

Medicines Optimisation Position Statement

Position Statement	Use of inhalers in school
Position Statement number	008
Approved by Medicines Optimisation Group:	November 2023
Ratified by Medicines Board	November 2023
Date of original issue:	December 2021
Date of last review:	N/a
Date of planned review	November 2025

Salbutamol is a short acting bronchodilator (SABA) used to relieve symptoms of asthma and chronic obstructive pulmonary disease (COPD) such as coughing, wheezing and feeling breathless. It works by relaxing the muscles of the airways into the lungs, which makes it easier to breathe. Because COPD is almost exclusively a disease of older age, this statement refers only to an asthma diagnosis.

Salbutamol inhalers are called "reliever" inhalers because they give quick relief from breathing problems, but the majority of people diagnosed with asthma will be prescribed inhaled corticosteroids (ICS) as a "preventer" which should be used regularly every day. **Note:** children and young people over 12 years, may be prescribed an inhaler which contains the combination of maintenance ICS and reliever therapy, which may be used as needed instead of a SABA in response to symptoms according to their asthma plan.

Improving outcomes for people with respiratory illnesses¹ highlights that well controlled asthmatics should not require more than two canisters of reliever SABA a year. The excessive (e.g., more than six canisters in 12 months) use of a SABA in asthma is associated with poor outcomes and even death. If pupils are using a reliever inhaler (such as salbutamol) more than 3 times a week or find they have used more than 1 inhaler a month, it is likely to be a sign that their asthma is not well controlled and should be advised to book an asthma review as soon as possible.

Studies have shown that by reducing the excessive use of SABAs, there is potential to avoid up to 70% of hospital admissions.² Because non-adherence to preventer inhaled corticosteroids and over reliance on a SABA is associated with an increased risk of poor asthma control, GP practices are reviewing the use of SABA inhalers, and checking that patients are regularly using their inhaled corticosteroid as advised.

Salbutamol multidose inhalers (MDIs) are the single biggest source of carbon emissions from NHS medicines prescribing. Therefore, as well as improving patient health, a reduction in the inappropriate use of SABA inhalers will also reduce harmful carbon emissions.

To assess disease control, it is important for patient safety that clinicians understand how many SABA inhalers are used throughout the year and are therefore advised not to prescribe any more inhalers than is clinically necessary, i.e., prescribing additional inhalers for various locations such as schools, after school clubs or activities or childcare. Pupils have the option, if they have two inhalers prescribed by their GP practice, to leave one prescribed named inhaler at school for emergency use and use the other outside of school. In this scenario, the pupil / parent or carer should ensure that the school

¹ [Improving outcomes for people with respiratory illnesses](#)

² [Reducing short-acting beta-agonist overprescribing in asthma](#)

inhaler is switched and used before the expiry date to avoid any waste. No additional inhalers should be requested.

Pupils are advised to ensure they always have their SABA on them, or easily accessible, in accordance with school policy. Since October 2014, schools have been able to purchase and hold stocks of asthma inhalers containing salbutamol and spacers for delivery for use in an emergency³. This stock may be used in emergency if the pupil's SABA is unavailable. The pupil/carer should be advised to contact their practice for review if the schools emergency supply of SABA is used with any frequency, as the pupil may need a review with their GP, pharmacist or nurse.

NB schools are not required to hold an inhaler – this is a discretionary power enabling schools to do so if they wish.

Recommendation summary: The number of inhalers prescribed to children and adolescents to treat and control the symptoms of asthma should only be as clinically indicated. Additional inhalers ordered to store in additional locations are not advised.

³ [Supplying asthma inhalers to schools for emergency use](#)