PAISLEY PRIMARY SCHOOL

We value every child in our community: we want them to aspire to the greatest things!

Asthma Policy

September 2026

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1 Statement of Policy

1.1 This policy has been written with advice from Asthma UK and the Department for Education in addition to advice from healthcare and education professionals.

1.2 Paisley Primary School recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. The Trust welcomes students with asthma.

1.3 This Academy encourages all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by; staff, parents/carers and students.

1.4 All staff who have contact with these children are given the opportunity to receive training from the school nursing team/specialist nurses. Updates for training are offered at regular intervals and this school will ensure attendance by staff. This will take place at least every two years and more often if there are students within the Trust who have significant asthma symptoms, or there are significant changes to the management of asthma in children.

1.5 Paisley Primary School recognises that the developing and implementing of an asthma policy is strongly recommended for all schools.

2 Indemnity

Academy staff are not required to administer asthma medication to students except in an emergency. However, many staff may be happy to give routine medication on the advice of an appropriate healthcare professional. Academy staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.
All Academy staff will allow students **immediate** access to their own

asthma medication when they need it.

3 What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include: cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler, but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

4 Medication

Preventers
Preventer treatments (inhalers and/or oral medications) will be taken on school trips if necessary. Only reliever inhalers should be kept in school.

Relievers
Usually these are salbutamol, which are blue in colour; however some children will have a different reliever inhaler, e.g. those following the SMART approach (see below). Any child who does not use a salbutamol inhaler as their reliever will need an individual healthcare plan.

In the unlikely event of someone using another child's salbutamol (blue) inhaler there is little chance of harm. The drug in these inhalers is very safe and overdose is very unlikely.

SMART inhalers contain a steroid, because of this it is important that no child uses another child's SMART inhaler.

At any age, any child who is able to identify the need to use their reliever inhaler should be allowed to do so, as and when they feel it is necessary.

Good practice indicates that an emergency salbutamol (blue) inhaler is kept in school for staff to use if a child's own salbutamol inhaler runs out or is lost.

Immediate access to reliever inhaler is vital.

Students are encouraged to carry their own inhaler with them, at the discretion of the parent/carer and teacher. Otherwise the inhaler must be kept wherever the child is at the time e.g. classroom, hall, playground etc.

N.B inhalers should not be stored in the offices or similar as this will not allow quick enough access in an emergency.

In accordance with guidelines from Asthma UK:

Parents/carers will be asked to supply a spare, for use if the students own runs out or is lost. **Students who are able to identify the need to use their medication, will be allowed to do so, as and when they feel it is necessary.**

5 Record Keeping

When a child with asthma joins the Academy, parents/carers will be asked to complete a form, giving details of the condition and the treatment required. Information from this form will be used to compile an 'Asthma Register' which is available for all Trust staff. This register will be updated at least annually or more frequently if required using the information supplied by the parent/carer.

6 Physical Education

The Academy recognises that taking part in sports in an essential part of school life and important for the health and well-being and children with asthmas are encouraged to participate fully. Symptoms of asthma are often brought on by exercise and therefore, each student's labelled inhaler will be available at the site of the lesson. Certain types of exercise are potent triggers for asthmas e.g. cross country running and field activities. Any student who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be encouraged to warm up prior to participating and cool down afterwards. Parents/carers can also ask that the reliever inhaler be used prior to PE.

The reliever inhaler must be readily available to the student throughout the PE lesson/sports activity.

Students should not be taking their reliever inhaler every break/lunchtime 'just in case' of symptoms. This is not a recommended practice and the academy should ask the parent/carer to seek written clarification from their doctor or nurse if this is the case.

7 School Trips/Residential Visits

The Academy will ensure that no student will be denied the opportunity to take part in Academy trips residential visits because of asthma, unless so advised by their GP or consultant.

The student's reliever inhaler will be readily available to them throughout the trip, being carried by the student themselves or by the designated first aider at the discretion of the parent/carer and teacher as above. For residential visits, staff will be trained in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Additionally, parents/carers must be responsible for ensuring an adequate supply of medication is provided.

Group Leaders will have appropriate contact numbers with them.

8 Colds/Viruses

When a student has a cold it is sometimes necessary for them to use their reliever inhaler regularly for a few days. Therefore, a parent/carer may ask Trust staff to support students in using the blue inhaler every lunchtime for approximately 1 week. The number of puffs will be advised by the parent/carer and may be anything up to 6 or 8 puffs. It is the responsibility of the parent/carer to inform the Trust of these circumstances and request such support.
This does not replace using the inhaler as and when needed, it is in addition to this.

9 Training

On a bi-annual basis, all staff will receive training on signs and symptoms of asthma and how to treat it.

Year context forms are updated regularly (at least half-termly) making clear which pupils suffer from asthma and require access to an inhaler.

10 Asthma Education for Students

The Trust will ensure that information and education about asthma is available to all students through the Academy Nurse based at Sirius Academy West.

11 Concerns

If a member of staff has concerns about the progress of a student with asthma which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or a senior member of staff.

12 Storage of Inhalers

Paisley Primary School will follow these good practice guidelines for the storage of inhalers:

- Inhalers will **never** be locked away or kept in the school office
- All students with asthma will have rapid access to their inhalers as soon as they need them
- Devices will always be taken with the child when moving out of the classroom for lessons, trips or activities

N.B in the unlikely event of another student using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

13 Emergency Procedures

Flow chart 1 included with this policy outlines the actions to be taken in an emergency when the child needs to use a salbutamol (blue) reliever inhaler. If symptoms have been relieved, but then return, the treatment should be given again; there is no minimum time before it can be repeated but if it less than four hours then the parent/carer should be contacted.

Some children may have a type of inhaler that can be used as both a preventer and a reliever. This is known as the SMART (or MART) approach (see below). Flow chart 2 outlines SMART actions when

using Symbicort.

Good practice suggests that copies of these flow charts are printed and displayed in the school office, staff room and relevant locations including classrooms where a student is known to have severe asthma/uses the SMART approach.

14 How to administer a metered dose inhaler via a spacer

One puff of blue reliever inhaler is administered via a spacer as follows:

1) Check the inhaler is in date and not empty
2) Remove the cap
3) Shake the inhaler
4) Fit the inhaler into the spacer
5) Place the spacer mask onto the child's face (or the mouthpiece into their mouth), ensuring a good seal
6) Actuate the inhaler once by pressing the canister into the casing
7) Allow the child to breathe for 5-6 breaths or 10 seconds before removing the spacer
   If another puff is required, start again at step 3.
8) Replace the cap

A video can be seen at
https://www.rightbreathe.com/spacers/2279/?s=&device_type=spacer

15 SMART approach

The single maintenance and reliever therapy (SMART) approach, also called maintenance and reliever therapy (MART), involves the use of a single inhaler that can act as both a preventer (maintenance) and a reliever. The inhaler may be used regularly every day at home, and will be brought to school and used to relieve symptoms. At the time of writing this, the only licensed medication for SMART in children is called Symbicort. Symbicort currently comes as a breath-actuated inhaler that does not need a spacer, but in the future inhalers may be available for use with a spacer. Again at the time of writing this, SMART is only licensed in those aged ≥12 years, and should only have been offered to those children who are able to understand and comply with the regimen.

A supplemental flow chart for those using Symbicort for the SMART approach is included. The maximum total daily dose of Symbicort (including daily preventer puffs) is normally 8 puffs, therefore it is important to know how many preventer puffs are being used throughout the day.

If the maximum amount of Symbicort has been used (either 4 puffs on one occasion, or a total of 8 puffs (including any preventer puffs) in one day), or it is suspected that due to symptom severity the child is not able to use the Symbicort inhaler effectively, then a salbutamol (blue) inhaler with a spacer can be used to relieve symptoms (this can be the child's own or the school's emergency salbutamol inhaler and spacer) UNLESS SALBUTAMOL IS CONTRAINDICATED (e.g. it is known to cause increased symptoms). This should follow the same procedure in

flow chart 1.

16 Emergency Inhalers

In an emergency, where a child who is on the school asthma register is experiencing significant symptoms, and has not got their own reliever inhaler/spacer with them, it is found to be empty, broken or out of date, it is acceptable to use the schools emergency salbutamol (blue) reliever inhaler/spacer located in student services and Sports Hall. Children who cannot use their SMART inhaler effectively, or have used the maximum dose, can also use the emergency salbutamol inhaler and spacer UNLESS SALBUTAMOL IS CONTRAINDICATED (eg. it is known to cause increased symptoms).

Emergency salbutamol (blue) inhalers and spacers will be kept in appropriate locations on the school site, so all staff can access one with ease, and will be used as per flow chart 1. All staff will know how and where to access the emergency inhalers and spacers.

If there is no way of accessing the academy emergency inhaler, then, in a situation where a child who is on the school asthma register is having severe symptoms, it is acceptable to borrow a salbutamol inhaler and spacer from another child while waiting for emergency services. This should then be recorded in the child's records and both children's parents/carers informed.

17 Cleaning the emergency inhaler and spacer

Following use with an individual child, the spacer should be cleaned by either putting it into a dishwasher if allowed or washing it thoroughly in hot soapy water, and then leaving it to air dry thoroughly before putting it away

The casing of the salbutamol (blue) inhaler can also be cleaned by removing the aerosol from the casing, washing and dry the casing and lid as above and leaving it to air dry thoroughly before replacing the aerosol. Shake and activate the inhaler to ensure it is working effectively and replace the lid.

18 Replacing the emergency inhaler

When replacing the emergency salbutamol (blue) inhaler, be aware that an inhaler can run out of medication before it is actually empty.

Inhalers and spacers can be purchased by the school for emergency use as recommended in *Guidance on the use of emergency salbutamol inhalers in schools (DoH September 2014).* See appendix 1 at end of policy for a sample letter.

19 Record keeping

When a student with a reliever inhaler joins this academy, the parent/carer will be asked to complete a form giving details of the condition and the treatment required. Information from this form will be used to compile an "Asthma Register" which is available for all school

staff (this can be viewed on year context forms). This register will be updated at least annually, or more frequently if required, using the information supplied by parents/carers. Any child who has a reliever inhaler should be included on the asthma register, even if they do not have a formal diagnosis.

Use of a reliever inhaler will be documented in the child's records in First Aid log.

20 Reporting concerns

If a member of staff has concerns about the progress of a child with asthma which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

21 Responsibilities

Parents/Carers have a responsibility to:

- Tell the academy that their child has asthma/ has a reliever inhaler.
- Ensure the academyl has complete and up to date information regarding their child's condition.
- Inform the academy about the medicines their child requires during school hours.
- Inform the academy of any medicines their child requires while taking part in visits, outings or field trips and other out of school activities.
- Inform the academy of any changes to their child's medication.
- Inform the academy if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Provide the academy with a reliever inhaler (and spacer where relevant) labelled with their child's name.
- Regularly check the inhalers kept in the academy to ensure there is an adequate amount of medicine available and that it is in date.
- Provide appropriate clothing for cold weather, in particular a scarf.

All academy staff (teaching and non-teaching) have a responsibility to:

- Understand the academy asthma policy.
- Know which students they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow students with asthma immediate access to their reliever inhaler.
- Inform parent/carer if a child has had an asthma attack.
- Inform parent/carer if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to night time symptoms.
- Liaise with parent/carer, school nurse, SENDCO, etc. if a child is falling behind with their work because of asthma

Further Information can be obtained from:

Asthma UK

www.asthma.org.uk

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For an asthma update please contact the Paediatric Respiratory Specialist Nurse Team as above.

Further Information/Contact Details:

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Name of Coordinator: Collette Lee

Role of Coordinator: SENCO

Contact Details: 01482 355984

C Lee
SENDCo
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