

POLICY FOR THE USE OF AN EMERGENCY ASTHMA INHALER

September 2025

Following agreement by the UK Government and Welsh Government, an amendment to the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies from 1 October 2014. The Board of Governors and staff of Darland High School acknowledge that 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 also likely to have greater peace of mind about sending their child to school.

- 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.
- Pupils should have their own labelled reliever inhaler at school to treat acute symptoms and for use in the event of an asthma attack. They should keep their inhaler with them and it should always be easily accessible, including during physical education (PE), sports activities and educational visits.
- The School will seek written consent for the use of an emergency inhaler from parents/carers of pupils who have been prescribed an inhaler. (See consent form Annex A.) An up to date copy will always be kept with the emergency inhaler to allow staff members to check for parental/carer consent
- The School will buy the salbutamol inhalers and spacers from a community pharmacy with the help of the School Nurse. The Headteacher or Assistant Headteacher will make a request on headed notepaper stating the name of the school, the purpose for which the product is required and the total quantity of inhalers and spacers required.
- The School Nurse and a nominated trained volunteer First Aider will be responsible for ensuring that:
 - a. on a monthly basis the inhaler and spacers are present and in working order and the inhaler has sufficient number of puffs;
 - b. that the batch numbers on the inhalers are recorded and that replacement inhalers are obtained when the expiry dates approach;
 - c. replacement spacers are available following use;
 - d. the mouthpiece of the inhaler has been cleaned, dried and returned to storage following use or that replacements are available if necessary.

Storage, care and disposal of the emergency inhaler

- The emergency inhalers and spacers will be kept in the school medical room in a lockable cupboard.
- The emergency inhaler will 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 will be labelled and kept separate from any child or young person's inhaler.
- The emergency inhaler will be primed when first used (e.g. spray two puffs) as it can become blocked when not used. It will also be primed before use following this.
- A record will 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 will not be reused by the school. After use it will be given to the pupil to take home for future personal use.
- Following 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.
- If there is any risk of contamination, the inhaler will be disposed of.
- Empty inhalers will be returned to the pharmacy to be recycled by the School Nurse.

Steps following use of the emergency inhaler

- After following the Asthma Attack Procedure (see poster), the inhaler must be cleaned as per the manufacturer's instructions and returned to its usual storage place.
- If a spacer was used, the pupil can take it home with them (to avoid the possible risk of cross-infection, the spacer should not be reused)
- A further spacer will be ordered by school using headed note paper and purchased from a supplier approved by the School Nurse.
- Details of the use of the emergency inhaler will be recorded promptly, including:
 1. Child's name, form and date of birth
 2. Date/Time/Location used (e.g. 05/03/2015, 11am, PE lesson)
 3. How many puffs of the inhaler were given and by whom
 4. 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)
 5. An account of what happened, and any relevant details to the asthma attack, e.g. pupil returned to class under observation, ambulance called as necessary, parent/carers

made aware.

- The pupil's parents/carers will be informed of the asthma attack promptly. This will be followed up in writing, (see letter Annex B), so information can be passed onto their child's doctor if needed.
- A copy of the letter will be kept as part of the pupil's health care plan (if relevant), and this will be updated where appropriate.

Staff training

All staff will:

- receive training to recognise the symptoms of an asthma attack;
- be made aware of the emergency inhaler policy;
- be made aware of how to check if a child or young person is on the asthma register;
- be made aware of the procedures to be followed in the event of an emergency.

Asthma symptoms and an asthma attack

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

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exposed to a trigger
- Intermittent, dry cough

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'
- Being unusually quiet

An ambulance and parents/carers should be called immediately if the pupil 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

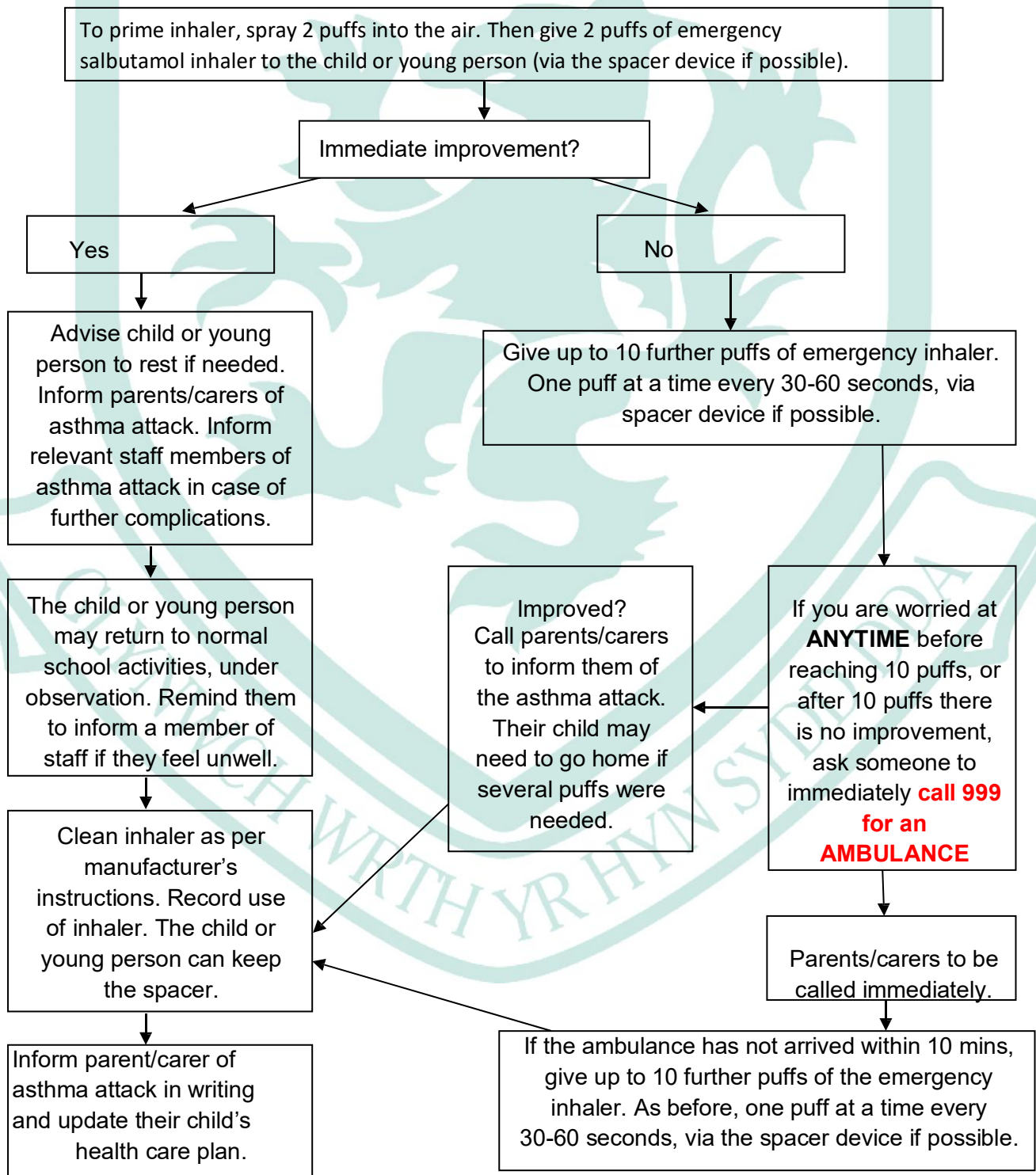
To note: The salbutamol inhaler should be used if a pupils own inhaler is not accessible – it will help to relieve their asthma and could save their life.

Sources

- Guidance on the use of emergency salbutamol inhalers in schools in Wales - Welsh Government circular no: 015/2014
- School Policy guidelines - Asthma UK

Asthma attack procedure (published 2014)

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.
The inhaler should be shaken before every puff.



Annex A: Consent form

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER Darland High School

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

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 and has been prescribed an inhaler
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.
4. Consent for their name to be held on an asthma register as eligible to receive salbutamol in an emergency

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:

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.....

E-mail address:.....

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

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

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

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.....

Annex B: Use of emergency inhaler letter

LETTER TO INFORM PARENTS/CARERS OF EMERGENCY SALBUTAMOL INHALER USE Darland High School

Child's name:

Form:

Date:

Dear.....,

This letter is to notify you that.....experienced an asthma attack. This happened when

[Please delete as appropriate]

A member of staff assisted and observed them using their own asthma inhaler.

OR

They did not have their own asthma inhaler with them, so a member of staff assisted 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 givenpuffs. **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,