



Riversdale Primary School

A nurturing, ambitious and values led school.

ASTHMA AND EMERGENCY INHALER POLICY

DATE: 1st June 2026

REVIEW DATE: 30th May 2029

PURPOSE

Riversdale Primary School is committed to ensuring that pupils with asthma are safe, well supported and able to participate fully in school life.

Asthma is a common long-term medical condition which can usually be managed effectively with appropriate medication, awareness and support. However, asthma can also be serious and, in some cases, life-threatening. This policy sets out how the school supports pupils with asthma, manages prescribed inhalers, holds and uses emergency salbutamol inhalers, and responds to asthma symptoms and asthma attacks.

This policy should be read alongside the school's Supporting Pupils with Medical Conditions Policy and First Aid and Medicines Policy.

LEGAL FRAMEWORK AND GUIDANCE

This policy has been written with regard to:

- Children and Families Act 2014, Section 100, which places a duty on governing bodies of maintained schools to make arrangements for supporting pupils with medical conditions.
- DfE statutory guidance: Supporting pupils at school with medical conditions, which schools must have regard to when supporting pupils with medical conditions. This guidance requires schools to have arrangements for individual healthcare plans, managing medicines, keeping records, staff training and ensuring pupils can access education as fully as possible.
- Department of Health guidance on the use of emergency salbutamol inhalers in schools, which explains that schools may choose to hold emergency salbutamol inhalers for use when a pupil with asthma cannot access their own inhaler.
- Human Medicines Regulations 2012, as amended in 2014, which allow schools to obtain and hold emergency salbutamol inhalers for use in schools.

The school notes that the Department for Education consulted in 2026 on updated statutory guidance for supporting pupils with medical conditions and allergies. Until revised statutory guidance is confirmed, the current DfE statutory guidance remains the operative guidance.

SCOPE

This policy applies to:

- all pupils diagnosed with asthma;
- pupils who have been prescribed a reliever inhaler;
- staff supporting pupils with asthma;
- school activities during the normal school day;
- breakfast club, after-school club and other extended provision;
- PE, swimming, sports fixtures, educational visits and off-site activities.

PRINCIPLES

Riversdale Primary School will:

- support pupils with asthma to access school life fully and safely;
- ensure pupils with asthma have access to their prescribed reliever inhaler when needed;
- maintain an accurate asthma register;
- obtain written parental consent for use of the school's emergency salbutamol inhaler;
- ensure staff know how to recognise and respond to asthma symptoms and asthma attacks;
- keep emergency salbutamol inhalers available for appropriate emergency use;
- ensure medicine administration is recorded and parents/carers are informed;
- support pupils to develop age-appropriate independence in managing their asthma;
- make reasonable adjustments where needed so that asthma does not unnecessarily limit participation.

ASTHMA REGISTER

The school will maintain an asthma register of pupils who:

- have been diagnosed with asthma; or
- have been prescribed a reliever inhaler.

The asthma register will include:

- the pupil's name and class;
- whether the pupil has asthma or has been prescribed a reliever inhaler;

- details of the pupil's usual inhaler and spacer, where provided;
- known triggers, where provided by parents/carers;
- whether written parental consent has been given for use of the school's emergency salbutamol inhaler;
- any relevant individual healthcare plan or asthma action plan.

The asthma register will be kept up to date and made accessible to relevant staff, including class teachers, first aiders, office staff, PE/swimming staff, midday supervisors and staff leading trips or clubs.

Information will be handled in line with the school's Data Protection Policy.

INDIVIDUAL HEALTHCARE PLANS AND ASTHMA ACTION PLANS

Not every pupil with asthma will require an individual healthcare plan. However, an individual healthcare plan or asthma action plan will be considered where a pupil:

- has severe asthma;
- has had recent asthma attacks or hospital treatment;
- needs support to use their inhaler;
- has additional medical needs;
- has SEND or communication needs that affect their ability to identify or report symptoms;
- requires specific arrangements for PE, swimming, trips or other activities;
- has other risk factors identified by parents/carers, healthcare professionals or the school.

Plans will be developed with parents/carers and, where appropriate, healthcare professionals. Pupils will be involved as far as appropriate for their age and understanding.

Plans should be reviewed at least annually, or sooner if the pupil's condition, medication or needs change.

PUPILS' OWN INHALERS

Parents/carers are responsible for ensuring that their child has an appropriate, in-date, prescribed reliever inhaler in school.

The inhaler should be:

- clearly labelled with the pupil's name;
- in date;
- in good working order;
- accompanied by a spacer where this has been prescribed or recommended;
- replaced promptly when expired, empty, lost or damaged.

Inhalers will be stored safely but accessibly in the classroom with a spare in the General Office. Where a pupil is assessed as able to carry and use their own inhaler safely, this will be agreed with parents/carers and recorded.

Inhalers must be readily accessible. They must not be locked away or stored in a way that delays access during an asthma attack.

EMERGENCY SALBUTAMOL INHALER

Riversdale Primary School holds emergency salbutamol inhalers for use in emergencies.

The emergency salbutamol inhaler may only be used by a pupil:

- who has been diagnosed with asthma and prescribed a reliever inhaler; or
- who has been prescribed a reliever inhaler; and
- for whom written parental consent for use of the emergency inhaler has been provided.

The emergency inhaler may be used if the pupil's own inhaler is:

- not available;
- empty;
- broken;
- out of date;
- lost;
- otherwise unusable.

The school's emergency salbutamol inhaler is not a replacement for a pupil's own prescribed inhaler. Parents/carers remain

responsible for ensuring that their child has their own in-date inhaler in school.

EMERGENCY INHALER KIT

Each emergency inhaler kit will contain:

- a salbutamol metered dose inhaler;
- single-use compatible spacers;
- instructions for using the inhaler and spacer;
- manufacturer's information;
- a copy of the asthma register or clear access to the register;
- a checklist recording batch number, expiry date and monthly checks;
- a record of administration form;
- information on replacement, cleaning and disposal.

The school will ensure that there are enough emergency inhaler kits to allow prompt access across the school site, including during PE, lunchtime and extended provision.

STORAGE, CARE AND CHECKING

Emergency inhaler kits will be stored in the General Office. They will be safe, accessible and available without delay in an emergency. They will not be locked away.

Emergency inhalers will be stored in line with manufacturer instructions, including protection from direct sunlight and extremes of temperature.

The school will identify at least two members of staff responsible for checking emergency inhaler kits. Checks will take place at least monthly and will include:

- the inhaler is present;
- the inhaler is in date;
- the inhaler appears to be in working order;
- there are sufficient doses remaining;
- compatible single-use spacers are available;
- records and instructions are present;
- any used, damaged or expired items are replaced.

The inhaler will be primed in line with manufacturer guidance.

Spacers will be single-use and will not be reused by another pupil. After use, a spacer may be given to the child to take home or disposed of appropriately.

If the inhaler itself is used, it will be cleaned in line with manufacturer guidance before being returned to the kit. If there is any risk of contamination with blood or bodily fluids, the inhaler will be disposed of and replaced.

Spent or expired inhalers should be returned to a pharmacy for safe disposal where appropriate.

RECOGNISING ASTHMA SYMPTOMS

Staff should be aware that common asthma symptoms can include:

- coughing;
- wheezing;
- shortness of breath;
- tightness in the chest;
- difficulty breathing;
- symptoms triggered by exercise, cold air, pollen, infection, animals, dust, stress or other individual triggers.

Younger children may not be able to describe chest tightness clearly and may say they have a tummy ache, feel tired, feel worried or do not feel right.

Day-to-day symptoms may improve with the pupil's own reliever inhaler and rest. However, staff must act promptly if symptoms suggest an asthma attack.

SIGNS OF AN ASTHMA ATTACK

Signs of an asthma attack may include:

- persistent coughing when at rest;
- wheezing when at rest;
- difficulty breathing;
- fast or deep breathing;
- being unusually quiet;
- difficulty speaking in full sentences;
- appearing distressed, frightened or exhausted;
- nasal flaring;
- a blue, grey or pale tinge around the lips;
- collapse.

If a pupil shows signs of an asthma attack, staff must follow the emergency asthma procedure below.

EMERGENCY ASTHMA PROCEDURE

If a pupil is showing signs of an asthma attack:

1. Keep calm and reassure the pupil.
2. Encourage the pupil to sit upright and slightly forward. Do not make them lie down.
3. Use the pupil's own reliever inhaler if available.
4. If the pupil's own inhaler is not available or is unusable, use the school's emergency salbutamol inhaler, provided the pupil is on the asthma register and parental consent has been given.
5. Use a spacer.
6. Give two puffs of salbutamol. Give one puff at a time and ask the pupil to breathe in and out through the spacer after each puff.
7. If there is no improvement, continue to give two puffs every two minutes, up to a maximum of ten puffs.
8. Stay with the pupil. Do not leave them unattended.
9. Call 999 immediately if:
 - the pupil does not improve after the inhaler;
 - the pupil is getting worse;
 - the pupil is too breathless to talk;
 - the pupil is exhausted;
 - the pupil has a blue, grey or pale tinge around the lips;
 - the pupil collapses;
 - staff are worried at any point.
10. If an ambulance has been called and does not arrive within 10 minutes, repeat up to another 10 puffs in the same way.
11. Contact parents/carers after calling 999.
12. A member of staff should accompany the pupil to hospital if a parent/carer has not arrived before the ambulance leaves, and should remain until the parent/carer arrives.

Where there is any doubt, staff should treat the situation as an emergency and call 999.

RECORDING USE OF INHALERS

The school will keep a written record when:

- a pupil uses the school's emergency salbutamol inhaler;
- a member of staff supports or administers a pupil's own inhaler in response to significant symptoms;
- an asthma attack occurs;
- emergency services are called.

The record will include:

- the pupil's name and class;
- date and time;
- location;
- symptoms observed;
- inhaler used;
- number of puffs given;
- staff involved;
- whether parents/carers were contacted;

- whether 999 was called;
- any follow-up action required.

Parents/carers will be informed when the emergency inhaler has been used or when there has been a significant asthma incident.

PE, SWIMMING, CLUBS AND PHYSICAL ACTIVITY

Pupils with asthma should be encouraged and supported to participate in PE, swimming, sports clubs and physical activity unless medical advice indicates otherwise.

Staff leading PE, swimming or sports activities must ensure that pupils' reliever inhalers are accessible.

For swimming, off-site PE or sports fixtures, the responsible member of staff must check that:

- the pupil's inhaler is available;
- any emergency medication arrangements are known;
- the pupil's asthma plan or relevant information is accessible;
- emergency procedures can be followed.

Pupils who experience exercise-induced symptoms may need to use their inhaler before activity where this has been advised by parents/carers or healthcare professionals.

EDUCATIONAL VISITS AND OFF-SITE ACTIVITIES

Pupils with asthma should be included in educational visits, residential visits and off-site activities wherever this can be done safely and reasonably.

Risk assessments for visits must consider:

- pupils with asthma or prescribed reliever inhalers;
- access to pupils' own inhalers;
- whether an emergency inhaler kit should be taken;
- staff knowledge of asthma procedures;
- access to emergency medical help;
- triggers such as pollen, cold weather, animals, dust, exercise or travel.

A member of staff on the visit must know which pupils have asthma and how to access their medication.

BREAKFAST CLUB, AFTER-SCHOOL CLUB AND EXTENDED PROVISION

The school's asthma procedures apply during breakfast club, after-school club and other school-led extended provision.

Staff working in extended provision must know:

- which pupils attending have asthma;
- where inhalers are stored;
- how to access the asthma register;
- how to respond to asthma symptoms or an asthma attack;
- how to record and report any incident.

ROLES AND RESPONSIBILITIES

Governing Body

The Governing Body is responsible for ensuring that arrangements are in place to support pupils with medical conditions, including asthma.

The Governing Body will ensure that:

- relevant policies are in place and reviewed;
- staff receive appropriate support and training;
- insurance arrangements cover staff supporting pupils with medical conditions;
- the school monitors the effectiveness of its arrangements.

Headteacher

The Headteacher is responsible for ensuring that this policy is implemented effectively.

This includes ensuring that:

- an asthma register is maintained;
- emergency inhaler arrangements are in place;
- staff understand their responsibilities;
- parents/carers are informed of expectations;
- incidents are reviewed and followed up where needed.

General Office

The designated lead or delegated office staff will:

- maintain the asthma register;
- obtain and record parental consent;
- maintain records of inhaler use;
- check emergency inhaler kits, or ensure checks are completed;
- liaise with parents/carers about medication and plans;
- support the review of individual healthcare plans.

Class Teachers and Teaching Staff

Class teachers and teaching staff will:

- know which pupils in their class have asthma;
- know where pupils' inhalers are kept;
- ensure inhalers are accessible;
- support pupils to use inhalers where needed;
- respond promptly to asthma symptoms;
- make reasonable adjustments where required.

First Aiders and Trained Staff

First aiders and trained staff will:

- support pupils experiencing asthma symptoms;
- administer or supervise inhaler use where appropriate;
- follow the emergency asthma procedure;
- record treatment given;
- inform parents/carers and senior leaders as required.

Parents and Carers

Parents and carers are responsible for:

- informing the school if their child has asthma or has been prescribed a reliever inhaler;
- providing an in-date, labelled inhaler and spacer where required;
- replacing inhalers when they expire, run out, are lost or are damaged;
- providing written consent for use of the emergency inhaler if they wish their child to have access to it;
- providing relevant medical information and updates;
- working with the school to complete or review an individual healthcare plan where needed.

Pupils

Where appropriate for their age and understanding, pupils are encouraged to:

- tell an adult if they feel unwell or need their inhaler;
- use their inhaler as prescribed;
- know where their inhaler is kept;
- not share inhalers with other pupils;
- take increasing responsibility for managing their asthma safely.

STAFF TRAINING AND AWARENESS

All staff should be aware of:

- the school's asthma procedures;
- how to recognise signs of asthma symptoms and asthma attacks;
- how to summon help;
- where emergency inhaler kits are kept;
- how to access the asthma register;
- who the designated staff are.

Staff with specific responsibilities for supporting pupils with asthma will receive appropriate training or instruction. This may include:

- recognising asthma attacks;
- using a metered dose inhaler and spacer;
- administering emergency salbutamol;
- recording medication administration;
- responding to medical emergencies.

Training and awareness will be refreshed periodically and when procedures change.

CONFIDENTIALITY AND DATA PROTECTION

Information about pupils' asthma, medical needs, medication and emergency arrangements will be handled sensitively and in line with the school's Data Protection Policy, UK GDPR and the Data Protection Act 2018.

Relevant information will be shared with staff where necessary to keep pupils safe. This may include class teachers, first aiders, office staff, lunchtime staff, PE/swimming staff, club staff and trip leaders.

EQUALITY, INCLUSION AND REASONABLE ADJUSTMENTS

The school will ensure that pupils with asthma are not unnecessarily excluded from learning, physical activity, visits, clubs or wider school life.

Reasonable adjustments will be made where required, taking into account the pupil's needs, medical advice, parent/carer views and the school's duty to keep pupils safe.

Pupils will not be penalised for needing to use an inhaler or for experiencing asthma symptoms.

MONITORING AND REVIEW

This policy will be reviewed every two years, or sooner if:

- statutory guidance changes;
- there is a serious asthma incident;
- local authority or health guidance changes;
- school procedures change;
- monitoring identifies a need for review.

The school will review asthma incidents to identify any learning, including whether medication was accessible, whether procedures were followed, and whether any pupil plan or staff training needs updating.