



Tow Law Millennium Primary School Asthma Policy

These named staff members have volunteered to be responsible for maintaining the emergency inhaler kit

(Minimum of 2 staff)

Name 1	Nicola Mawson
Name 2	Helen McNally
Name 3	
Name 4	

Throughout the document 'Parent' is deemed to mean those with parental responsibility.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow primary and secondary schools to voluntarily keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should 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. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is at home, broken, lost or empty).

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents and carers are likely to have greater peace of mind about sending their child to school. This policy that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

- Asthma is the most common chronic condition, affecting one in eleven children.
- On average, there are two children with asthma in every classroom in the UK.
- There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.
- 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 out

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.

If any member of staff has reason to suspect a child has undiagnosed asthma or a respiratory condition, they should notify the parents/carers, so they can take the child to a doctor.

This protocol is intended to be read in conjunction with 'Guidance on use of emergency inhalers in schools', September 2014, DfE [use of emergency inhalers in schools](#)

'Schools' includes: maintained schools, independent schools, independent educational institutions, pupil referral units and alternative provision academies.

Maintained nursery schools are also eligible to hold an emergency salbutamol inhaler.

The policy covers:

Section 1 – Naming volunteers – designated staff

Section 2 – Supply, Storage and Disposal

Section 3 – Parental consent

Section 4 – Asthma register

Section 5 – Maintaining kits

Section 6 – Staff training

Section 7 – Recording use of emergency inhaler

Section 1 – Naming volunteers- designated staff

A minimum of two volunteer staff members to be responsible for the supply, storage, care and disposal of inhalers and spacer kits. At Tow Law Millennium Primary School these are

- 1) Nicola Mawson
- 2) Helen McNally

It is the responsibility of Nicola Mawson to ensure the policy is followed, monitor its implementation and maintain the asthma register.

To enable the asthma register to be checked in an emergency situation the designated teachers must familiarise themselves, possibly with photographs, with any pupils who would be unable to give their name during an attack or be difficult to be identified by other pupils, for example - newly-arrived pupils/ non-English speaking EAL pupil /non-verbal pupil with SEN.

Schools should check they are covered by the local authority's indemnity cover for this activity or if outside local authority remit, should acquire their own cover.

Section 2 – Supply, Storage and Disposal

SUPPLY of one or more kits

- The Headteacher will provide a letter on school headed notepaper for the pharmacy, authorising the purchase of inhalers and spacers for the school. (3 spacers minimum is suggested)

- Inhalers and spacers will be bought from Tow Law Pharmacy, High Street Tow Law, enough for 4 emergency inhaler kits
- A bag will be purchased for the emergency kit with a dry pouch/space for the paperwork and instructions
- The emergency inhaler kits will be sited in Class 1, Class 2 and Class 3 in First Aid wall cupboard and one in the office so they can be easily accessed.

An emergency inhaler kit should include:

- a salbutamol metered dose inhaler;
- 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 (see below);
- a list of children 'the asthma register' who are permitted to use the emergency inhaler as detailed in their individual healthcare plans (IHP);
- a record of administration i.e. when the inhaler has been used.

The above guidance was implemented 2/10/2014.

School staff will take the emergency kits on school visits and trips and on residential visits to Robinwood. If a child does not have the appropriate medication parent's will be informed immediately and the child will remain in school until the situation has been resolved.

STORAGE

Nicola Mawson and Helen McNally will be responsible for emergency inhaler kits.

They will:

- Conduct a monthly check of the kits and record date (Appendix 1)
- Store kits below 30 degrees away from sunlight
- Order replacement inhalers before expiry date
- Order new replacement spacer after emergency use
- Clean inhaler's plastic case after emergency use, using soapy water and leaving to air dry to prevent static, and return to kit

DISPOSAL

- Tow Law Millennium Primary School will register as a lower tier waste carrier
<https://www.gov.uk/waste-carrier-or-broker-registration>
- School will dispose of spent or expired inhalers at a pharmacy

Section 3 – Parental consent

On average, there are two children with asthma in every classroom in the UK.

- Tow Law Millennium Primary School has a procedure for identifying and regularly updating the list of those children or young people who have an inhaler prescribed. (See Asthma Register)
- We keep a record of parental consent on the 'asthma register' this will enable staff to quickly check whether a child is able to use the inhaler in an emergency. (See Emergency Inhaler Consent Records held in emergency inhaler kits)
- Consent is updated regularly – at least annually - to take account of changes to a condition.

Section 4 – Asthma register

The emergency salbutamol inhaler should only be used by children who have:

been diagnosed with asthma, and prescribed a reliever inhaler	OR	been prescribed a reliever inhaler
AND have written parental consent for use of the emergency inhaler.		

This information should be recorded in a child's individual healthcare plan and on the school's quick check asthma register.

We ensure that the asthma register is easy to access, and is designed to allow a quick check of whether or not a child is recorded as having asthma, and consent is given for an emergency inhaler to be administered.

We will include, with parental consent, a photograph of each child, to allow a visual check to be made.

If the pupil is unknown to the staff member when breathless in an attack (new to school or a non-English speaking EAL pupil, or non-verbal pupil with SEN) then the 'designated staff member' should be able to confirm these children have consent.

Section 5 – Maintaining kits

The designated staff will conduct a monthly check of the kits and record dates and re-order when necessary. (Appendix 1)

month	date	inhaler present with cap Y/N	Inhaler has doses Y/N	Inhaler date expired Y/N	Unused spacers present Y/N
JAN					
FEB					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUG					
SEPT					
OCT					
NOV					
DEC					

Section 6 – Staff training

All staff are:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms.
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- 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.

Nicola Mawson and Helen Dobson have 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 this school's asthma policy as someone to whom all members of staff may have recourse in an emergency.

Tow Law Millennium Primary has ensured there are a reasonable number of designated members of staff to provide sufficient coverage for our school population. (18:98 + 8)

We will ensure staff have appropriate training and support, relevant to their level of responsibility.

Designated staff are trained to:

- recognise asthma attacks (and distinguishing them from other conditions with similar symptoms)
- respond appropriately to a request for help from another member of staff;
- recognise when emergency action is necessary;
- administer salbutamol inhalers through a spacer;
- make appropriate records of asthma attacks.

We have agreed the emergency procedure to respond to an asthma attack

On recognising an asthma attack the staff member will

- summon assistance by sending pupil or support staff for one of the designated staff members
- When sent for the designated member of staff will bring emergency asthma kit.
- the register will be checked by designated staff member
- the inhaler will be administered with support from a designated staff member

Salbutamol inhalers are intended for use where a child has asthma.

The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation or 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:

A. diagnosed with asthma, and prescribed a reliever inhaler

AND parental consent has been given for an emergency inhaler to be used.

OR

B. who have been prescribed a reliever inhaler

AND parental consent has been given 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.

However, an asthma attack requires an immediate response.

Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Education for Health is a charity providing asthma training with the most up to date guidelines and best practice

<http://www.educationforhealth.org>

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Section 7 – Recording use of emergency inhaler

‘Supporting pupils with medical conditions’ statutory guidance requires written records to be kept of medicines administered to children.

The use of the emergency inhaler will be recorded using appendix & and will include where and when the attack took place (e.g. PE lesson, playground/yard, classroom), how much medication was given, and by whom.

The child’s parents must then be informed in writing so that this information can also be passed onto the child’s GP.

Policy implemented Summer 2025

Review date Summer 2027

If you require this information summarised in another language or format please contact the school office on:



01388 730283

This protocol does not supersede the Department of Health guidance

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/350640/guidance_on_use_of_emergency_inhalers_in_schools_September_2014_3_.pdf

This protocol does not supersede the Department of Health guidance

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/350640/guidance_on_use_of_emergency_inhalers_in_schools_September_2014_3_.pdf

Appendix 1

EMERGENCY INHALER KIT - MONTHLY CHECK

Month	Date	Inhaler present with cap Y/N Re-order if No	Inhaler has doses Y/N Re-order if No	Inhaler date expired Y/N Re-order if No	Unused spacers present Y/N Re-order if No
JAN					
FEB					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUG					
SEPT					
OCT					
NOV					
DEC					

This protocol does not supersede the Department of Health guidance

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/350640/guidance_on_use_of_emergency_inhalers_in_schools_September_2014_3_.pdf

This protocol does not supersede the Department of Health guidance

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/350640/guidance_on_use_of_emergency_inhalers_in_schools_September_2014_3_.pdf

