



Brookfield Primary School

Asthma Policy and Emergency Inhaler Protocol 2026

Date Policy Introduced: September 2026
Reviewed: July 2027

Policy status: School policy supporting the Supporting Pupils with Medical Conditions Policy
Responsible person: Simon Shiel, Headteacher
Issue date: September 2026
Review date: September 2027, or earlier following changes to national guidance
Approved by: Full Governing Body

1. Purpose

Brookfield Primary School is committed to ensuring that children with asthma are supported to participate fully and safely in all aspects of school life.

Asthma should not prevent a pupil from accessing education, physical education, play, school trips, residential visits, clubs or other activities. The school will make reasonable and appropriate arrangements so that pupils with asthma can participate alongside their peers.

This policy should be read alongside Brookfield Primary School's Supporting Pupils with Medical Conditions Policy. That policy establishes the school's commitment to ensuring that pupils with medical conditions can access the same education, including trips and sporting activities, as other pupils.

2. Legal and national guidance framework

This policy has been developed with regard to:

- Section 100 of the Children and Families Act 2014;
- the Equality Act 2010;
- the DfE statutory guidance *Supporting pupils at school with medical conditions*;
- DHSC guidance *Guidance on the use of emergency salbutamol inhalers in schools*;
- relevant NHS clinical advice; and
- recognised good practice from Asthma + Lung UK.

The current DfE statutory guidance remains in force. The Government confirmed in July 2026 that revised medical-conditions guidance will be published in due course following its 2026 consultation.

The existing Brookfield medical policy already reflects the Children and Families Act 2014, Equality Act 2010 and DfE statutory guidance.

3. Our aims

Brookfield will:

- identify pupils with asthma and keep relevant information up to date;
- ensure that pupils can access their prescribed reliever medication promptly;
- encourage pupils who are sufficiently mature and competent to manage their own inhaler, where appropriate;
- maintain an up-to-date asthma register;
- obtain written parental/carers consent for use of the school's emergency salbutamol inhaler;
- ensure relevant staff know how to recognise and respond to an asthma attack;
- ensure emergency arrangements are clear and understood;
- make appropriate arrangements for PE, play, trips and off-site activities;
- record the administration of asthma medication as required;
- communicate with parents/carers following emergency inhaler use or a significant asthma episode;
- ensure asthma medication and equipment are checked regularly; and
- review arrangements when a child's needs change.

This reflects the government's emergency-inhaler guidance, which recommends an asthma register, written consent, staff training, records of emergency-inhaler use and arrangements for supply, storage, care and disposal.

4. Asthma register

Brookfield will maintain an Asthma Register identifying pupils who have been diagnosed with asthma and/or prescribed a reliever inhaler.

The register will be readily available to staff who need it and a copy will be kept with, or immediately accessible alongside, the school's emergency asthma inhaler.

Parents/carers must inform the school if:

- their child is diagnosed with asthma;
- their child's medication or treatment changes;
- their child's asthma action plan changes;
- their child no longer requires an inhaler; or
- there is any significant change in their child's condition.

The government emergency-inhaler guidance specifically recommends maintaining such a register and keeping a copy with the emergency inhaler.

5. Asthma action plans and Individual Healthcare Plans

- Parents/carers should provide the school with appropriate information about their child's asthma, including prescribed medication, known triggers, symptoms and emergency arrangements.
- Where provided, the child's personal asthma action plan should be available to relevant staff.
- An Individual Healthcare Plan (IHP) will be developed where the child's asthma requires additional or individualised support, particularly where needs are complex, fluctuate, present an increased risk, or require specific arrangements.
- A diagnosis of asthma does not, by itself, mean that every pupil must automatically have an IHP. The level of planning should be proportionate to the child's needs.
- Where an IHP is required, Brookfield's existing arrangements provide for review at least annually or sooner where needs or recommendations change.
- Pupils should be involved in discussions about their asthma management as far as is appropriate to their age and understanding.

6. Pupils' own inhalers

- Children with asthma should have access to their prescribed reliever inhaler while at school.
- Where a pupil is sufficiently mature and competent to carry and use their own inhaler safely, the school will support them to do so in accordance with their healthcare arrangements and parental/carer information.
- Where the pupil does not carry their inhaler, it must be stored in a location that allows immediate and reliable access.
- An inhaler needed in an emergency must not be inaccessible because it is locked away.
- Government guidance states that children capable of managing their asthma themselves should be able to keep their inhaler with them; otherwise, it should be easily accessible.

7. Labelling and medication

- Medication supplied for an individual pupil must be appropriately labelled and, where applicable, provided in its original container with dispensing information.
- Brookfield's existing medical policy requires the label to identify the child and contain relevant administration information, with details checked against parental consent.
- Parents/carers are responsible for supplying the child's prescribed inhaler and spacer where required and for informing the school of changes to treatment.

8. Brookfield's emergency salbutamol inhaler

- Brookfield Primary School will maintain an emergency salbutamol inhaler kit for use in accordance with national guidance.
- Holding an emergency inhaler is permitted rather than compulsory, but Brookfield has chosen to do so as an additional safeguard. Schools have been permitted to obtain salbutamol inhalers without prescription for emergency use since October 2014.

- The emergency inhaler is not a replacement for a pupil's own prescribed inhaler. Pupils should continue to bring their prescribed medication to school.

9. Who may use the emergency salbutamol inhaler?

The school's emergency salbutamol inhaler may only be used in accordance with the applicable national guidance.

It is intended for a pupil who:

- has been diagnosed with asthma and prescribed an inhaler, or has been prescribed an inhaler as reliever medication;
- has written parental/carers consent for use of the school's emergency inhaler; and
- needs their reliever but their own inhaler is unavailable or unusable, for example because it is empty or broken.

These conditions come directly from the national emergency salbutamol guidance.

The asthma register will make clear which pupils have written parental consent for use of the emergency inhaler.

10. Emergency inhaler kit

Brookfield will ensure that its emergency arrangements include appropriate:

- salbutamol inhaler(s);
- compatible spacer device(s);
- instructions for use;
- asthma register/consent information;
- record-of-use documentation; and
- arrangements for cleaning/replacement and disposal in accordance with current guidance.

The kit will be stored in a clearly identified, readily accessible location known to relevant staff.

Brookfield location: The School Office

The inhaler must not be locked away in a manner that prevents rapid access during an emergency.

Brookfield's existing medical policy already requires emergency medication to remain accessible and under staff control.

11. Checking the emergency kit

A named member of staff will be responsible for ensuring that the emergency inhaler arrangements remain operational.

Named responsible person: Carole Bush

Checks should include that:

- inhalers are present;
- inhalers have not expired;
- spacers and other required equipment are available;
- equipment is in usable condition;
- the asthma register and consent information are current; and
- used, expired or damaged equipment is replaced appropriately.

The government's protocol specifically requires arrangements covering the supply, storage, care and disposal of inhalers and spacers and checking that equipment remains in date and working order.

12. Recognising an asthma attack

Staff should be alert to signs that can indicate an asthma attack, which may include:

- persistent coughing;
- wheezing;
- difficulty or increased effort in breathing;
- rapid breathing;
- chest tightness;
- difficulty speaking or completing sentences;
- becoming unusually quiet;
- signs of distress or exhaustion; and
- deterioration despite using reliever medication.

Government guidance identifies persistent cough, wheezing, difficulty breathing, inability to complete sentences and chest tightness among the signs staff should recognise.

A child who appears exhausted, collapses, or develops blue/white discolouration around the lips requires immediate emergency assistance.

13. Emergency procedure — suspected asthma attack

This procedure should be readily available to staff and displayed with the emergency inhaler.

1. Stay with the child. Keep calm and reassure them.
2. Help the child to sit upright. Do not make them lie down.
3. Obtain their prescribed reliever inhaler and spacer immediately.
4. Follow the child's personal asthma action plan/IHP where one is available.
5. If the child uses a blue salbutamol reliever inhaler: help them take one puff every 30–60 seconds, up to 10 puffs, shaking the inhaler between puffs and using a spacer where available.
6. CALL 999 immediately if:
 - the child is getting worse at any point;
 - the reliever is not helping after the maximum recommended emergency dose;
 - the child does not have access to an appropriate inhaler;
 - the child is severely breathless;
 - the child is unable to speak normally because of breathlessness;
 - the child becomes exhausted, very distressed, confused or drowsy;
 - the child's lips/skin show concerning blue/grey/pale discolouration; or
 - staff are seriously concerned about the child's condition.

Do not wait until 10 puffs have been given if the child is deteriorating or staff are concerned.

7. If an ambulance has not arrived after 10 minutes and symptoms have not improved, repeat the appropriate emergency reliever dose while following instructions from the emergency call handler.

Current NHS advice for a blue reliever is one puff every 30–60 seconds up to 10 puffs and to call 999 if the maximum dose does not help or the child becomes worse. Asthma + Lung UK gives the same one-puff-at-a-time emergency approach for a blue reliever.

Important: AIR and MART inhalers

- Not every child now uses a traditional blue salbutamol inhaler as their reliever.
- Some pupils may have an AIR or MART inhaler, which may have different emergency instructions and maximum doses.
- Staff must therefore follow the child's prescribed asthma action plan/IHP and the instructions for that child's reliever.
- Current NHS guidance distinguishes AIR/MART relievers from blue salbutamol inhalers and advises different emergency dosing.
- The school's emergency salbutamol inhaler protocol remains specifically a salbutamol protocol and must not be assumed to replace a child's individually prescribed AIR/MART treatment plan.

14. After an asthma attack or emergency inhaler use

The school will inform the pupil's parent/carer when:

- the school's emergency inhaler has been used;
- the pupil has experienced a significant asthma episode;
- emergency services have been called; or
- there is another concern about the child's asthma management.
- Use of the emergency inhaler will be recorded, including the pupil, date, time, circumstances and medication administered.
- National emergency-inhaler guidance specifically requires schools to record emergency-inhaler use and inform the child's parent/carer.
- Where appropriate following a significant attack, parents/carers should be advised to seek appropriate clinical follow-up.

15. Recording medication

- Brookfield will maintain appropriate written records of medication administered at school.
- The existing school policy requires records to include the date and time, dose and staff involved and requires reasons for non-administration to be recorded.
- Emergency inhaler administration will be included within these arrangements.

16. Staff training and awareness

All staff should know:

- that Brookfield has an asthma policy;
- how to recognise common signs of an asthma attack;
- how to summon assistance;
- where pupils' reliever inhalers are located;
- where the emergency salbutamol kit is located;
- how to establish whether a pupil is on the asthma register and has consent;
- who the designated staff are; and
- that a deteriorating child may require an immediate 999 call.

All staff are trained to recognise an asthma attack and to know the policy, how to check the register, how to access the emergency inhaler and who the designated staff are.

Staff designated to support use of the emergency inhaler will receive appropriate training and must be confident and competent to carry out their responsibilities.

17. PE, sport and physical activity

- Pupils with asthma will be encouraged to participate fully in PE, sport, play and other physical activity unless individual medical advice indicates otherwise.

- Staff supervising these activities must know which pupils have relevant medical needs and ensure that their reliever medication can be accessed promptly.
- A pupil must not be prevented from participating merely because they have asthma.
- Where a pupil repeatedly requires reliever medication during or around exercise, or staff notice a significant change in symptoms, this should be communicated to parents/carers.

18. School trips, residential visits and off-site activities

- Asthma must be considered when planning educational visits and off-site activities and form part of a risk assessment for the trip.
- The pupil's reliever medication and any required spacer must accompany the pupil and remain readily accessible.

Relevant staff must know:

- which pupils have asthma;
- where their medication is;
- relevant individual arrangements; and
- what to do in an emergency.

Where necessary, asthma needs will be incorporated into the visit risk assessment.

This is consistent with Brookfield's existing policy, which requires staff accompanying visits to be aware of pupils' medical needs and emergency procedures and requires appropriate pre-planning and individual risk assessment.

19. Asthma triggers and the school environment

- The school will take reasonable steps to minimise avoidable exposure to known asthma triggers where these have been identified for an individual pupil.
- Triggers vary between children and may include, for example, respiratory infections, exercise, pollen, cold air, dust, smoke, pollution or other individual factors.
- A child's known triggers and appropriate preventative arrangements should be recorded where relevant in their asthma action plan or IHP.
- Staff should not assume that all pupils with asthma have the same triggers.

20. Self-management and pupil voice

- Pupils will be encouraged, according to their age, maturity and ability, to understand and participate in managing their asthma.
- Children who are competent to manage their own medication should be supported to do so safely rather than facing unnecessary barriers to accessing it.

21. Parents' and carers' responsibilities

Parents/carers should:

- tell Brookfield that their child has asthma;
- provide accurate and current medical information;
- provide prescribed inhalers and spacers as required;
- ensure medication supplied to school is in date;
- inform the school when medication or treatment changes;
- provide the child's asthma action plan where available;
- provide written consent regarding the school's emergency salbutamol inhaler;
- participate in an IHP where one is required; and
- provide current emergency contact information.

These expectations align with the responsibilities already set out in Brookfield's medical policy.

22. Responsibilities of the Headteacher

The Headteacher has overall responsibility for ensuring that:

- this policy is implemented;
- relevant staff understand their responsibilities;
- sufficient appropriately trained staff are available;
- emergency arrangements are workable;
- appropriate cover arrangements exist;
- staff know how to access emergency medication;
- relevant records are maintained; and
- the policy is reviewed.

23. Responsibilities of the Governing Body

The Governing Body will ensure that appropriate arrangements are made to support pupils with asthma and that this policy is effectively implemented.

It will seek assurance that:

- pupils with asthma can participate fully in school life;
- appropriate arrangements for medicines and emergencies exist;
- sufficient staff are appropriately trained and competent; and
- the policy is reviewed appropriately.

24. Confidentiality and information sharing

Information about a pupil's asthma will be treated appropriately and shared with staff on a need-to-know basis where this is necessary to keep the child safe and provide appropriate support.

25. Inclusion and equal access

- A pupil will not be excluded from an activity solely because they have asthma or require an inhaler.
- Appropriate planning should enable pupils with asthma to participate as fully as possible in school life.
- Our policy explicitly states that children should not be excluded from education simply because they require medication.

26. Monitoring incidents and learning

Asthma-related incidents will be appropriately recorded.

Where there is a significant incident, emergency treatment, ambulance attendance, hospital attendance known to the school, or a near miss that identifies a weakness in school arrangements, the Headteacher or delegated senior leader should consider whether:

- the pupil's arrangements need reviewing;
- parents/carers and relevant healthcare professionals should be consulted;
- staff require further information or training;
- the emergency kit or its location needs reviewing; or
- school procedures require amendment.

27. Review

This policy will be reviewed annually, and earlier where:

- national guidance changes;
- there is a significant asthma-related incident;
- school arrangements change; or
- monitoring identifies that amendments are necessary.

The Headteacher is responsible for overseeing implementation.

Appendix I — Staff asthma emergency card

SUSPECTED ASTHMA ATTACK

1. Stay with the child and reassure them.
2. Sit them upright.
3. Get their reliever inhaler and spacer immediately.
4. Follow their asthma action plan/IHP.
5. Blue salbutamol inhaler: 1 puff every 30–60 seconds, up to 10 puffs, using a spacer where available.
6. Call 999 if they worsen at any time, the inhaler is not helping after the maximum dose, they have no appropriate inhaler, or you are seriously concerned.
7. If there is no improvement after 10 minutes and the ambulance has not arrived, repeat the appropriate emergency reliever dose, following 999 instructions.
8. Never leave the child alone.
9. Inform parents/carers and record the incident.

AIR/MART inhaler: follow the child's individual asthma action plan/IHP — do not automatically use the blue-inhaler dosing above.

Current NHS guidance supports this distinction between blue reliever inhalers and AIR/MART inhalers.