools to hold emergency salbutamol inhalers.
Action required	To be brought to the attention of all managers, staff and relevant health care professionals working within a school environment.
Further information	Enquiries about this document should be directed to: Additional Learning Needs Branch Support for Learners Department for Education and Skills Welsh Government Cathays Park Cardiff CF10 3NQ Tel: 029 2082 6144 e-mail: AdditionalLearningNeedsBranch@wales.gsi.gov.uk
Additional copies	This document can be accessed from the Learning Wales website at http://learning.wales.gov.uk/resources/browse-all/use-of-emergency-salbutamol-inhalers-in-schools-in-wales/?lang=en
Related documents	<i>Access to Education and Support for Children and Young People with Medical Needs</i> (2010) The above document is available on the Learning Wales website.

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Introduction

Asthma is the most common chronic childhood condition, and rates of asthma in Wales are amongst the highest in the world – affecting one in every nine children¹. On average, there are two children with asthma in every classroom².

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 out³.

In response to this and following advice from the Commission on Human Medicines, in 2013 the Medicines and Healthcare Products Regulatory Agency (MHRA) recommended changes to UK legislation to enable schools to hold emergency salbutamol inhalers⁴.

Following agreement by the UK Government and Welsh Government, an amendment to the Human Medicines (Amendment) (No. 2) Regulations 2014⁵ allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies from 1 October 2014. This change applies to maintained nurseries, primary, secondary and special schools, pupil referral units and independent schools in Wales.

Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do so if they wish. The emergency inhaler can be used if the child or young person's prescribed inhaler is not available, for example because it is broken or empty, and should only be used by children or young people:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;

AND for whom the written parent/carer consent for use of the emergency inhaler has been given.

The MHRA recommended that schools which choose to keep an emergency inhaler should establish a policy around its use. Therefore this non-statutory guidance has been developed by the Department for Education and Skills with the Department for Health and Social Services to provide advice on what such a policy should contain.

This guidance supports the Welsh Government's on-going commitment to the United Nations Convention on the Rights of the Child, as encapsulated in the Rights of Children and Young Persons (Wales) Measure 2011, particularly in ensuring a child's rights for basic care and survival (Article 6).

¹ Asthma Cymru, 'About us – Around the UK', <http://www.asthma.org.uk/cymru>

² Asthma UK, 'Asthma Facts and FAQs', <http://www.asthma.org.uk/asthma-facts-and-statistics>

³ Asthma UK survey.

⁴ For the use of this guidance, the term 'school' will refer to all maintained nurseries, primary, secondary and special schools, pupil referral units and independent schools in Wales.

⁵ http://www.legislation.gov.uk/ukxi/2014/1878/pdfs/ukxi_20141878_en.pdf

Information for schools and local authorities

As referred to in the Welsh Government's guidance [Access to Education and Support for Children and Young People with Medical Needs](#) ('medical needs' guidance) it is good practice for schools to have a policy in place to meet the needs of children and young people with medical needs, including relevant staff training, and the development of individual health care plans in liaison with parents/carers, the local authority and other professionals. It is recommended that this includes a policy around asthma.

The Welsh Government is intending to combine this guidance on emergency inhalers with its 'Access to Support and Education for Children and Young People with Medical Needs' guidance document, following the completion of a review into medical needs in schools. This combined guidance will be subject to a full consultation at that time.

Emergency inhaler policy

Keeping an inhaler for emergency use in schools may have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child or young person and potentially save their life. Parents/carers are likely to have greater peace of mind about sending their child to school.

If the school chooses to hold an emergency inhaler, a policy on its use is required. It should include how and when the emergency inhaler can be used and inform staff of how to deal with an asthma attack. It is suggested that the emergency inhaler policy should be incorporated into the individual school's medical needs policy or asthma policy, which may already cover related elements, such as:

- Maintaining an up to date register of children and young people who have been diagnosed with asthma / prescribed a reliever inhaler. A copy of this should be stored with the emergency inhaler to allow staff members to check parental/carer consent in the event of an asthma attack
- General information on how to recognise and respond to an asthma attack and what to do in emergency situations
- Ensuring the emergency inhaler is only used by children or young people with written parental/carer consent and that this consent forms part of the child or young person's individual health care plan. (Further information on health care plans is found in chapter 2 of the [Medical Needs](#) guidance)
- Arrangements for the appropriate supply, storage, care, use and disposal of the emergency inhaler and spacers, following manufacturers instructions
- Appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on medical needs

- Keeping an effective record of use of the emergency inhaler and informing parents/carers that their child has used the emergency inhaler, in writing
- Ensuring the emergency inhaler kit/s are up to date and that the number of kits covers the needs of the school (e.g. across different sites) and making appropriate arrangements when taking children and young people who have been prescribed an inhaler off school grounds
- Having at least two volunteer members of staff responsible for ensuring the policy is followed. There are a number of asthma weblinks listed at the end of this guidance, which may be helpful in producing an emergency inhaler policy.

This guidance is not intended to be a detailed guide to the diagnosis or treatment of asthma in general. If a member of staff has reason to suspect a child or young person has asthma or a respiratory condition, the parents/carers should be notified so they can take their child to a doctor.

Consent from parents/carers

The school should seek written consent for the use of an emergency inhaler from parents/carers of children and young people who have been prescribed an inhaler. A template consent form is at Annex A. Schools will want to consider when and how to remind parents/carers to send in the emergency inhaler consent forms, and also how to keep this information relevant and up to date. Options include:

- obtaining consent at the same time as consent is sought for administering or supervising administration of a child or young person'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
- obtaining consent at the start of a new academic year

Keeping a record of parental/carer consent on the asthma register will also enable staff to check quickly whether a child or young person is able to use the inhaler in an emergency. The asthma register should be kept up to date.

Asthma register

Implementing and maintaining an up to date register of children and young people who have been diagnosed with asthma / prescribed a reliever inhaler is crucial (especially in larger or secondary schools) to enable easy identification of children or young people who may need the emergency inhaler. An up to date copy should always be kept with the emergency inhaler to allow staff members to check for parental/carer consent in the event of an asthma attack.

Schools should ensure the asthma register:

- Is easy to access at all times, and considers the confidentiality of information
- Is in a location that staff members are aware of
- Is easy to read – clearly stating if a child or young person has been prescribed an inhaler and has parental/carer consent to use the emergency inhaler
- Where possible, includes a photograph of the child or young person as submitted by the parent/carer, for identification purposes in an emergency
- That a copy of the asthma register is always kept with the emergency inhaler

Children and young people with asthma in school

Children and young people should have their own labelled reliever inhaler at school to treat acute symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler with them, and if not, it should always be easily accessible to them, including during physical education (PE), sports activities and educational visits.

Support should be given, for example individual health care plans, asthma school cards could be provided by parents/carers and regular training and support for staff.

Younger children and asthma

Younger children in early years settings may not be able to verbalise when their asthma symptoms are getting worse or take medication without assistance. It is imperative that early years and primary school staff know how to identify asthma symptoms and know what to do in the event of an asthma attack.

Younger children, or those who need assistance, may use a spacer device with their inhaler. A spacer is a plastic chamber with a mouthpiece at one end and a hole for the inhaler at the other. Spacers only work with an aerosol inhaler. Two deep breaths are taken per puff of the inhaler when using a spacer. It is important the spacer is the correct model for the inhaler. The community pharmacy which supplies the inhaler and spacer should make sure they are compatible.



Fig. 1: a child being helped to use an inhaler with a spacer, for illustrative purposes only. Source NHS Library

Responding to asthma symptoms and an asthma attack

The Asthma Attack Procedure diagram at page 9 sets out what to do in an emergency. This is in a large format, which could be used as a poster in appropriate areas of the school.

The emergency inhaler is intended for use where a child or young person has been prescribed an inhaler. Symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for asthma, and the use of the emergency inhaler in such cases could delay treatment. If in doubt, it may be safer to use the emergency inhaler and call for an ambulance.

The emergency salbutamol inhaler should only be used by children or young people:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;

AND for whom written parental/carer consent for use of the emergency inhaler has been given.

Common 'day to day' symptoms of asthma may include:

- 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 the child or young person's own inhaler and rest (e.g. stopping exercise). They would not usually require to be sent home from school or need urgent medical attention.

However, if a child or young person is displaying early signs of an asthma attack they should be treated according to their individual health care plan where possible, and the Asthma Attack Procedure should be followed. If a spacer is used, the child can take it home with them (to avoid the possible risk of cross-infection, the spacer should not be reused by the school) and the school will need to obtain a new spacer promptly.

Early signs of an asthma attack may include:

- Persistent cough (when at rest)
- A wheezing (whistling) sound coming from the chest (when at rest)
- Shortness of breath or difficulty breathing (the child could be breathing fast and with effort)
- Nasal flaring (the nostrils move with breathing)
- Unable to talk or complete sentences
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)
- Being unusually quiet

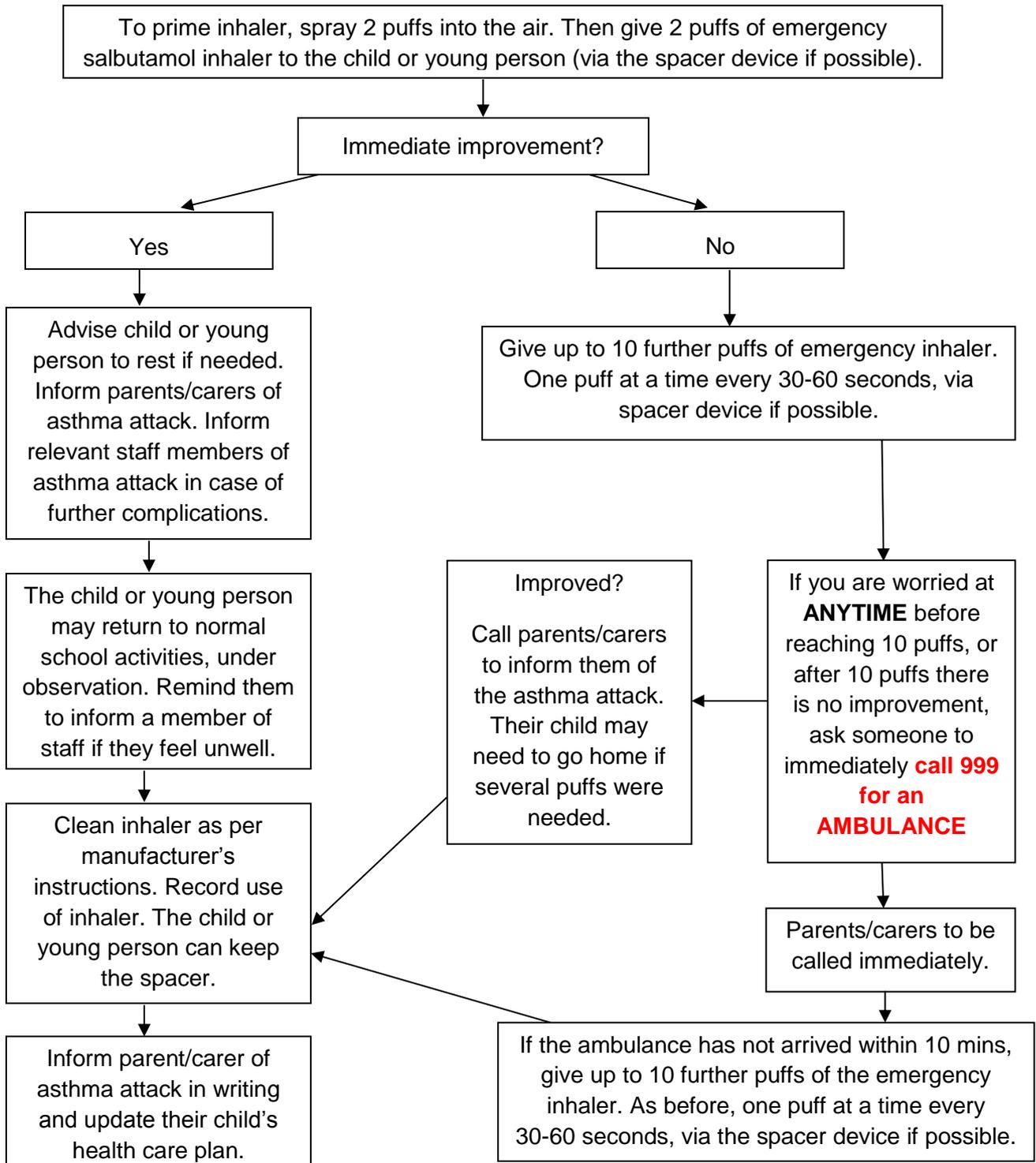
An ambulance and parents/carers should be called immediately if the child or young person is:

- Exhausted
- Too breathless to speak
- Going blue/has a blue or white tinge around lips
- Collapsed
- Not showing sufficient improvement in symptoms after 5-10 minutes

To note: a child or young person may be prescribed a different reliever inhaler to salbutamol e.g. terbutaline. The salbutamol inhaler should still be used if their own inhaler is not accessible – it will help to relieve their asthma and could save their life.

Asthma attack procedure

- Keep calm and reassure the child or young person, and do not leave them alone.
- Encourage them to sit up and slightly forward, and to take slow steady breaths.
- Use their inhaler, or if unavailable, stay with them whilst the emergency inhaler kit is brought to you. Check consent in the asthma register. Use the inhaler, as below:



To note: a child or young person may be prescribed a different reliever inhaler to salbutamol e.g. terbutaline. The salbutamol inhaler should still be used if their own inhaler is not accessible – it will help to relieve their asthma and could save their life.

Practical steps following use of the emergency inhaler

After following the Asthma Attack Procedure, the inhaler must be cleaned as per the manufacturer's instructions and returned to its usual storage place. If a spacer was used, the child can take it home with them (to avoid the possible risk of cross-infection, the spacer should not be reused by the school) and the school will need to obtain a new spacer promptly. Consideration must be given to when a new inhaler should be obtained, an inhaler usually contains 100 puffs.

Details of the use of the emergency inhaler should be recorded promptly, including:

- Date/Time/Location used (e.g. 05/03/2015, 11am, PE lesson)
- How many puffs of the inhaler were given and by whom
- Was a spacer used? Was it given to the child to take home, as recommended (spacers should not be reused by the school in case of cross-infection)
- An account of what happened, and any relevant details to the asthma attack, e.g. child returned to class under observation, parent/carers made aware.

The child or young person's parents/carers should be informed of the asthma attack promptly. This should be followed up in writing, so information can be passed onto their child's doctor if needed. A copy of the letter could be kept as part of the child or young person's health care plan, and this should also be updated where appropriate.

The emergency inhaler and emergency inhaler kit(s)

Schools should buy the salbutamol inhalers and spacers from a community pharmacy – a prescription is not needed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit.

A community pharmacy will need a request signed by the headteacher, ideally on appropriately school headed paper, stating:

- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity of inhalers and spacers required.

Community pharmacists can provide advice on the use of inhalers and schools may wish to discuss the different spacers to be used with their inhaler, as they can differ. Schools should be aware that pharmacies will charge for the cost of the inhaler and spacer and may also add a handling charge.

Schools should consider keeping more than one emergency inhaler kit, especially if covering more than one site, to ensure all children and young people within the school environment are close to a kit.

An emergency 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;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly working checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a copy of the asthma register listing those permitted to use the emergency inhaler;
- a record of administration (i.e. when the inhaler has been used, how many puffs).

Storage, care and disposal of the emergency inhaler

The school's emergency inhaler policy should include staff responsibilities for maintaining the emergency inhaler kit. It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

- on a monthly basis that the inhaler and spacers are present and in working order, and the inhaler has sufficient number of puffs;
- that batch numbers on the inhalers are recorded, and that replacement inhalers are obtained when expiry dates approach;
- 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 necessary.

Schools will wish to ensure that the emergency inhaler kit/s are kept in a safe and suitably central location in the school, such as the school office, or staffroom, which is known and accessible to staff 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 emergency inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30°C, protected from direct sunlight and extremes of temperature. The emergency inhaler and spacers should be labelled and kept separate from any child or young person's inhaler. An inhaler should be primed when first used (e.g. spray two puffs) as it can become blocked when not used. It should also be primed before use following this. A record should be kept of the number of puffs used (including priming puffs) to ensure there are enough left.

To avoid the possible risk of cross-infection, a spacer should not be reused by the school. After use 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 (e.g. when used without a spacer), it should not be re-used but disposed of⁶.

It is recommended that empty inhalers are returned to the pharmacy to be recycled.

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 or young person 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 or young person who does not have asthma. It is essential therefore that schools ensure that the emergency inhaler is only used by children or young people who have been prescribed a reliever inhaler and for whom written parental/carer consent for use of the emergency inhaler has been given.

Staff

Any member of staff may volunteer to take on responsibilities of the emergency inhaler, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting children or young person with medical needs.

In the following advice, the term 'designated member of staff' refers to any member of staff who has taken on the voluntary responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child or young person use the emergency inhaler, have been trained to do this, and are identified in the school's medical needs or emergency inhaler asthma policy as someone to whom all members of staff may seek assistance in an emergency.

Schools will want to ensure there are a reasonable number of designated members of staff to provide sufficient coverage. Schools should ensure staff have appropriate training and support, relevant to their level of responsibility.

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 emergency inhaler policy;
- aware of how to check if a child or young person is on the asthma register;

⁶ 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>

- 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 emergency inhaler 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 phone calls being made or responsible secondary school-aged children or young people asking for the assistance of another member of staff and/or collecting the inhaler, 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 asthma 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. Consideration to where the registers are stored need to be considered by the schools, in regard to confidential information.

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 emergency inhalers through a spacer
- making appropriate records of asthma attacks
- implementing and following this guidance document

The Asthma UK video clips on using metered-dose inhalers and spacers are particularly valuable as training materials: <http://www.asthma.org.uk/advice-using-inhalers>

Children and young people with inhalers will usually be able to demonstrate to staff 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 Health Board (LHB) for information on how children and young people with asthma are supported.

It is recommended that the school should also ensure that:

- a named individual is responsible for overseeing the policy for use of the emergency inhaler, 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.

School cover

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

Access to Education and Support for Children and Young People with Medical Needs guidance

The following Access to Education and Support for Children and Young People with Medical Needs guidance⁷ document provides further information around asthma (in particular, page 78-81 and medical needs form templates from page 91): <http://learning.gov.wales/resources/browse-all/education-and-support-for-children-and-young-people-with-medical-needs/?lang=en>

Suggested information for schools to share with parents/carers

Schools may wish to share the following suggested information with parents/carers.

From 1 October 2014, nurseries and schools across Wales can choose to hold a salbutamol inhaler for use in an emergency if they wish. However this is not a statutory requirement and cannot be enforced by the local authority.

Please note – an emergency inhaler should never be relied upon instead of your child’s own inhaler. Nurseries and schools may not have an emergency inhaler on site.

Nurseries and schools who choose to hold an emergency salbutamol inhaler can only administer it to children and young people who have been prescribed an inhaler and where they have received written consent from their parent/carer to use the emergency inhaler (and spacer where necessary). Please discuss providing written consent with the school. You may also wish to discuss the emergency inhaler with your child.

Please make the nursery or school aware if your child has been prescribed an inhaler and work with staff/health professionals to write an individual health care plan for your child. This does not have to be lengthy but it should be written down. Update staff if there are any changes. Your child’s inhaler (and spacer if used) should be labelled with their name. You could provide a labelled spare inhaler (and spacer).

⁷ The Welsh Government is intending to combine this guidance on emergency inhalers with its ‘Access to Support and Education for Children and Young People with Medical Needs’ guidance document, following the completion of a review into medical needs in schools. This combined guidance will be subject to a full consultation at that time.

An asthma card is a useful way to store written information about your child's asthma and can include details on medicines, symptoms and emergency contact numbers.

Asthma UK have a wide range of advice, including asthma cards, individual health care plans and video clips: <http://www.asthma.org.uk/resources>

It is suggested that parents/carers should⁸:

- Inform nursery or school staff if your child has asthma
- Provide the school with a spare reliever inhaler within its expiry date (and spacer if needed), labelled with your child's name
- Provide up to date written information on:
 - the medicines your child requires during nursery or school, including how much they take and when; and
 - the medicines your child requires while taking part in visits, outings or field trips and other out of school hours activities such as school team sports

Further advice can also be found in the *Access to Education and Support for Children and Young People with Medical Needs* guidance document (in particular pages 78-81): <http://learning.gov.wales/resources/browse-all/education-and-support-for-children-and-young-people-with-medical-needs/?lang=en>

⁸ <http://www.asthma.org.uk/advice-your-child-at-school>

Useful information links

Children and asthma – <http://www.asthma.org.uk/advice>

Younger children – <http://www.asthma.org.uk/advice-diagnosis-children>

Spacers – <http://www.asthma.org.uk/advice-inhalers>

Demonstration video clips with inhaler and spacers:

<http://www.asthma.org.uk/advice-using-inhalers>

Asthma cards: <http://www.asthma.org.uk/resources#SchoolDownloads>

Access to Education and Support for Children and Young People with Medical Needs (Welsh Government Circular No: 003/2010, May 2010)

<http://learning.gov.wales/resources/browse-all/education-and-support-for-children-and-young-people-with-medical-needs/?lang=en>

Asthma UK / Asthma UK Cymru Websites:

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

NHS Wales, Health in Wales – Asthma

<http://www.wales.nhs.uk/ourservices/unscheduledcareconditions/asthma>

NHS Choices, Asthma in Children

<http://www.nhs.uk/Conditions/Asthma/Pages/Introduction.aspx>

NICE Quality Standard

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

You may wish to attach a photograph of your child for identification in an emergency

Annex A: Consent form template

TEMPLATE CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER [please insert school name]

Child or young person showing symptoms of asthma / having asthma attack

Child's full name (PRINT):.....

Class:

1. I confirm my child has been diagnosed with asthma / has been prescribed an inhaler (please delete as appropriate).
2. My child will have a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

You may wish to discuss this form with your child.

Signed: Date:

Parent/carer full name (PRINT).....

Mobile telephone number:.....

Home/work telephone number:...../.....

Parent/carer address:
.....
.....
.....
.....

E-mail address:.....

Child's Doctor's name:.....

Child's Doctor's telephone number:.....

Child's Doctor's address:.....
.....
.....
.....

Annex B: Use of emergency inhaler letter template

TEMPLATE LETTER TO INFORM PARENTS/CARERS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear.....,

This letter is to notify you that.....has had problems with
their breathing today. This happened when

.....
.....

[Please delete as appropriate]

A member of staff helped them to use their own asthma inhaler.

OR

They did not have their own asthma inhaler with them, so a member of staff helped
them to use the school's emergency asthma inhaler containing salbutamol. They were
given puffs.

OR

Their own asthma inhaler was not working, so a member of staff helped them to use
the school's emergency asthma inhaler containing salbutamol. They were given
.....puffs. Please contact your doctor urgently to supply an inhaler for your child to
use in school.

We strongly advise that you pass this information on to your doctor as soon as
possible to see whether your child needs further medical assessment.

Yours sincerely,