
FENISCOWLES

PRIMARY SCHOOL

Asthma Management and Emergency Response Policy

2026-27

Headteacher	Rob Andrew
Operational Asthma Lead	Robyn Turner
School Nursing Service	ELHT 0-19 Universal Health Service: 01254 585000, option 2
Approved by	Governing Body (re-approval required following this amendment)
Review cycle	At least annually and following a significant incident, near miss or material change in guidance
Next formal review	September 2027

1. Purpose and status

Feniscowles Primary School recognises asthma as a common, potentially serious but manageable long-term respiratory condition. The school will ensure that pupils with asthma, suspected asthma or prescribed reliever medication are supported safely, consistently and inclusively so that they can participate fully in school life.

This policy sets out the school's operational arrangements for identifying pupils with asthma, maintaining clinical information, ensuring immediate access to prescribed medication, supporting day-to-day symptoms, responding to asthma attacks, managing the school emergency salbutamol inhaler, and learning from incidents and near misses.

It should be read alongside the school's Supporting Pupils with Medical Conditions Policy, Allergy Safety Policy, First Aid Policy, Educational Visits Policy, Safeguarding Policy and Medicines procedures. Where a pupil has both asthma and allergy, the Allergy Action Plan and Asthma Action Plan must be read together.

2. Legal and guidance framework

This policy has been prepared with regard to the current legal and clinical framework in England, including:

- Section 100 of the Children and Families Act 2014 and Department for Education statutory guidance, Supporting pupils at school with medical conditions.
- Children's Wellbeing and Schools Act 2026 and Department for Education statutory guidance, Allergy safety in schools, published July 2026.
- Human Medicines Regulations 2012, as amended, and Department of Health and Social Care guidance on emergency salbutamol inhalers for use in schools.
- Equality Act 2010, including the duty to make reasonable adjustments where asthma has a substantial and long-term adverse effect on normal day-to-day activities.
- BTS/NICE/SIGN guideline NG245, Asthma: diagnosis, monitoring and chronic asthma management, including current approaches to reliever therapy and personalised asthma action plans.
- Current NHS, Asthma + Lung UK and local school nursing advice for children and young people with asthma.

The Department for Education consulted on revised medical conditions guidance during 2026. At the date of this policy, the existing Supporting pupils at school with medical conditions statutory guidance remains in force, while the separate July 2026 Allergy Safety statutory guidance is in force for allergy safety.

3. Policy objectives

- Maintain an accurate asthma register and reliable medication information.

- Ensure pupils have immediate access to their prescribed reliever medication and spacer or other prescribed device.
- Ensure each pupil has a current Asthma Action Plan supplied or confirmed by the relevant healthcare professional.
- Ensure all pupil-facing staff can recognise deterioration and respond promptly to an asthma attack.
- Maintain emergency salbutamol inhalers and spacers on both school sites in accordance with national guidance.
- Support full participation in learning, PE, sport, clubs, visits and residential activity.
- Reduce avoidable triggers where reasonably practicable without creating unnecessary restrictions.
- Record significant asthma events and use incidents and near misses to improve systems.

4. Roles and responsibilities

4.1 Governing body

- Ensure suitable arrangements are in place to support pupils with medical conditions.
- Receive assurance that this policy is implemented and reviewed.
- Ensure adequate resources, training and oversight are available.
- Receive a written summary of asthma incidents, emergency inhaler use and any safeguarding-related concerns at least annually, alongside the policy review, or sooner following a serious incident.

4.2 Headteacher

- Ensure this policy is implemented across both sites and all school activities.
- Ensure sufficient trained staff are available, including during clubs and visits.
- Ensure emergency medication arrangements are not dependent on one person or one building.
- Escalate serious incidents and ensure appropriate post-incident review.

4.3 Operational Asthma Lead

- Maintain the asthma register and ensure updates are made when information changes.
- Check that current Asthma Action Plans, prescribed medication, spacers/devices and parental permissions are in place.
- Oversee emergency salbutamol kits, monthly checks, expiry monitoring and replenishment.
- Coordinate staff awareness and induction arrangements.
- Review significant incidents, repeated reliever use and near misses.
- Liaise with parents, school nursing, primary care or specialist teams where concerns arise, with appropriate consent.

- Where clinical liaison matters — for example, communicating with school nursing, primary care or specialist teams about a change in treatment — fall outside the postholder's operational expertise, these will be undertaken jointly with a designated pastoral lead or the Designated Safeguarding Lead, so that logistics and clinical liaison responsibilities are both clearly covered.

4.4 All staff

All staff have a responsibility to know how to summon help, where medication is located, and how to respond to a pupil who is experiencing asthma symptoms. Staff must follow the pupil's current Asthma Action Plan and this policy, remain with an unwell pupil, and record significant episodes.

This applies equally to staff and volunteers working in breakfast club, after-school club and extended provision, and to any external provider or lettings organisation operating on the school site, who must be briefed on relevant pupils' needs before sessions begin.

4.5 Parents and carers

- Tell school promptly about asthma, suspected asthma, viral-induced wheeze or prescribed reliever medication.
- Provide current clinical information and an Asthma Action Plan.
- Provide prescribed, in-date medication and spacer/device, clearly labelled where appropriate.
- Tell school immediately about changes in medication, treatment plan, triggers or clinical advice.
- Provide written consent for use of the school emergency salbutamol inhaler where applicable.

4.6 Pupils

Pupils will be involved in managing their asthma at a level appropriate to their age, maturity, understanding and clinical plan. They will be encouraged to recognise symptoms, tell an adult promptly, know where their medication is kept and develop safe self-management skills.

5. Identification and the asthma register

The school will maintain a live asthma register. A pupil should be included where the school is informed that they have diagnosed asthma, suspected asthma or viral-induced wheeze requiring school arrangements, or have been prescribed a reliever inhaler for use at school.

The register will record, as appropriate:

- pupil name, class and photograph where needed for safe identification;
- diagnosis or clinical status;
- known triggers and typical symptoms;
- prescribed reliever medicine and device;

- whether a spacer is required;
- location of the pupil's medication;
- whether the pupil self-carries;
- whether assistance or supervision is required;
- date/version of Asthma Action Plan;
- emergency salbutamol consent status;
- relevant allergy/anaphylaxis status;
- emergency contact details.

The register will be reviewed at least termly operationally and updated immediately when the school receives new information. An annual parent check will not replace real-time updating.

Asthma register information, including any photographs held for safe identification, is special category health data and will be stored, shared and retained in line with the school's data protection policy and retention schedule.

6. Asthma Action Plans and Individual Healthcare Plans

Each pupil with asthma should have a current Asthma Action Plan issued or completed with their healthcare professional. The plan should describe the pupil's usual treatment, triggers, symptoms, reliever medicine, device technique, exercise arrangements and when urgent or emergency help is required.

Where a pupil requires arrangements that are additional to or different from those generally available, has complex or poorly controlled asthma, has significant co-existing allergy, requires regular treatment in school, or has needs affecting attendance or participation, the school will consider an Individual Healthcare Plan. The Asthma Action Plan should be attached to or referenced within the IHP.

Where a pupil is newly identified with suspected asthma, viral-induced wheeze or a first prescribed reliever, and a healthcare professional-issued Asthma Action Plan is not yet available, the school will follow the general emergency response set out in Section 10 together with any interim instructions provided by the prescriber or parent, and will obtain a current Asthma Action Plan as soon as reasonably possible. This interim period should be kept as short as possible and is monitored by the Asthma Lead.

Generic school forms may support administration but must not replace current healthcare professional advice.

7. Medication and immediate access

7.1 Pupil's own reliever

A pupil who has been prescribed reliever medication should have access to it throughout the school day. Medication must not be locked away or stored in a location that creates avoidable delay.

- Older or sufficiently mature pupils may self-carry where this is agreed with parents and school and is consistent with the clinical plan.
- For pupils who do not self-carry, medication will be stored in an unlocked, clearly identified and immediately accessible location close to where the pupil is normally based, with arrangements for movement around school.
- Medication must remain accessible during PE, break, lunch, clubs, performances, educational visits and residential visits.
- Pupils must never be sent alone to fetch an inhaler during an asthma episode. Medication must be brought to the pupil.
- Where a metered-dose inhaler is prescribed with a spacer, the spacer must be available with it.

7.2 Reliever therapies are not always blue

Staff must not assume that every child uses a blue salbutamol inhaler as their prescribed reliever. Some children may be prescribed an anti-inflammatory reliever or a maintenance-and-reliever therapy inhaler. Staff will follow the medicine, dose and device instructions on the pupil's current Asthma Action Plan and label. The school will not change the prescribed regimen.

7.3 Preventer and other asthma medicines

Most preventer treatment is taken at home. Where a healthcare professional prescribes a dose during school time, or where treatment is required on a residential visit, the school will administer or support it under the school's medicines procedures and the pupil's healthcare plan.

8. Staff awareness and training

All pupil-facing staff will receive asthma awareness and emergency-response information at induction and a refresher at least annually. Staff with specific medication responsibilities will receive training appropriate to that role.

Training will cover:

- common asthma symptoms and signs of an attack;
- the need to act promptly and remain with the pupil;
- location and access arrangements for prescribed medication and emergency salbutamol;
- use of a metered-dose inhaler and spacer, including the correct interval between puffs;
- the importance of following individual Asthma Action Plans;
- the fact that some pupils may use AIR/MART reliever therapy rather than a blue inhaler, and the fallback dosing to use if that pupil's plan cannot be located in an emergency;
- the relationship between asthma, allergy and anaphylaxis;
- when to call 999;

- recording and parent notification requirements.

9. Day-to-day symptoms and deteriorating control

Common symptoms can include cough, wheeze, breathlessness, chest tightness, reduced exercise tolerance, night-time symptoms reported by home, or increased need for reliever medication. Symptoms vary between children and wheeze may be absent during a severe attack.

If a pupil has symptoms but is not in severe distress, staff will follow the pupil's Asthma Action Plan, supervise use of the prescribed reliever as required, allow recovery time and monitor the pupil. Significant episodes will be recorded and parents informed in accordance with the plan and school procedure.

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10. Emergency response to an asthma attack

An asthma attack may present with persistent cough, wheeze, chest tightness, difficulty breathing, rapid or laboured breathing, use of accessory muscles, nasal flaring, difficulty speaking, unusual quietness, distress, exhaustion or colour change. Not all signs need to be present.

10.1 If the pupil's prescribed reliever is a salbutamol metered-dose inhaler

1. Keep calm and reassure the pupil. Sit them upright. Do not make them lie flat.
2. Stay with the pupil and send another person for the inhaler, spacer and assistance.
3. Use the pupil's own inhaler. If it is unavailable or unusable and the pupil is eligible with written consent, use the school emergency salbutamol inhaler.
4. Give one puff at a time through the spacer, waiting 30 to 60 seconds between each puff to allow normal breathing, repeating at intervals consistent with current emergency guidance up to a total of 10 puffs unless the pupil improves sooner.
5. If there is no improvement after 10 puffs, or if staff are worried at any time, call 999.
6. If the ambulance has not arrived after 10 minutes and symptoms have not improved, repeat up to 10 puffs while continuing to wait for emergency help.
7. Continue to monitor, reassure and prepare to give CPR/AED support if the pupil becomes unresponsive and is not breathing normally.

10.2 If the pupil uses AIR/MART or another prescribed reliever regimen

Follow the pupil's current Asthma Action Plan and device-specific instructions. If the pupil is severely unwell, deteriorating, the plan is unavailable, treatment is not working or staff are uncertain, call 999. The emergency salbutamol inhaler does not replace the pupil's prescribed reliever plan, but may be used where the national eligibility and consent requirements are met and the pupil's own reliever is unavailable.

Where the pupil's individual instructions cannot be located in an emergency and the pupil is known to be prescribed a MART/AIR combination inhaler, staff should give one puff, waiting 1 to 3 minutes between puffs, up to a maximum of 6 puffs, in line with current national guidance for this reliever type, and call 999 without delay if there is no improvement or staff are worried. This fallback does not replace the pupil's own plan and any occasion it is used should prompt an urgent review of why the plan was not accessible.

10.3 Asthma or anaphylaxis?

A pupil with food allergy and asthma who develops sudden breathing difficulty following possible allergen exposure may be experiencing anaphylaxis. Wheeze can occur in anaphylaxis. Where anaphylaxis is suspected, follow the Allergy Safety Policy and give adrenaline immediately. Do not delay adrenaline by trying salbutamol first. A reliever inhaler may be given after adrenaline if the pupil's Allergy Action Plan advises this.

11. Emergency salbutamol inhalers

Feniscowles Primary School will maintain emergency salbutamol inhaler kits on each site. The response must not depend on medication being transported across Livesey Branch Road from another building.

Emergency salbutamol may only be used for a pupil who has been prescribed a reliever inhaler and for whom written consent to use the school emergency inhaler is held, when the pupil's own reliever is not available or cannot be used. The eligible pupil list will be kept with each emergency kit and kept up to date.

11.1 Each emergency kit will contain

- a salbutamol metered-dose inhaler;
- at least two compatible single-patient-use spacers;
- instructions for use;
- manufacturer information;
- a current list of pupils eligible to use the emergency inhaler;
- a record of administration;
- a record of monthly checks, expiry dates and replacement arrangements.

11.2 Checking and storage

- Kits will be stored unlocked, clearly identified and readily accessible to staff, but not accessible for unsupervised pupil use.
- The Asthma Lead or delegated trained person will check kits at least monthly and record the check.
- The inhaler will be replaced before expiry or when dose availability is becoming insufficient.
- Used spacers will not be shared between pupils and will be replaced after use.
- Cleaning and reuse of the inhaler housing will follow the current national guidance and manufacturer instructions.

11.3 After use

Use of the emergency inhaler will be recorded promptly, including the pupil, date, time, reason and number of puffs. Parents will be informed. The pupil's own medication arrangements will be checked and the kit replenished immediately.

12. Exercise, PE and sport

Pupils with asthma should be enabled to participate fully in PE, sport, outdoor learning and physical activity. Asthma is not, by itself, a reason to exclude a pupil from activity.

- Staff will know which pupils have asthma and what their action plan says about exercise.
- Reliever medication and spacer/device will be immediately accessible at the location of activity.
- Pre-exercise medication will be used only where prescribed in the pupil's plan.
- Pupils who develop symptoms will stop, use prescribed reliever treatment and be supervised until recovered.
- Repeated exercise symptoms will be reported to parents as a possible sign of poor control.
- Reasonable adjustments will be made where required.

13. Triggers and the school environment

Asthma triggers vary between pupils. The school will identify individual triggers from the pupil's Asthma Action Plan and take proportionate steps to reduce avoidable exposure while maintaining inclusion.

Potential triggers can include viral respiratory infections, pollen, mould, dust, animal fur/dander, smoke, air pollution, cold air, exercise, strong fumes or aerosols, and emotional distress. The school nurse resources supplied to the school also identify coughs and colds, cold weather, pollen, cigarette smoke, animals, air pollution, dust, exercise, mould and feelings as common triggers.

- Maintain smoke-free and vape-free school premises.
- Address damp and visible mould promptly through premises procedures.

- Use ventilation appropriately and consider indoor and outdoor air quality where a pupil has identified sensitivity.
- Avoid unnecessary use of aerosol sprays, strong fragrances or fumes where these are known individual triggers.
- Risk assess animal contact, dusty activities and high-pollen outdoor activity where clinically relevant.
- Do not impose blanket restrictions where an individual assessment can safely support participation.

14. Educational visits, clubs and residential

The same standard of asthma safety applies off site and outside the normal school day. Before departure or commencement, the responsible adult will confirm that required medication and devices are available and that relevant staff understand the pupil's needs.

- The visit risk assessment will identify relevant asthma needs and foreseeable triggers.
- The pupil's own reliever and spacer/device will travel with the pupil or responsible adult and remain immediately accessible.
- The emergency salbutamol inhaler will be taken where appropriate for eligible pupils and where doing so is consistent with the emergency inhaler protocol.
- Residential staff will make arrangements for prescribed preventer or other regular medicines that are normally taken outside school hours.
- No pupil will be routinely excluded because of asthma where reasonable arrangements can enable safe participation.

15. Attendance, learning and wellbeing

Asthma may affect sleep, concentration, attendance, participation and wellbeing. Where asthma appears to be affecting a pupil's education, staff will discuss this with parents and consider whether clinical review, reasonable adjustment, pastoral support or an Individual Healthcare Plan is required.

The school will not penalise a pupil for medically necessary asthma-related absence or for requiring treatment during the school day.

16. Recording, incidents and near misses

Significant asthma episodes will be recorded on Medical Tracker or the school's approved medical recording system. Records should include symptoms observed, treatment given, time, dose/puffs, device used, response, 999 involvement, parent contact and follow-up actions.

The following should trigger review by the Asthma Lead:

- an asthma attack requiring 999 or urgent medical assessment;

- use of the emergency salbutamol inhaler;
- repeated reliever use in school;
- a missing, empty, expired or inaccessible inhaler;
- a delay in obtaining medication;
- a discrepancy between the register and current clinical information;
- an incident where staff were unclear about the correct reliever or device;
- any near miss that could reasonably have caused harm.

Serious incidents and significant near misses will be reviewed to identify learning, update controls and determine whether governing body assurance or external reporting is required.

Where a pattern of missing, delayed or unavailable medication, repeated non-attendance at review, or non-engagement with clinical advice raises a concern that a pupil's medical needs may not be being met, the Asthma Lead will discuss this with the Designated Safeguarding Lead in line with the Safeguarding Policy, since this may indicate a possible safeguarding or medical neglect concern.

17. Follow-up after an asthma attack

Parents will be informed after an asthma attack or significant episode. Following emergency department attendance or a significant exacerbation, parents should be encouraged to arrange prompt clinical follow-up in line with the advice given by the treating service. The school nurse resources supplied to Feniscowles advise GP review within two working days following emergency department attendance and promote an asthma review every year and after every attack.

Before or on return to school following a significant attack, the school will check whether the Asthma Action Plan, medication, device or school arrangements have changed.

18. Unacceptable practice

- locking away a pupil's reliever medication or creating unnecessary delay in access;
- sending a symptomatic pupil alone to fetch medication or to the office;
- assuming every reliever inhaler is blue;
- changing the pupil's prescribed dose or treatment plan without clinical instruction;
- preventing a pupil from participating in PE, trips or school activities solely because they have asthma;
- delaying 999 where the pupil is severely unwell or staff are concerned;
- using salbutamol instead of adrenaline where anaphylaxis is suspected;
- allowing emergency inhaler consent or eligibility records to become outdated;
- failing to record or learn from a serious asthma incident or near miss.

19. Monitoring and review

The Asthma Lead will complete a termly operational check and an annual policy review. Monitoring will include the asthma register, action plans, medication availability, expiry dates, emergency salbutamol kits, staff awareness, incidents, educational visits and any recurring problems with access or asthma control.

This policy will be reviewed sooner following a serious incident, significant near miss, change in national guidance, material change to school arrangements, or identification of a recurring weakness.

20. References and linked guidance

- Department for Education. Supporting pupils at school with medical conditions: statutory guidance (current version in force at September 2026).
- Department for Education. Allergy safety in schools: statutory guidance, published 6 July 2026.
- Department of Health and Social Care. Guidance on the use of emergency salbutamol inhalers in schools.
- BTS, NICE and SIGN. Asthma: diagnosis, monitoring and chronic asthma management (NG245), including 2024 recommendations and subsequent updates.
- Asthma + Lung UK. School asthma resources, asthma action plans and asthma attack guidance.
- East Lancashire Hospitals NHS Trust. 0-19 Universal Health Service, including Blackburn with Darwen School Nursing Service.
- Local school nursing asthma resources supplied to Feniscowles Primary School, including School Asthma Management Plan, symptom diary, trigger information and emergency-response materials.

Appendix A: Emergency asthma aide-memoire

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Step	Action
1. Recognise	Persistent cough, wheeze, chest tightness, breathlessness, rapid/laboured breathing, difficulty speaking, distress or exhaustion. Severe attacks may have little or no wheeze.
2. Position	Sit upright. Keep calm and reassure. Do not lie the pupil flat.
3. Treat	Follow the pupil's current Asthma Action Plan and prescribed reliever. If using a salbutamol MDI, use the spacer and give one puff at a time, waiting 30–60 seconds between puffs, up to 10 puffs if needed. If using a MART/AIR inhaler and the plan cannot be found, give one puff every 1–3 minutes up to 6 puffs.
4. Escalate	Call 999 if there is no improvement after the maximum puffs for that device, if symptoms are severe, or at ANY point if you are worried.
5. Continue	If the ambulance has not arrived after 10 minutes and symptoms have not improved, repeat the dosing sequence for the pupil's device while awaiting help.
6. Allergy check	If breathing difficulty follows possible allergen exposure, consider anaphylaxis. Give adrenaline immediately under the Allergy Safety Policy; do not try salbutamol first.

Step	Action
7. Record	Record treatment, response and parent contact. Review the pupil's plan and medication arrangements after a significant episode.

Appendix B: Emergency salbutamol kit monthly check

Check	Status	Action needed	Initial/date
Inhaler present and in date	OK / Not OK		
Sufficient doses available	OK / Not OK		
Spacers present and sealed	OK / Not OK		
Instructions present	OK / Not OK		
Eligible pupil list current	OK / Not OK		
Administration record present	OK / Not OK		
Kit accessible and clearly labelled	OK / Not OK		
Replacement stock/action completed	OK / Not OK		

Appendix C: Minimum annual pupil asthma check

- Asthma/suspected asthma status confirmed.
- Current Asthma Action Plan on file.
- Reliever medicine and device recorded accurately.
- Inhaler/device in date and available.
- Spacer available where required.
- Self-carry/support arrangement agreed.
- Emergency salbutamol consent recorded where applicable.
- Known triggers and exercise arrangements recorded.
- Allergy/anaphylaxis status cross-checked.
- Parents reminded to notify school immediately of any change.

Appendix D: Links with school nurse resources

The school nurse materials supplied to Feniscowles remain useful for pupil education, trigger awareness, symptom discussion and supporting families to seek asthma review. They should be used as supplementary resources, not as a substitute for a current healthcare professional Asthma Action Plan.

Where older resources refer only to a blue inhaler or use a different puff threshold from the current school emergency procedure, staff must follow the pupil's current Asthma Action Plan

and this policy. This avoids conflict with newer reliever regimens and current emergency guidance.