



**Bacton Primary School/  
Mendlesham Primary School**  
**Reviewed August 2026**

**Asthma Policy**  
**including the use of emergency salbutamol in**  
**school**

**Bacton Primary School/Mendlesham Primary School**

- recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of- hours school activities.
- recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- keeps a record of all pupils with asthma.
- has an emergency salbutamol inhaler and spacer available for emergency use only in the school office and another emergency salbutamol inhaler and spacer will be taken on out of school activities. **The emergency inhaler is only used by children with asthma with written parental consent for its use.** The draft letter for consent at Annex A will be used for this, but the first aider will use their discretion if contact is not possible and the patient's health deteriorates. In the event that the school emergency inhaler is used, parents will be contacted immediately and asked to bring medication to school the next day. Please read use of emergency salbutamol inhalers in school at the end of this policy.

**Asthma medicines**

- Immediate access to reliever medicines is essential. Inhalers and spacers are kept in

the child's classroom in a place where all children know. They are not locked away. Inhalers and spacers are put in a labelled box or other suitable container.

- All inhalers must be labelled with the child's name by the parent/carer.
- It is the responsibility of the parent/carer to check that the medicine is in date and also to check that there is sufficient medicine in their child's inhaler at regular intervals.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. All school staff will let pupils take their own medicines when they need to.

### **Record keeping**

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. When this has been established, an agreement will be sent to the parent/carers regarding the guidelines for asthma inhalers and spacers in school. Appendix 1 will be used to notify parents.
- An asthma action plan Appendix 2 will be sent home by the SENCo. Parents/carers are requested to complete this with their child's asthma nurse and return to school as soon as possible. A copy of these will be kept with their inhaler and in the school office.
- This information is then added to the school's MIS which includes all of the pupils in each class of any Medical conditions that they have. This is available to all staff. The sports coaches also have a copy with them when they are in school.

### **Exercise and activity – PE and games**

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register.
- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each pupil's inhaler will be labelled and kept in a box or clearly labelled bag at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

### **Out-of-hours sport**

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well-documented, and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.
- Classroom teachers and out-of-hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.
- Staff also are aware in particular of the difficulties very young children may have in explaining how they feel.

### **School environment**

- The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

### **When a pupil is falling behind in lessons**

- If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.
- The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

### **Asthma attacks**

- All trained first aid staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Also there is a copy in each classroom of: - **'How to recognise an asthma attack'** and **'What to do in the event of an asthma attack'**. Each teacher sends their lanyard with a child to take into the next classroom or the school office to summon first aid help in the case of any emergency. Also, another adult would lead the rest of the class away from the situation.

## Use of emergency salbutamol inhalers in school

*From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.*

At Britannia Primary we hold Emergency Salbutamol Inhalers in school and we ensure that it will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. 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. We have arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the school's policy on supporting pupils with medical conditions.

### **Also in place will be the following:-**

- The school's MIS contains a record of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler.
- **The emergency inhaler is only used by children with asthma with written parental consent for its use.**
- A record of parental consent on the asthma register will also enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent will be updated regularly – ideally annually - to take account of changes to a child's condition.
- A green card in place in each classroom so that all staff, including supply staff, know of any children in class with asthma. On here also will be noted whether parental permission has been given to use the emergency inhaler.
- Appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions.
- Record keeping of the use of the emergency inhaler as required by Supporting pupils at school with medical conditions policy and informing parents or carers that their

child has used the emergency inhaler.

- having at least two volunteers responsible for ensuring the protocol is followed.

### **The emergency kit**

Our emergency asthma inhaler kit includes: -

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- 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;
- a note of the arrangements for replacing the inhaler and spacers
- a list of children permitted to use the emergency inhaler as per parental consent form.
- a record of administration (i.e. when the inhaler has been used).

Two of these emergency kits will be kept in the SCHOOL OFFICE which is known to all staff, and to which all staff have access at all times. The inhaler and spacer will not be locked away but will be out of the reach and sight of children. The emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler. One of the kits will be used for out-of-school activities and both will be taken if the whole school is taking part in an out-of-school activity.

### **Storage and care of the inhaler**

There will be least two named volunteers amongst school staff should have responsibility for ensuring that:

- 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.

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 should 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 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 (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

### **Responding to asthma symptoms and an asthma attack**

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 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** whose parents have given **consent** for an emergency inhaler to be used.

#### **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 their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

#### **Signs of an asthma attack include:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

#### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:**

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

### **Responding to signs of an asthma attack**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available or there is a problem ie: broken, empty, out of date, not in school, use the emergency inhaler which is located in the school office
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 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.

### **Recording use of the inhaler and informing parents/carers**

Use of the emergency inhaler should be recorded. This should 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. The letter, Appendix 3, will be used to notify parents.

### **Staff**

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

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

Our staff have appropriate training and support, relevant to their level of responsibility.

**ALL** staff are:

- aware of the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- provided with asthma training from the school nurse annually;
- aware of the asthma policy;
- aware of the medical register/information on school's MIS
- 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;
- have received training on administering salbutamol inhalers through a spacer;

The school nurse delivers this training each year to all members of school staff.

Designated members of staff are 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;
- making appropriate records of asthma attacks.

Appendix 1  
CONSENT FORM:

**USE OF EMERGENCY SALBUTAMOL INHALER**

**Child showing symptoms of asthma / having asthma attack**

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 have in school that is kept in the designated area in the classroom. It is the responsibility of the parent/carer to check this medicine frequently.
3. My child has a spacer in school which is to be used with the inhaler as prescribed by the doctor and discussed with the asthma nurse.
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 and an emergency spacer held by the school for such emergencies.

Signed:..... Date:

.....

Name

(print).....

.....

Child's name:

.....

..... Class: .....

Parent's address and contact details:

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.....

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Telephone:

.....

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E-mail:

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APPENDIX 3  
**LETTER TO INFORM PARENTS OF  
EMERGENCY SALBUTAMOL INHALER AND SPACER USE**

Child's name: .....

Class:

.....

..... Date:

.....

..... Time:

.....

..... Dear Parents/Carers,

This letter is to notify you that ..... has had  
difficulties with his / her breathing today. This happened when

.....

.....

.....

.....

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

Your child was unable to use their own inhaler because .....

... , so a member of staff helped them to use  
the emergency asthma inhaler and spacer containing salbutamol.

They were given ..... puffs.

Although they soon felt better, we would strongly advise that you have your  
seen by your own doctor as soon as possible.

Many thanks

Mrs Thomas

SENCo – Special Educational Needs Co-ordinator

# HOW TO RECOGNISE AN ASTHMA ATTACK

**The signs of an asthma attack are:**

- Persistent cough (when at rest);
- A wheezing sound coming from the chest (when at rest);  
Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body);
- Nasal flaring;
- Unable to talk or complete sentences. Some children will go very quiet;
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

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

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

# WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- **Use the child's own inhaler – if not available or there is a problem ie: broken, empty, out of date, not in school use the emergency inhaler which is located in the school office**
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

