Special Partnership Trust

# ASTHMA AND EMERGENCY ASTHMA INHALER POLICY

Date Reviewed: September 2026

Next review: September 2027

## Roles and Responsibilities

### Trustees
Approve policy
Monitor compliance

### Headteacher
Implement policy
Ensure training and emergency procedures

### Named medical lead
Maintain register
Monitor consent
Monitor inhaler expiry dates

### Staff
Follow IHPs ( individual health care plans)
Respond appropriately in emergencies

## Liability and indemnity

*Supporting pupils with medical conditions* requires that Local Governing bodies ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.
**The Special Partnership Trust accesses RPA (Risk Protection Arrangement)**

**All schools are covered through the Risk Protection Arrangement (RPA) or equivalent insurance arrangements.**

| HOW TO RECOGNISE AN ASTHMA ATTACK |
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| **The signs of an asthma attack are:**<br>• Persistent cough (when at rest) |

- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- Difficulty breathing, breathing fast and with effort using all the accessory muscles in the upper body
- Appearing exhausted
- Nasal flaring
- Unable to talk or complete sentences; some people will become very quiet
- Being unable to complete sentences
- The child complains of shortness of breath
- The child may try to tell you their chest feels tight; younger children may express this as tummy ache
- A blue / white tinge around the lips
- Going blue

**CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE PERSON**

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

**WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK – CALL FOR ASSISTANCE (Designated First Aid officer)**

- Keep calm and reassure the pupil
- Encourage the pupil to sit up and slightly forward
- Use the pupil's individual inhaler - if this is not available, use the emergency inhaler found in the nurses' office
- Send someone else to get the inhaler and spacer, stay with the pupil
- Immediately help the pupil to take two puffs of the inhaler via the spacer – ensuring a good seal around the nose and mouth – count five breaths.
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of ten puffs; the inhaler should be shaken between puffs
- Stay calm, reassure and remain with the pupil until they feel better; the pupil will be able to return to activities when they feel better
- If the pupil does not feel better, respond to treatment or you are worried AT ANYTIME before you have reached ten puffs, CALL FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes, give another ten puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives
- Record all first aid provided in the First Aid log - *This **must** include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication*

*was given, and by whom. The child's parents **must** be informed in writing so that this information can also be passed onto the child's GP*

## WHAT IS ASTHMA?

Asthma is the most common chronic condition amongst children, affecting one in eleven children. Children should have their own reliever inhaler at school to treat 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 on them, and if not, it should be easily accessible to them.
Asthma is usually but not exclusively triggered by contact with an allergen. This may be pet fur, dust, hair, feathers, pollen and a wide variety of food stuffs and additives. Strong smells such as chlorine in swimming pools may trigger some peoples' asthma. Weather conditions can have an effect with high humidity and conversely very cold weather being common triggers. Exercise may also be a factor in some peoples' asthma.
Most asthmatics are aware of what their triggers are and can avoid them where possible to minimise the number of attacks they may suffer. Appropriate and regular medication, a good Asthma plan and regular monitoring enables the majority of people to keep their asthma symptoms under control but the condition is a lifelong one and can deteriorate rapidly.

Safeguarding
Where concerns arise regarding a pupils medical needs, including repreated absence of prescribed medication, parental failure to provide essential medication, or concern regarding neglect of health needs, staff must follow the Trust Safeguarding and Child Protection policy and report concerns to DSL.

## 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 children's own prescribed Reliever inhaler and rest and stopping whatever triggered the symptoms. They would not usually require the child to be sent home from school or to need urgent medical attention; most people use a Preventer Inhaler which helps to protect the lungs from responding to known triggers.*

## SIGNS AND SYMPTOMS

- Asthma attacks occur when someone is exposed to a trigger
- The smooth lining of the bronchioles within the lungs goes into spasm and start to swell
- The combined swelling and spasm reduce the ability of the lungs to function and breathing becomes distressed and laboured
- An attack usually starts with a feeling of tightness in and across the chest

- It becomes gradually more difficult to breathe air into and out of the lungs and respirations become laboured and wheezy
- In some cases, the ability to exhale becomes so compromised that the audible wheeze is absent ('silent chest') and this is a sign that the person is seriously ill and needs immediate medical attention
- Children, particularly young children, are unable to describe the feeling of tightness and may say they have tummy ache

## WHICH PUPILS AT OUR SCHOOLS HAVE ASTHMA?

### Pupils with asthma requiring ongoing support should have an IHP ( Individual Health Care Plan)

Pupils within our schools will be encouraged to develop their skills to use their inhalers as independently as possible; this work will inform part of their educational plan. It is anticipated that until the pupil is able to evidence the skills, knowledge and understanding in the recognition of the need/independent use of their inhaler school staff will be used to support pupils in the management of their medical condition/guide such use. It is anticipated that the designated member of staff may also be able to advise on appropriate use cascading this information to the pupil and their class team.

The list of pupils who attend our school with Asthma (Asthma register – **APPENDIX A)** is in the Medical file which is kept in the medical office/Head teachers' office. It is the responsibility of the designated member of staff or in their absence the Head Teacher to ensure this file is monitored and updated in accordance to any new information received by parents/carers. It is the responsibility of the designated member of staff or in their absence the Head Teacher to make all staff aware of the pupils in their school who have asthma; this information will be cascaded at the beginning of each academic year and when any updated information is received from parents/ carers /GP's.

The list of pupils whose parents/carers have given consent for Emergency Inhaler use is in the nurse's office or in their absence the Head Teachers office with the Emergency kit; each pupils Individual Safety Plan/Health Care plan which is updated annually details information received from parents in relation to asthma, these plans are shared with the class team. To secure this information is regularly updated this is checked at pupil's annual review with parents/carers by the review lead *(any updates received from parents are provided to the designated member of staff; it is the responsibility of the office manager to provide such updated information)*.

All staff with First aid responsibilities and training at our school know how to recognise an asthma attack, how to access inhalers and support pupils in using them and how to complete the appropriate records.

Emergency Meds administration form (term by term) is kept with the inhalers. Inhalers are stored in the emergency medicines cabinet

| Individual Schools to note- At our school the First Aid staff are: |
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| **First Aid at work:** |
| **PAEDIATRIC First Aid:** |

All staff will receive regular training as appropriate ot their role sAll staff within our schools know what an asthma attack looks like, be aware of how to support a pupil to use their inhaler, be aware of who the First Aid staff are and how to access their help. New staff will receive information through their induction process. Training records will be maintained by the schools.

**Children who can use an inhaler**

The emergency Salbutamol inhaler should **only** be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;
- AND for whom written parental consent for use of the emergency inhaler has been given
- This information should be recorded in a child's individual healthcare plan which is held by the *designated member of staff/*first aid officer (*delete as appropriate)

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

There are already procedures in place to ensure our schools are notified of children that have additional health needs such as asthma; this information is recorded in our asthma register held by the designated member of staff.

The asthma register is crucial to ensure our schools have an on-going record of the pupils who have asthma to enable the designated member of staff to cascade this information to school staff. This register will be easy to access and stored on the electronic pupil data system held by the schools; this record will enable school staff to check that a child is recorded as having asthma, and consent for an emergency inhaler to be administered. Consent will be updated on a regular basis; our schools have identified that this update will take place yearly. It is the responsibility of the designated member of staff to take account of changes to a child's condition and record this appropriately.

**INHALERS AND THEIR MANAGEMENT**

Pupils with Asthma should have their own Reliever Inhaler which they carry with them (school staff will ensure these are available if the child is not able to take full responsibility for their inhaler). Reliever Inhalers are usually blue and contain Salbutamol.

Inhalers will be taken on all out of school visits; the identification of children with asthma and the need for inhalers to accompany them will be recorded on the additional control measures sheets used to underpin generic risk assessments. It is the responsibility of the visit lead to identify / cascade appropriate information in relation to children who suffer from asthma to all the staff who support such pupils/involved in school visits.

Some pupils have a Reliever Inhaler in the Medical box in the nurse's office in case they lose or leave at home the one they should be carrying or the one they have is empty. They are all clearly marked with the individual's name; it is the responsibility of the designated member of staff for checking these each term to ensure all inhalers are in date, are clean and ready for use and notifying parents when a new inhaler is required.
Some pupils use a spacer which is a more effective way of ensuring the drug in the inhaler reaches the lungs. There are a number of different designs and if a pupil has a specific spacer this is also clearly labelled and kept in the main office.

Some pupils may need help to manage their inhaler and/or spacer and it will not be assumed that they know what to do.

## EMERGENCY ASTHMA INHALERS

From 1 October 2014 UK schools will be allowed to purchase a salbutamol inhaler without a prescription for use in emergencies when a child with asthma cannot access their own inhaler.

All schools within our Special Partnership Trust will have an emergency asthma inhaler on the premises. These are in an easily accessible place and known to all staff.

Salbutamol inhalers are intended for use where a child 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 child getting the treatment they need.

For this reason, the emergency inhaler will only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler, AND whose parents have given consent for an emergency inhaler to be used.

At our school, the Emergency Asthma Inhaler kit is in the:

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| **Individual schools will note appropriate location** |

**It is intended for use by pupils who:**

- Have been diagnosed with Asthma and prescribed an inhaler
- **OR** who have been prescribed a reliever inhaler
- **AND** for whom written parental consent for use of the emergency inhaler has been given
- This information will be available with the Emergency Asthma Inhaler kit located in the nurses' office.
- A pupil may be prescribed an inhaler which contains an alternative to Salbutamol; the emergency inhaler can still be used by these pupils if their own inhaler is not accessible and they are experiencing symptoms
- If a pupil has used the Emergency Asthma inhaler, parents/carers should be informed (see **APPENDIX B** – letter to parents), a copy of this will be retained by the school and stored in the pupils' school records
- The emergency inhaler must only be used for pupils as above. It must not be used for pupils whose parents/carers have not given consent and it must not be used for pupils who are breathless. In this case a First Aider will decide whether further medical help is required

**The emergency kit**

If symptoms rapidly worsen 999 must be called immediately . All incidents must be recorded using Meditracker.

The schools within the Special Partnership will consider keeping more than one emergency asthma kit, especially if covering more than one site, to ensure that all children within the school environment are close to a kit. All staff will be informed of where the emergency kit will be stored within the school/ residential premises. An additional kit will be purchased to accompany any pupils when they are undertaking educational visits if they do not have their inhaler with them; the pupil's individual safety plan will identify the need for the emergency inhaler kit to be taken in such instances. An emergency asthma inhaler kit should include:

- a Salbutamol metered dose inhaler;
- at least two 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 checks recorded by the *designated member of staff/*first aid officer (*delete as required);
- a note of the arrangements for replacing the inhaler and spacers (see below);
- Guidance on the use of emergency Salbutamol inhalers in schools
- a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used)

Parents will be asked to sign a consent form to allow the school to use the emergency Salbutamol inhaler if/as required; *the designated member of staff/*first aid officer (*delete as necessary) will keep all records of permission slips, updating these in accordance to care plans held **(APPENDIX C).**

**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 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 who does not have asthma. It is essential therefore that each of our schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given and parents have been notified when the emergency inhaler has been used.

**Arrangements for the supply, storage, care and disposal of the inhaler**

**Supply**

Schools within our Special Partnership Trust will buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed.

Our schools will buy inhalers in small quantities an occasional basis and we will not profit from it. We acknowledge that Pharmacies are not required to provide inhalers or spacers free of charge to schools: the school will pay for them as a retail item.

A supplier will need a request signed by the head teacher (ideally on appropriately headed paper) stating:

- the name of the school for which the product is required
- the purpose for which that product is required
- the total quantity required

Our schools will liaise with the designated member of staff/community pharmacist in relation to the different plastic spacers available and what is most appropriate for the age-group/needs types of learners within our schools; this is the role of the designated member of staff. Community pharmacists can also provide advice on the use of the inhaler.

**Storage, use and disposal**

It is the responsibility of the designated member of staff for maintaining the emergency inhaler kit undertaking the following checks on a monthly basis:

- the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use; the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary

Our school will identify where the emergency inhalers/spacers are stored (**APPENDIX D**); all inhalers will be stored:

- at the appropriate temperature (in line with the manufacturers guidelines), usually below 30C
- away from direct sunlight and extremes of temperature

The inhaler and spacers will be kept separate from any child's inhaler which is stored in a nearby location to them and the emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler.

**Use of emergency inhaler (Appendix C)**

- An inhaler should be primed when first used (e.g. spray two puffs as it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs)
- To avoid possible risk of cross-infection, the plastic spacer will **NOT** be reused; 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 will be removed, and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean, safe place
- The canister will 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 (for example if the inhaler has been used without a spacer), it will not be re-used but disposed of

The school will record the use of the emergency inhaler with any pupil on the 'Administering of emergency inhaler' which is retained with the emergency inhaler kit; it is the responsibility of the person administering the use of the Salbutamol inhaler to record all information **(APPENDIX E).**

**Disposal**

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. Our schools will be aware that to do this legally, we will register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years.

**Parents:**

Parents will be sent a consent form which asks them to provide written permission for their child who has been diagnosed with asthma to use the emergency inhaler if/ as needed in any likelihood that pupils do not have their personal inhaler with them.

## Record Keeping and Confidentiality

The Trust and its schools will maintain accurate and up-to-date records relating to pupils with asthma, including Individual Healthcare Plans, parental consent forms, asthma registers, records of staff training, and records of any administration of emergency medication. All records will be stored securely and managed in accordance with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 and the Trust's Data Protection Policy. Information relating to a pupil's medical condition will only be shared with staff and professionals who need the information in order to safeguard the pupil, support their health needs or fulfil their professional responsibilities. Schools will ensure that relevant staff are made aware of medical information necessary to keep pupils safe whilst respecting the pupil's right to privacy and confidentiality. Medical records will be reviewed regularly and updated whenever changes to a pupil's condition, treatment or healthcare arrangements are notified to the school

Any concerns regarding a pupil's medical needs, including repeated failure to provide prescribed medication, significant changes in medical condition, or concerns that a pupil's health needs are not being adequately met, will be considered in line with the Trust's safeguarding procedures and escalated where appropriate.

**Useful links:**

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| ***Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England*** **(Department for Education, 2014).** https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions |
| ***The Administration of Medicines in Schools*** **(Scottish Executive, 2001),** http://www.scotland.gov.uk/Publications/2001/09/10006/File-1 |
| ***Supporting Pupils with Medication Needs*****, (Department of Education, Department of Health, Social Services and Public Safety, 2008)** http://www.deni.gov.uk/index/support-and-development-2/special_educational_needs_pg/special_educational_needs-supporting_pupils_with_medication_needs-2.htm |
| **Asthma UK Website** http://www.asthma.org.uk/ |
| **Education for Health** http://www.educationforhealth.org |
| **School Asthma Cards** http://www.asthma.org.uk/Shop/school-asthma-card-pack-of-20-healthcare-professionals |
| **NHS Choices, Asthma in Children** |

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| http://www.nhs.uk/conditions/asthma-in-children/pages/introduction.aspx |
| **Getting it right for children, young people and families. Maximising the contribution of the school nursing team: Vision and Call to Action (March 2012).** https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf |
| **Guidance on the use of emergency salbutamol inhalers in schools March 2015** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf |

Cornwall Partnership NHS
NHS Foundation Trust

**APPENDIX A - Asthma Register- For Emergency Treatment**

| Name | Usual prescribed treatment | method of delivery | Consent for use of emergency inhaler |
|---|---|---|---|
| *For Example Joe Smith* | *Ventolin* | *Aero chamber (size = blue)* | *Yes* |
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## APPENDIX B - LETTER TO INFORM PARENTS OF

## EMERGENCY SALBUTAMOL INHALER USE

Cornwall Partnership NHS
NHS Foundation Trust

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| **Child's name:** |
| **Class:** |
| **Date:** |

Dear
This letter is to formally notify you that _____ has had problems with his / her breathing today.
This happened when _____
A member of staff helped them to use their asthma inhaler.
They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing Salbutamol.
They were given _____ puffs.
Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing Salbutamol.
They were given _____puffs.
**[*Delete as appropriate*]**
Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.
Yours sincerely,

Staff Name
COPY: School file

## APPENDIX C - CONSENT FORM:

## USE OF EMERGENCY SALBUTAMOL INHALER

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| **Special Partnership Trust**<br>**XXXXX School** |
| **Child's name:** |
| 1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate] |
| 2. My child has 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 is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies |
| **Signed:** |
| **Date:** |
| **Parent's address and contact details:** |
| **Telephone:**<br><br>**Mobile:** |
| **E-mail:** |

## APPENDIX D – EMERGENCY INHALERS (STORAGE)

| Emergency Inhalers and Spacers<br>(To be kept out of reach/sight of all pupils but NOT locked away) |
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| The emergency inhalers and spacers can be found at:<br><br>Please add information for your school |

## Appendix E - Administering of emergency inhaler

| Date & Time | Staff name | Pupil name | Dose given | Action take – e.g. – parent called/ ambulance called/ continue to monitor | Letter home – *please retain a copy for school records* | Staff signature |
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