



THE RAMSEY ACADEMY, HALSTEAD

Emergency Asthma Inhaler and Adrenaline Auto-Injector Policy

Last Reviewed	September 2026
Next Review Date	September 2027
Ratified Full Governors	October 2026

Emergency Asthma Inhaler and Adrenaline Auto-Injector Policy

1. Introduction

1.1 This policy outlines the procedures for the safe storage, use, and administration of emergency asthma inhalers and adrenaline auto-injectors (AAIs) within the school.

1.2 Critical situations may arise where a pupil does not have immediate access to their prescribed inhaler or AAI. The school maintains emergency kits to ensure prompt and effective treatment.

1.3 This policy is informed by:

- The Human Medicines Regulations 2014 (as amended)
- Department of Health and Social Care guidance on emergency inhalers (2014)
- Department for Education guidance on supporting pupils with medical conditions
- MHRA safety guidance on AAIs (2023)
- Anaphylaxis UK and NHS clinical recommendations
- Emerging statutory guidance (expected **September 2026**) requiring schools to hold spare AAIs, provide staff training, and maintain robust allergy procedures [\[gov.uk\]](https://www.gov.uk)

1.4 The school recognises its duty of care to safeguard pupils with medical conditions and ensure staff are trained and confident to respond in an emergency.

2. Emergency Asthma Inhaler

2.1 Contents of the Emergency Asthma Kit

The kit will include:

- Salbutamol metered dose inhaler(s)
- At least two compatible spacers (single-use or appropriately cleaned reusable devices)
- Instructions for use
- Manufacturer's information
- Storage guidance
- A register of inhalers (including batch numbers and expiry dates) Appendix D
- A list of pupils with consent and/or Individual Healthcare Plans (IHPs)
- A record of administration

2.2 Use of Emergency Inhaler

The emergency inhaler may be used:

- By pupils with a diagnosis of asthma or who have been prescribed a reliever inhaler
- Where written parental consent is in place via the Individual Healthcare Plan and the Permission to administer medication form (appendices found in supporting students with medical conditions policy) and Asthma card (Appendix A)

2.3 Emergency Asthma Procedure

In the event of an asthma attack:

- Keep the pupil calm and seated upright
- Assist with their own inhaler if available; otherwise use the emergency inhaler
- Give **2 puffs via spacer**, one puff at a time (5 breaths per puff)
- If no improvement, give **2 puffs every 2 minutes**, up to a maximum of 10 puffs
- If symptoms worsen or do not improve at any time, **call 999 immediately**
- If the ambulance has not arrived within 10 minutes, repeat up to 10 puffs
- Stay with the pupil at all times

2.4 Storage and Access

- Inhalers must be stored in line with manufacturer guidance
- They must be **clearly labelled, easily accessible, and not locked away**
- All staff must know their location

2.5 Maintenance

- Monthly checks of expiry dates and condition
- Used or expired inhalers returned to parent/pharmacy
- Spacers are single-use or cleaned appropriately

2.6 Training

All relevant staff will receive **annual asthma training**, including:

- Recognising symptoms
- Inhaler and spacer use
- Emergency procedures

2.7 Record Keeping and Communication

- All use must be recorded (time, dose, staff member, outcome)
- Parents/carers must be informed as soon as reasonably practicable
- Incidents will be reviewed for learning and improvement

3. Adrenaline Auto-Injector (AAI)

3.1 Contents of Emergency AAI Kit

- At least two AAIs (appropriate doses)
- Instructions for use
- Manufacturer's information
- Storage instructions
- A register (expiry dates, batch numbers)
- A list of pupils to whom the AAI can be administered (Appendix C)
- Administration records

3.2 Use of AAIs

AAIs may be used:

- For pupils with diagnosed allergies and parental consent (Appendix B)
- **In a life-threatening emergency**, for any individual suspected of anaphylaxis, even without a prior diagnosis, where necessary to preserve life

[\[anaphylaxis.org.uk\]](http://anaphylaxis.org.uk)

Additionally:

- Any member of staff may administer adrenaline in an emergency to save life
[\[anaphylaxis.org.uk\]](http://anaphylaxis.org.uk)

3.3 Emergency Anaphylaxis Procedure

If anaphylaxis is suspected:

- **Administer AAI immediately**
- Call **999 immediately**, stating “anaphylaxis”
- Position pupil:
 - Lying flat (preferred), or
 - Sitting upright if breathing is difficult
 - Do not allow standing or walking
- If no improvement after **5 minutes**, administer a **second AAI**
- Stay with the pupil until emergency services arrive

This aligns with MHRA safety guidance [\[gov.uk\]](http://gov.uk)

3.4 Dosage Guidance

- Under 6 years: 0.15 mg
- 6–12 years: 0.3 mg
- 12+ years: 0.3 mg or 0.5 mg

3.5 Storage and Access

- Stored in a **clearly marked, central location**
- Accessible within **5 minutes**
- Never locked away
- Location known to all staff

3.6 Provision of Devices

- The school will maintain spare AAI
- Pupils prescribed AAI should have **access to two devices at all times** [\[gov.uk\]](http://gov.uk)
- Emergency kits must also be available for off-site activities

3.7 Training

All staff will receive **annual allergy and anaphylaxis training**, including:

- Recognising symptoms
- AAI administration
- Emergency response procedures
- Use of a second dose

This reflects updated DfE expectations for staff preparedness [\[firstaidnews.co.uk\]](http://firstaidnews.co.uk)

3.8 Record Keeping and Follow-Up

All incidents must record:

- Pupil details
- Time and location of incident
- Dose administered
- Staff involved
- Outcome and follow-up actions

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- Dose administered
- Staff involved
- Outcome and follow-up actions

Following an incident:

- Parents must be informed immediately
- Individual Healthcare Plans must be reviewed and updated annually

4. Roles and Responsibilities

4.1 Headteacher

- Overall responsibility for implementation and compliance with policy
- Ensures staff training is in place
- Delegates monitoring and maintenance

4.2 Designated Medical Lead (Deputy Head)

- Oversees medication checks and logs
- Oversees medical registers and IHCPs

4.3 Staff

- Attend training
- Know locations of emergency medication
- Act promptly in emergencies

5. Training and Awareness

- Whole-staff awareness of pupils with asthma/allergies
- Annual training for all relevant staff
- Induction training for new staff

6. Monitoring and Review

- Medication checks recorded half termly
- Policy reviewed annually or upon updated statutory guidance
- Prepared for implementation of new **mandatory AAI requirements (September 2026)** [[gov.uk](https://www.gov.uk)]

7. Additional Good Practice

- Emergency medication included in all trips and off-site activities
- Clear signage for medication storage
- Regular communication with parents

8. References

- Department of Health: Emergency inhalers in schools [[gov.uk](https://www.gov.uk)]
- Anaphylaxis UK guidance [anaphylaxis.org.uk]
- MHRA AAI safety update [[gov.uk](https://www.gov.uk)]
- DfE developments on allergy protection (2026) [[gov.uk](https://www.gov.uk)]

APPENDIX A – EMERGENCY INHALER CONSENT FORM

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?
Call our friendly helpline nurses

0300 222 5800

(9am – 5pm; Mon – Fri)

www.asthma.org.uk

APPENDIX B – ADRENALINE AUTO-INJECTOR CONSENT FORM

bsaci
improving allergy care
through education, training and research

ALLERGY ACTION PLAN

RCPCH
Royal College of
Paediatrics and Child Health
Leading Allergy in 20 Years' Time

Anaphylaxis
Allergy UK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

..... (If vomited, can repeat dose)
• Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)



- 2 Use Adrenaline autoinjector without delay (eg. EpiPen®) (Dose: mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name



2) Name



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

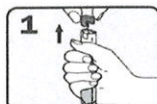
Print name

Date

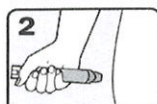
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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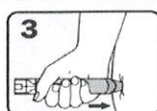
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:

APPENDIX D - REGISTER OF INHALERS

[illegible]