THE RAMSEY ACADEMY, HALSTEAD

EMERGENCY ASTHMA AND ADRENALINE AUTO-INJECTOR POLICY

Consultation with Staff Required	❑ Yes	✓ No
Period of Consultation (if required)	From	To
Governing Committee Reviewing Document:	Local Governing Committee	
Date of Meeting at which Policy Approved (if required)	18 July 2024	
Date of Adoption of Policy	18 July 2024	
Date Policy available on website and SharePoint	18 July 2024	

Contents

Contents

INTRODUCTION 2
EMERGENCY INHALER 2
ADRENALINE AUTO-INJECTOR 3
APPENDIX A – EMERGENCY INHALER CONSENT FORM 5
APPENDIX B – ADRENALINE AUTO-INJECTOR CONSENT FORM 6
APPENDIX C - REGISTER OF ADRENALINE AUTO-INJECTORS 7

INTRODUCTION

1.1 Critical situations may occur where children find themselves with no access to their own salbutamol inhalers and adrenaline auto-injectors; schools may decide to keep emergency kits in order to treat children promptly.

1.2 Since 1st October 2014, The Human Medicines Regulations 2014 will allow schools to buy salbutamol inhalers without prescription for use in emergencies where a child's device is not available or is not working.

1.3 Under The Human Medicines Regulations 2017 schools are able to purchase adrenaline auto-injector devices without a prescription, for emergency use on children who are at risk of anaphylaxis, but whose device is not available or is not working.

1.4 This policy is to ensure the safety of staff and children when using emergency kits.

EMERGENCY INHALER

2.1 Asthma emergency kits will contain the following:

- A salbutamol metered dose inhaler
- Two plastic, compatible spacers
- Instructions on using the inhaler and spacer
- Instructions for replacing inhalers and storing the inhaler
- The manufacturers information
- A checklist, identifying inhalers by their batch number and expiry date
- A list of pupils with parental consent and/or individual healthcare plans permitting them to use the emergency inhaler.
- A record of administration showing when the inhaler has been used.

2.2 The emergency inhaler should only be used by children, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication. See Appendix A.

2.3 Parental consent for the use of an emergency inhaler is obtained from the Emergency Inhaler Asthma Card (Appendix A) which forms part of the child's Individual healthcare plan and reviewed annually.

2.4 When purchasing salbutamol inhalers for emergency kits a pharmaceutical supplier will be used.

2.5 When not in use, emergency inhalers are stored in the temperature conditions specified in the manufacturer's instructions, out of reach and sight of children but not locked away.

2.6 Expired or used-up emergency inhalers are returned to local pharmacy to be recycled.

2.7 Spacers must not be reused and may be given to the child for future home use.

2.8 Emergency inhalers may be reused, provided that they have been properly cleaned after use.

2.9 Appropriate support and training will be provided by individual schools for relevant staff on the use of salbutamol inhalers and administering when emergency kits are available.

2.10 Whenever the emergency inhaler is used, the incident must be recorded stating where the attack took place, how much medication was given and by whom.

2.11 Parents will be notified.

2.12 It is the Headteacher's responsibility to ensure either themselves or another member of staff is delegated the responsibility for overseeing the protocol for the use, monitoring and maintaining emergency inhalers.

2.13 Additional information/point of reference www.asthma.org.uk/resources/#schools

ADRENALINE AUTO-INJECTOR

3.1 Adrenaline auto-injector emergency kits will contain the following:

- One or more adrenaline auto-injector
- Instructions on how to use the device
- Instructions on the storage of the device
- Manufacturers information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of children to whom the adrenaline auto-injector can be administered An administration record.

3.2. Adrenaline auto-injectors should only be used by children, for whom written parental consent has been received and who have been diagnosed and prescribed an adrenaline auto-injector medication. See appendix B.

3.3. Parental consent for the use of an emergency adrenaline auto-injector is obtained from the Allergy Action Plan (Appendix B) which forms part of the child's individual healthcare plan and reviewed annually.

3.4. When not in use, emergency adrenaline auto-injectors are stored in the temperature conditions specified in the manufacturer's instructions, out of reach and sight of children but not locked away.

3.5. When purchasing adrenaline auto-injectors for emergency kits a pharmaceutical supplier will be used.

3.6. Adrenaline auto-injectors will only be purchased for the relevant age group for children at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- For children under age 6 — 0.15 milligrams of adrenaline
- For children aged 6-12 — 0.3 milligrams of adrenaline
- For children aged 12 + — 0.3 or 0.5 milligrams of adrenaline

3.7. Emergency adrenaline auto-injectors will only be used when parental consent has been received and their own device is not available.

3.8. Adrenaline auto-injectors can be self-administered by the child.

3.9. Appropriate support and training will be provided for relevant staff on the use and administering an adrenaline auto-injector when emergency kits are available.

3.10. The emergency services will be contacted immediately.

3.11. Any used adrenaline auto-injector may be given to paramedics upon arrival or disposed as per manufacturer guidelines.

3.12. Parents will be notified.

3.13. Where adrenaline auto-injectors are used records will state:

- Child's information
- Where and when the reaction took place
- How much medication was given and by whom
- Action after the event e.g. taken to hospital, parents notified etc.

3.14. It is the Headteacher's responsibility to ensure either themselves or another member of staff is delegated the responsibility for overseeing the protocol for the use, monitoring and maintaining emergency adrenaline auto-injector.

3.15. Appropriate support and training will be provided by individual schools for relevant staff on the use of the adrenaline auto-injector and administering if they hold emergency kits. Where there is a delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer an adrenaline auto-injector (child's own medication or emergency kit).

3.16. Following each occurrence of an allergic reaction individual health plans will be updated and amended as necessary.

3.17. Additional information/point of reference www.bsaci.org/index.htm

APPENDIX A – EMERGENCY INHALER CONSENT FORM

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth D D M M Y Y

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

D D M M Y Y

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

D D M M Y Y

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. **Call 999 for an ambulance if:**
   - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
   - they don't feel better after 10 puffs
   - you're worried at any time.
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

Health & care information you can trust

asthma UK

Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(9am – 5pm; Mon – Fri)
www.asthma.org.uk

© 2015 Asthma UK. Registered charity number in England and Wales 802364 and in Scotland SC039322

APPENDIX B – ADRENALINE AUTO-INJECTOR CONSENT FORM

bsaci improving allergy care through education, training and research

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health

Anaphylaxis Campaign

AllergyUK

This child has the following allergies:

Name:

.....

DOB:

.....

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... **(If vomited, can repeat dose)**

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- **Persistent cough**
- **Hoarse voice**
- **Difficulty swallowing**
- **Swollen tongue**

B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: .. . mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

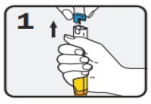
Print name: .....

Date: .....

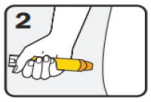
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

© The British Society for Allergy & Clinical Immunology 6/2018

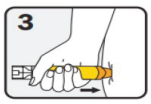
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

APPENDIX C - REGISTER OF ADRENALINE AUTO-INJECTORS

Pupil name	Year	Allergens	AAI brand	Dosage requirements	Expiry date	Storage location	Spare AAI held? (Y/N)	Medical authorisation to administer spare AAI? (Y/N)	Parental consent to administer spare AAI? (Y/N)
Joe Bloggs	1	Milk/dairy foods	EpiPen Adrenaline (Epinephrine) Auto-Injector 0.3mg	0.3 mg	4/11/2017	School office	Y	Y	Y