Connected Futures Partnership

Authoring our story.

Dorothy Gardner Nursery School
Mary Paterson Nursery School
Tachbrook Nursery School
Essendine Primary School
Hallfield Primary School
Oxford Gardens Primary School
Queen's Park Primary School
Queen's Park Family Hub
Bayswater Children's Centre

Asthma Policy

SEPTEMBER 2026

Table of Contents

1. Aims and scope....3

2. Legal and clinical framework....3

3. Identification, records and individual plans....3

4. Prescribed inhalers and spacers....3

5. Access throughout the day....4

6. Emergency asthma inhalers....4

7. PE, sport, clubs and physical activity....4

8. Responding to an asthma attack....4

9. Poorly controlled asthma and attendance....5

10. Asthma Friendly School approach....5

11. Training and staff awareness....5

12. Roles and responsibilities....5

12.1 Governing Board and Executive Headteacher....5

12.2 Heads of School / setting leaders....5

12.3 Asthma Lead/Champion....5

12.4 Parents and carers....5

12.5 Children....5

13. Review and monitoring....6

Appendix 1 – Asthma Attack Plan of Action....7

Appendix 2: Setting-level asthma record....8

Approved by	Executive Headteacher
Approval date	September 2026
Policy lead	Asthma Lead or Champion at each setting
Next review due	September 2027

1. Aims and scope

Connected Futures Partnership Federation (CFP) welcomes and supports children with asthma. Asthma should not prevent a child from participating fully in education, play, physical activity, clubs, visits or wider setting life.

This policy establishes a common standard across CFP, with setting-level arrangements reflecting the age and needs of the children and the physical layout of each site.

- ensure staff can recognise an asthma attack and know how to respond;
- ensure children have easy and immediate access to their prescribed reliever/rescue inhaler and spacer where required;
- maintain accurate information about children with asthma and encourage a current personalised Asthma Action Plan;
- promote good communication between families, staff and health professionals;
- support children to develop age-appropriate independence in managing asthma; and
- maintain an inclusive culture in which asthma does not unnecessarily restrict participation.

This policy should be read alongside the CFP Supporting Pupils with Medical Conditions / Administration of Medicines arrangements, Allergy Safety Policy, First Aid Policy, Educational Visits Policy and Health and Safety Policy.

2. Legal and clinical framework

This policy has regard to section 100 of the Children and Families Act 2014 and the Department for Education statutory guidance Supporting pupils with medical conditions at school, which remains in force while revised medical-conditions guidance is being developed. It also takes account of Department of Health and Social Care guidance on emergency salbutamol inhalers in schools and current NHS London / local asthma-friendly-school resources.

Schools may purchase and hold emergency salbutamol inhalers for use in accordance with the Human Medicines Regulations 2012, as amended. The emergency inhaler is an additional safeguard and does not replace a child's own prescribed medication.

3. Identification, records and individual plans

On admission and through ongoing medical-information updates, parents and carers will be asked to tell the setting if their child has asthma, wheeze, prescribed inhalers or related medical needs. Each setting will maintain a current asthma register and identify a named Asthma Lead/Champion.

Parents and carers should provide a current personalised Asthma Action Plan issued or agreed by an appropriate healthcare professional and inform the setting promptly of changes in diagnosis, symptoms, medication or treatment. Where a child's needs require arrangements additional to or different from those normally available, these will be recorded in an Individual Healthcare Plan (IHP) in accordance with CFP medical-conditions procedures.

Relevant information will be shared with staff who need it to keep the child safe, while respecting confidentiality and data-protection requirements.

4. Prescribed inhalers and spacers

Children with asthma must have easy and immediate access to the reliever/rescue medication prescribed for use during the setting day. Parents and carers are responsible for supplying prescribed medication and keeping the setting informed of changes. Medication should be clearly labelled and stored or carried in accordance with the child's plan.

CFP will not impose a blanket rule that preventer/controller inhalers must be kept at home. If a healthcare professional's treatment plan requires medication during the setting day, the setting will make appropriate arrangements for it to be available and administered or self-administered in accordance with the child's plan.

Children who are sufficiently mature and competent will be supported to carry and use their own inhaler where this is appropriate. Younger children, and others requiring support, will have medication kept readily accessible to supervising adults. Life-saving medication must not be stored in a way that creates avoidable delay.

Administration or supported self-administration will be recorded in accordance with the setting's medicines procedures. Parents/carers will be informed where the child's reliever use or symptoms give cause for concern.

5. Access throughout the day

Asthma medication must remain accessible wherever the child is participating. Local arrangements will ensure that prescribed reliever inhalers and spacers accompany children, as necessary, to PE, playgrounds, alternative teaching spaces, clubs, emergency evacuations, swimming, trips and off-site activities.

For off-site activities, a named adult will be responsible for ensuring required medication is taken and remains accessible. Children should not be excluded from activities because of asthma where reasonable arrangements can enable safe participation.

6. Emergency asthma inhalers

CFP schools will maintain emergency salbutamol inhaler kits in accordance with current national and local guidance. The location and number of kits will reflect each site's layout and must allow prompt access. Staff must know where kits are kept.

An emergency inhaler may be used when a child is experiencing asthma symptoms and their own prescribed reliever inhaler is unavailable, unusable or inaccessible, in accordance with the current legal framework, the school's register/consent arrangements and emergency guidance.

Each emergency kit will be maintained in accordance with current DHSC/local guidance and will include an appropriate salbutamol metered-dose inhaler, compatible spacer devices, instructions, stock/expiry checking arrangements, the relevant register/records and a record of use. Kits will be checked regularly and expired or depleted stock replaced promptly.

Spacers and inhalers will be cleaned, retained, replaced or given to the child after use in accordance with current infection-control, manufacturer and local NHS guidance. A used spacer will not simply be returned to communal use unless the applicable guidance expressly permits this and the required decontamination procedure has been followed.

7. PE, sport, clubs and physical activity

Children with asthma are encouraged to take part in physical activity. Staff leading PE, sport and clubs must know which children in their care have asthma, where their reliever medication is and what to do if symptoms occur.

Where a child's Asthma Action Plan advises use of medication before exercise, staff will support this arrangement. Frequent symptoms during exercise, repeated need for reliever medication or reduced participation because of asthma will be raised with parents/carers so that appropriate clinical review can be sought.

8. Responding to an asthma attack

If a child appears to be having an asthma attack, staff must stay with the child, keep them calm, treat them where they are and send for help. Staff will follow the child's Asthma Action Plan and the current NHS/local emergency asthma procedure displayed in the setting.

- Help the child to sit upright and use their reliever/rescue inhaler with a spacer where indicated by their plan or emergency guidance.
- Do not leave the child alone and do not send them elsewhere to obtain medication.
- Call 999 without delay if the child's reliever is not helping, symptoms are severe or worsening, the child is too breathless to speak or walk, they become exhausted/drowsy, or staff are otherwise seriously concerned.
- Continue emergency treatment in accordance with the child's plan and current emergency guidance while awaiting the ambulance.
- Inform parents/carers as soon as practicable after emergency action has begun.
- Record the attack, medication given and action taken, and ensure appropriate follow-up.

Following a significant asthma attack, families should be encouraged to obtain appropriate healthcare review. Current London asthma messaging promotes an asthma review every year and after every attack.

9. Poorly controlled asthma and attendance

Repeated reliever use, frequent symptoms, night-time symptoms reported by families, repeated absence, difficulty participating in exercise or an asthma attack may indicate that asthma is not well controlled. Staff should share concerns promptly with parents/carers and the named Asthma Lead/Champion and encourage clinical review.

Asthma-related absence or reduced participation will be considered supportively. Reasonable adjustments will be made where required and children will not be penalised for needs arising from their medical condition.

10. Asthma Friendly School approach

CFP supports the North West London / London Asthma Friendly Schools principles. Individual CFP schools may hold or seek Asthma Friendly School status; the federation will not describe every setting as formally accredited unless that status has been confirmed for that setting.

- a named Asthma Lead/Champion;
- an up-to-date asthma register;
- current Asthma Action Plans and appropriate individual planning;
- easy and immediate access to reliever medication;
- emergency inhaler kit(s) in schools;
- annual staff asthma training and updates;
- current emergency asthma guidance displayed and understood; and
- periodic audit and review of asthma arrangements.

11. Training and staff awareness

Asthma awareness and emergency-response training will be provided at least annually for staff who may be responsible for children. Induction and local briefing arrangements will ensure that new, temporary, supply, agency, club and relevant visiting staff know how to summon help, access medication and follow emergency procedures.

The named Asthma Lead/Champion will maintain oversight of training and local audit arrangements and will link with school nursing/community asthma services as appropriate.

12. Roles and responsibilities

12.1 Governing Board and Executive Headteacher

The Governing Board provides strategic oversight of arrangements for supporting pupils with medical conditions. The Executive Headteacher ensures that this policy is implemented consistently across CFP and that leaders have appropriate systems, resources and training in place.

12.2 Heads of School / setting leaders

Leaders ensure local implementation, nominate an Asthma Lead/Champion, maintain accessible emergency arrangements and ensure staff understand their responsibilities.

12.3 Asthma Lead/Champion

The Asthma Lead/Champion oversees the asthma register, action plans, emergency kits, training, communication with families and health services, and periodic audit of arrangements.

12.4 Parents and carers

Parents/carers provide accurate and current information, prescribed medication and action plans, replace medication before expiry, and notify the setting of changes or significant attacks.

12.5 Children

Children will be supported, according to age, understanding and individual need, to recognise symptoms, seek help promptly, understand their medication and develop safe independence.

13. Review and monitoring

This policy will be reviewed annually and sooner where there is a significant incident, a change in national or local guidance, or learning from audit indicates that arrangements should change. Each setting will periodically check its asthma register, action plans, medication accessibility, emergency kit stock and expiry dates, staff training and emergency posters.

Appendix 1 – Asthma Attack Plan of Action

ASTHMA ATTACK

SIGNS OF AN ASTHMA ATTACK:

- Wheezing
- Coughing
- Shortness of breath

Give 2 puffs of Salbutamol via spacer

+

Inform parents and welfare officer

No better?

Give up to 6 puffs of Salbutamol via spacer

+

Call parents to collect from school and inform welfare officer

+

Advise to see GP

No better?

Give up to 10 puffs of Salbutamol via spacer

+

Call 999 and ask for an ambulance!

+

Give up to 10 puffs every 15 minutes until child is better or help arrives

NHS North West London

Appendix 2: Setting-level asthma record

Local information	Current arrangement
Setting	To be completed locally
Named Asthma Lead	To be completed locally
Named Asthma Champion (if separate)	To be completed locally
Asthma register location/access	To be completed locally
Emergency inhaler kit location(s)	To be completed locally
Person responsible for kit checks	To be completed locally
Date of last kit check	To be completed locally
Date of whole-staff asthma training	To be completed locally
Date of Asthma Lead/Champion update	To be completed locally
Emergency asthma poster/version in use	To be completed locally
Date of last asthma audit	To be completed locally
Asthma Friendly School status / renewal date (if applicable)	To be completed locally