



School Asthma Policy

School name - Hudson Road Primary School

Head Teacher – Mrs Cathy Westgate

Asthma Champion/ Lead - Miss Hannah Jeynes

Medical Lead – Caroline Brown

School nursing team contact number - 03000031552

Policy agreed - 1st March 2023

Policy review date – 1st Match 2025

As a school, we recognise that asthma is a serious, but controllable condition. The school welcomes all children/ young people with asthma and aims to support these children in participating fully in everyday school life. School will take on a whole school approach to Asthma to support the children/ young people. We aim to actively involve parent/ carers/ children/ young people in the management of asthma within school.

This policy has been developed within the North East and North Cumbria CHWN following National guidelines for the management of children/ young people (CYP) with asthma.

Indemnity statement

School staff should be willing to assist with inhaler administration when it has been recommended by an appropriate healthcare professional.

The importance of Asthma

- Asthma is the most common chronic condition, affecting one in eleven children.
- On average, there are two children with asthma in every classroom in the UK
- There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.
- Children with persistent, uncontrolled, or severe asthma are more likely to miss school, compared to children with mild asthma.
- Every September, more children are rushed to hospital due to their asthma than at any other time of the year.
- Research studies suggest that asthma is responsible for up to 18% of school absences, with evidence improved asthma control improves school attendance and performance.

What is Asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a child with asthma is exposed to something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrow and inflamed. Sticky mucus or phlegm also builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.

The most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest
- Tummy ache in younger children

Medication and inhalers

There are many forms of treatment for asthma. All children with asthma will have some form of inhaled treatment.

Preventer and reliever inhalers:

The 'preventer inhalers' take time to build up in the system. They help stop asthma symptoms developing at all by protecting the airways. They can also reduce the risk of a potential life-threatening asthma attack. They are taken every day and usually at home.

The 'reliever inhalers' help symptoms to go away once they have started. These are the inhalers used during an asthma attack. It is important that in school the reliever inhaler is administered in the correct way if needed.

There is also a type of inhaler with both preventer and reliever combined. This is known as MART (maintenance and reliever therapy). This inhaler can be used according to the PAAP (Personalised Asthma Action Plan).

CYP are encouraged to carry their reliever inhaler, we would expect this to be by Key Stage 2 as soon as they are responsible enough to do so. However, we will discuss this with each child's parents or carer.

Some CYP may have several other medications which are taken morning and/or night, as prescribed by the doctor/nurse. These medications need to be taken at home regularly and correctly for maximum benefit.

Parents should be encouraged to report to school if their CYP has any changes in the treatment plan (PAAP)



HOW TO RECOGNISE AN ASTHMA ATTACK

It is important to recognize the signs and symptoms of an asthma attack in a Child/Young person (CYP). The onset of an asthma attack can gradually appear over days. Early recognition can reduce the risk of a hospital admission.

A CYP may have one or more of these symptoms during an asthma attack:



BREATHING HARD AND FAST

You may notice faster breathing or pulling in of muscles in between the ribs or underneath the ribs. (recession)



WHEEZING

This is typically a high-pitched whistling noise heard on breathing in and out, a sound produced by inflamed and narrowed airways that occur in asthma.



COUGHING

A cough may become worse , particularly at night preventing your child from having restful sleep and making them seem more tired in class.

BREATHLESSNESS

A child may become less active and reluctant to join in activities . Lack of interest in food or restlessness can be a sign that the child is too breathless to exercise or eat.



TUMMY OR CHEST ACHE

Be aware that younger children often complain of tummy ache when it is actually their chest that is causing them discomfort.

INCREASED USE OF THE RELIEVER INHALER

If the CYP is old enough, he/she may ask for the reliever inhaler more frequently during an attack. It is important that you follow the asthma action plan and recognize that if the reliever inhaler is not helping that it is time to seek medical help .



How Do I Manage a Child/Young Person Having an Asthma Attack?

What are you seeing?

Mild/Moderate Symptoms

- **Cough**
- **Wheeze**
- **Shortness of breath**
- **Chest tightness/pain**
- **Sore tummy**
- **Not as active/quiet**

Severe/life threatening Symptoms

- **Rapid breathing rate**
- **Heaving upper body**
- **Inability to talk in full sentences**
- **Colour change in skin or lips**
- **Distress/confusion**

Actions

- **Be calm and reassuring**
- **Encourage CYP to sit down and loosen clothing if needed**
- **Administer 4-6 puffs reliever (blue) inhaler through a spacer. Shake before each puff, 1 puff at a time, every 30 seconds, take 5 breaths for each puff.**
- **OR if a child has a combined inhaler (MART) give 2-4 doses**
- **Encourage a normal breathing rate if they are able.**

Actions

- **Ask a colleague to DIAL 999 (ambulance) and then contact parent/guardian**
- **Be calm, confident, reassuring**
- **Administer 1 puff reliever (blue)inhaler every 30 secs through a spacer**
- **Shake before each puff, 1 puff at a time, 10 breaths for each puff**
- **Follow actions above until the ambulance arrives**

If losing consciousness (rare) follow emergency first aid procedures

Is the CYP responding?

No

Yes

Actions

- **Allow to sit for 15-20 mins observed by a member of staff**
- **Allow to return to class**
- **Inform parent/carer**
- **If symptoms return after 4 hours, repeat and ask parent/carer to collect**



How we support children with Asthma

Asthma Register

- There is a school asthma register in place with name and date of birth of child. Register is checked and updated regularly.
- The register is available to all staff and stored in the SLT room
- There is an individual healthcare plan (IHCP) completed with the parent/carer for each child. School based asthma care is detailed on the IHCP and supported where needed with a specific asthma management plan

Medications

- Asthma medication is provided by the parent for school use with instructions of when and how to use, in keeping with their IHCP.
- A system is in place to check the expiry dates of any medication and a system to replace when expired or almost empty
- School staff and child are able to access their inhaler and spacer (stored in the SLT room) at all times when in the school building. Individual inhalers are taken on any visit away from the school building.
- Inhalers are kept in a cool environment in a storage unit in the SLT room.
- If using a metered dose inhaler ("puffer" type), a spacer device is also provided by the parent.
- Medication must be clearly labelled with a pharmacy label displaying name/dose/instructions
- Usage of reliever medication must always be recorded by a staff member and usage closely monitored. Parents/carers are always informed if there is an increase in usage or if more than occasional need.

Staff Training

- Recommended that all school staff (not just first aiders) complete an annual refresher course on asthma awareness
<https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>
- Asthma attack flow chart displayed in school in the SLT room and shared with staff as part of school based training.
- Staff administering inhalers should be knowledgeable of the correct technique

Emergency Inhaler kits

As a school we are aware of the guidance, '*The use of emergency salbutamol inhalers in schools from the Department of Health*' (March 2015), which gives guidance on the use of emergency salbutamol inhalers in schools. The document can be found on https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf.

- Emergency inhaler kits are available for use in school if child's own not available
- 3 emergency inhaler kits are kept in school and stored in the SLT room.
- Emergency inhalers can only be used for children who have a diagnosis of asthma or have been prescribed a salbutamol inhaler with the exception where parents have submitted the opt out consent.
- An emergency kit should be taken out of school for offsite activities/residential trips
- Each kit consists of:
 - Asthma register (with parental consent)
 - 1 large volume spacer device
 - 1 salbutamol 100mcgs per puff inhaler
 - Information leaflet on how to administer
 - Asthma attack flow chart
 - Inhaler actuation chart
- Letter template to send to the parent informing them that the emergency inhaler/spacer has been used

School Trips/Residential Visits

- No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant. The child's reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the supervising adult in the case of Key Stage 1 children.
- For residential visits, staff are trained in the use of all the CYP regular 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. Parents must be responsible for ensuring an adequate supply of medication is provided which is clearly labelled with the prescribed instruction. Group leaders will have appropriate contact numbers and a copy of each Personal asthma action plan (PAAP) see below.

A school spare reliever inhaler will be taken on the trip as advised in https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf




Personal Asthma Action Plans (PAAP) Appendix 4/5 example

National Guidance recommend that every CYP who has asthma is provided with a Personal asthma action plan PAAP. This would ensure asthma symptoms are managed effectively.

A personalised asthma action plan .

<p>Green zone – Good </p> <p>Your asthma is under control if:</p> <ul style="list-style-type: none"> • your breathing feels good • you have no cough or wheeze • your sleeping is not disturbed by coughing • you are able to do your usual activities • you are not missing school • if you check your Peak Flow, it is around your best <p>BEST PEAK FLOW</p> <p>Green Zone Action - take your normal medications</p> <p>Your preventer inhaler is a colour and is called</p> <p>You take puffs/sucks every morning and every night even when you are well.</p> <p>Other asthma medications you take are:</p> <p>Your reliever inhaler is a colour and is called</p> <p>You take puffs/sucks up to 3 times in a week for symptoms and before exposure to your triggers (see your list) if needed.</p> <p>If you are needing to use your reliever inhaler more than 3 times per week for symptoms</p> <p style="text-align: center;">Move to the AMBER ZONE</p>	<p>Amber zone – Warning </p> <p>If you are using your blue inhaler more than 3 times per week for symptoms or you often wake at night with a cough or wheeze, arrange a review with your asthma nurse or GP.</p> <p>Warning signs that your asthma is getting worse:</p> <ul style="list-style-type: none"> • you have symptoms (cough, wheeze, 'tight chest' or feel out of breath) • you need your reliever inhaler more than usual • your reliever is not lasting four hours • your peak flow is down by a third <p>PEAK FLOW 1/3 DOWN</p> <p>Amber Zone Action – continue your normal medicines AND</p> <ul style="list-style-type: none"> • Take 2 puffs of the BLUE inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes if you still have symptoms up to a total of 6 puffs • You can do this every 4 hours but must make an appointment at your GP surgery within the next 24hrs even if you feel better. • If you need to do this more than every 4hrs, you must see your GP today or go to A&E • Start keeping a record of your symptoms and peak flow readings to take to the Doctor <p>IMPORTANT:</p> <ul style="list-style-type: none"> • if after your 6 puffs you still have increasing wheeze or chest tightness <p style="text-align: center;">Move to the RED ZONE</p>	<p>Red zone – Severe </p> <ul style="list-style-type: none"> • you are still breathing hard and fast • you still feel tight and wheezy • you are too breathless to talk in a sentence • you are feeling frightened and exhausted <p>Other serious symptoms are:</p> <ul style="list-style-type: none"> • colour changes - very pale / grey / blue • using rib and neck muscles to breath, nose flaring <p>Red Zone Action</p> <p style="text-align: center;">Take 10 puffs of the blue inhaler via a spacer and call 999</p> <ul style="list-style-type: none"> • Asthma can be life threatening • Do not attempt to do a peak flow • Whilst waiting for the ambulance and using your spacer, take 1 puff at a time of your blue inhaler, breathing at a normal rate for 4-5 breaths, every 30 seconds. • Stay where you are and keep calm • If your child becomes unresponsive and has an adrenaline pen for allergies-use it now. <p>Additional comments or information</p> <p>.....</p> <p>.....</p> <p>.....</p>
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A school personalised asthma plan

<p>Green zone – Good </p> <p>Your asthma is under control if:</p> <ul style="list-style-type: none"> • Your breathing feels good • You have no cough or wheeze • Your sleeping is not disturbed by coughing • You are able to do your usual activities • You are not missing school • If you check your Peak Flow, it is around your best <p>BEST PEAK FLOW</p> <p style="text-align: center;">Green Zone Action</p> <p>Take your normal medications</p> <p>Preventer (taken at home)</p> <p>.....</p> <p>.....</p> <p>Reliever (to use in school before exercise and before exposure to triggers 4 hourly if needed)</p> <p>.....</p> <p>.....</p> <p>Others (taken at home)</p> <p>.....</p> <p>.....</p>	<p>Amber zone – warning </p> <p>Warning signs that your asthma is getting worse:</p> <ul style="list-style-type: none"> • You had a bad night with cough or wheeze and might be tired in class • You have a cough, wheeze or 'tight' chest and feel out of breath • You need to use your reliever more than usual <p>Tell a member of staff or ask a friend to get help</p> <p style="text-align: center;">Amber Zone Action</p> <p style="text-align: center;">Use your spacer with the blue reliever puffer and do the following:</p> <ul style="list-style-type: none"> • Take 2 puffs of the blue inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes, if you still have symptoms, up to a total of 6 puffs. • Sit quietly, where an adult can see you for 10 minutes until you are feeling better and can go back into class • If you feel like this again after 4 hrs, tell a member of staff, repeat above and school should phone your parent to collect you • School need to write how much inhaler you have used in your diary or tell your parent <p>IMPORTANT: If 6 puffs of the blue inhaler via the spacer is not working or its effect is lasting less than 4 hrs and you have increasing wheeze or chest tightness, move to the Red Zone</p>	<p>Red zone – Severe </p> <p>IF after 6 puffs of your blue inhaler you experience any of the following symptoms within the next 4 hours:</p> <ul style="list-style-type: none"> • You are still breathing hard and fast • You still feel tight and wheezy • You are too breathless to talk in a sentence • You are feeling frightened and exhausted <p>Other serious symptoms are:</p> <ul style="list-style-type: none"> • Colour changes - very pale / grey / blue • Using rib and neck muscles to breath, nose flaring <p style="text-align: center;">Red Zone Action</p> <p style="text-align: center;">Take 10 puffs of your blue inhaler via a spacer and CALL 999</p> <ul style="list-style-type: none"> • Whilst waiting for the ambulance to arrive and using your spacer, keep taking 1 puff of your blue inhaler every 30 seconds, breathing at a normal rate for 4-5 breaths. • Stay where you are and keep calm • If the pupil becomes unresponsive and has an adrenaline pen for allergies-use it now. <p>Additional comments or information</p> <p>My spacer/inhaler/adrenaline pen is kept:</p>
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School Environment

The school does all that it can to ensure the school environment is favourable supports CYP with asthma. The school has a definitive no-smoking policy. Triggers will be recorded in the asthma action plans (PAAP). It is not always possible to avoid all triggers. Awareness/assessment of common triggers to asthma can reduce risk.

Potential triggers in school

Chemicals/fumes as far as possible, pupils should try to avoid fumes in science, art and craft lessons that are known to trigger their asthma. They may need to leave the room until the fumes are no longer in the room.

Mould/damp Classrooms should be well aired and ventilated. Any evidence of damp/mould within school should be acted on quickly. Where possible, autumn leaves falling from trees, forming piles should be kept away from pupil areas and regularly removed as the mould from these can be a trigger to asthma.

Grass and Pollens Pupils with asthma should be able to use their salbutamol regularly every 4 hours if the pollen count is known to be high or if they are having troublesome hay fever symptoms. Pupils may need to be given an option to do indoor PE if the pollen count is high. Where possible, grass cutting should be avoided during school hours or limited to late afternoons.

Aerosols/sprays Many children have asthma that can be triggered by strong odours and aerosols. Ensure changing rooms are well ventilated and encourage the use of roll-on deodorants and unscented products. Consideration should be given to allowing pupils with this trigger to have alternative changing facilities.

Changing Weather Pupils may need to use their blue inhaler before outside play depending on the weather. Commonly, cold, damp, weather can be a trigger. Thunderstorms can also trigger asthma attacks as large quantities of pollen are released into the air.

Exercise, activity and after school clubs

Sports, games, and activities are an essential part of school life for all CYP and is a government recommendation. School staff and PE teachers will be informed which children in their class have asthma from the school's asthma register. All CYP who have been advised to take their reliever inhaler before participating in exercise should be encouraged to take 15-30 minutes before the activity begins. Reliever inhalers should be easily accessible during sport.

When Asthma control causes concern

The aim of asthma medication is to allow people with asthma to live a normal life. If a member of staff has concerns about a student/attendance relating to control of asthma symptoms this will be discussed with parents and an asthma review will be encouraged. If concerns continue the asthma champion/ lead will gain consent from parents to contact appropriate health care professionals to ensure the CYP needs are met.

However, the school recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

References

1. BTS/SIGN asthma Guideline
2. Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools
3. Beat asthma [Home - Beat Asthma](#)
4. National bundle of care for children and young people with asthma [NHS England](#)
[» National bundle of care for children and young people with asthma](#)
5. E Learning asthma training <https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>

Resources tailored to the needs of schools

- <https://www.beatasthma.co.uk/resources/schools/>
- <https://www.asthma.org.uk/advice/resources/#schools>

APPENDIX

1. Request to Administer Medication – Inhaler
2. Medical Care Plan
3. Emergency Inhaler in school letter
4. Personal asthma action plan (PAAP)
5. School Individualised Plan

APPENDIX 1

Request to administer medication

Child's name	
Year group and class	
Name of parent/carer	
Contact number	
Name of medication and type	
Prescribing doctor/pharmacist	
Dosage and time to be administered	
How is to be administered? Orally? Drops?	
How should it be stored? i.e refrigeration	
Any side effects? /precautions? /special instructions?	

Any other information needed:

The information given is accurate to the best of my knowledge. I give consent for the school to administer the medication in accordance with the school policy. I will inform the school of any changes. An adult will be the only person to drop off and collect the medication after use.

Signature of parent/carer: _____

Date: _____

APPENDIX 2

Medical Care Plan

Care plan for :	
Address:	
D.O.B.	
Reason for care plan:	
Key Person(s) in school:	
Emergency contacts:	
Medication taken in school: (by whom/dosage/where medication kept)	
Action to be taken after given medication:	
Doctor/paediatrician/pharmacy:	
Equipment/accommodation required:	
Care plan agreed (date):	
To be reviewed:	
Persons attending review (with date):	

Signed	Signed	Signed
Date	Date	Date
Parent	Headteacher	First Aider/Teacher

APPENDIX 3

Dear Parents/Carers

The use of emergency inhalers in school

Your child currently has an inhaler in school which is for their asthma and is available at all times in an accessible place.

New guidelines from the Department of Health 2014 state that we can keep emergency inhalers in school solely to be used by children who already have a diagnosis of asthma.

The emergency inhaler would **only** be given to your child, in the event of an asthma attack, if their own inhaler was not available - lost, broken, out of date.

For this we need your permission to supply the emergency inhaler if necessary.

Please complete the reply slip below and do not hesitate to contact me if you require further information.

Kind regards

Mrs Cathy Westgate
Headteacher

- I give permission for my child _____ to access the emergency inhaler if necessary.
- I do not give permission for my child _____ to access the emergency inhaler (would you please note that if the response is no you must ensure that the inhaler is always in date with sufficient medication for usual daily and emergency needs)

Signed _____ (parent/carer)

APPENDIX 4

Appendix 4 Personal asthma action plan (PAAP)

Remember: take your blue inhaler **before** you come into contact with any of your triggers if needed and regularly in response to symptoms if you have a cold.

My Triggers are:

-
-
-
-
-
-

Common Triggers are:

- Viruses
- Changes in weather
- House dust mites
- Animal fur, feathers and their bedding
- Foods
- Exercise
- Upset, distress, and emotions
- Smoke – cigarettes and fires

Additional Comments:

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.....

.....

.....

Your Asthma Nurse's name and telephone number is:

.....

.....

Your doctor's name and telephone number is:

.....

.....



place your logo here

Asthma Management Plan For

Best Peak Flow

Date



Please take this with you when you visit your doctor or asthma nurse.

Recommended websites
www.beatasthma.co.uk

Asthma+LungUK at:
www.asthma.org.uk

<https://uk-air.defra.gov.uk/forecasting/>

This leaflet is intended for colour printing.

Green zone – Good

Your asthma is under control if:

- your breathing feels good
- you have no cough or wheeze
- your sleeping is not disturbed by coughing
- you are able to do your usual activities
- you are not missing school
- if you check your Peak Flow, it is around your best

BEST PEAK FLOW

Green Zone Action - take your normal medications

Your preventer inhaler is a colour and is called

You take puffs/sucks every morning and every night even when you are well.

Other asthma medications you take are:

.....

Your reliever inhaler is a colour and is called

You take puffs/sucks up to 3 times in a week for symptoms and before exposure to your triggers (see your list) if needed.

If you are needing to use your reliever inhaler more than 3 times per week for symptoms

Move to the AMBER ZONE

Amber zone – Warning

If you are using your blue inhaler more than 3 times per week for symptoms or you often wake at night with a cough or wheeze, arrange a review with your asthma nurse or GP.

Warning signs that your asthma is getting worse:

- you have symptoms (cough, wheeze, 'tight chest' or feel out of breath)
- you need your reliever inhaler more than usual
- your reliever is not lasting **four hours**
- your peak flow is down by a third

PEAK FLOW 1/3 DOWN

Amber Zone Action – continue your normal medicines AND

- Take **2 puffs** of the BLUE inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes if you still have symptoms up to a total of 6 puffs
- You can do this every 4 hours but **must** make an appointment at your GP surgery within the next 24hrs even if you feel better.
- If you need to do this more than every 4hrs, you must see your GP today or go to A&E
- Start keeping a record of your symptoms and peak flow readings to take to the Doctor

IMPORTANT:

- if after your **6 puffs** you still have increasing wheeze or chest tightness

Move to the RED ZONE

Red zone – Severe

- you are still breathing hard and fast
- you still feel tight and wheezy
- you are too breathless to talk in a sentence
- you are feeling frightened and exhausted

Other serious symptoms are:

- colour changes - very pale / grey / blue
- using rib and neck muscles to breath, nose flaring

Red Zone Action

Take 10 puffs of the blue inhaler via a spacer and call 999

- Asthma can be life threatening
- Do not attempt to do a peak flow
- Whilst waiting for the ambulance and using your spacer, take 1 puff at a time of your blue inhaler, breathing at a normal rate for 4-5 breaths, every 30 seconds.
- Stay where you are and keep calm
- If your child becomes unresponsive and has an adrenaline pen for allergies-use it now.

Additional comments or information

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.....

.....

.....

.....

APPENDIX 5

Remember: take your reliever inhaler **before** you come into contact with any of your triggers and every 4 hours if you have a cold

Your Triggers are:

-
-
-
-
-
-

Common Triggers are:

- Viruses
- Changes in weather
- House dust mites
- Animal fur, feathers and their bedding
- Foods
- Exercise
- Upset, distress, and emotions
- Smoke –cigarettes and fires

Emergency contact numbers:

.....

Your GP's name and telephone number is:

Dr

.....

Additional Comments:

Recommended websites

www.beatasthma.co.uk
www.asthma.org.uk

Pupil Photograph

School Asthma Management Plan

.....
 Best Peak Flow.....
 Date.....

Keep this with you at all times in school



Green zone – Good



Your asthma is under control if:

- Your breathing feels good
- You have no cough or wheeze
- Your sleeping is not disturbed by coughing
- You are able to do your usual activities
- You are not missing school
- If you check your Peak Flow, it is around your best

BEST PEAK FLOW.....

Green Zone Action

Take your normal medications

Preventer (taken at home)

.....

Reliever (to use in school **before exercise** and **before** exposure to triggers 4 hourly if needed)

.....

Others (taken at home)

.....

Amber zone – Warning



Warning signs that your asthma is getting worse:

- You had a bad night with cough or wheeze and might be tired in class
- You have a cough, wheeze or 'tight' chest and feel out of breath
- You need to use your reliever more than usual

Tell a member of staff or ask a friend to get help

Amber Zone Action

Use your spacer with the blue reliever puffer and do the following:

- Take **2 puffs** of the blue inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes, if you still have symptoms, up to a total of 6 puffs.
- Sit quietly, where an adult can see you for 10 minutes until you are feeling better and can go back into class
- If you feel like this again after 4 hrs, tell a member of staff, repeat above and school should phone your parent to collect you
- School need to write how much inhaler you have used in your diary or tell your parent

IMPORTANT: If **6 puffs** of the blue inhaler via the spacer is not working or its effect is lasting less than **4 hrs** and you have increasing wheeze or chest tightness, move to the **Red Zone**

Red zone – Severe



IF after 6 puffs of your blue inhaler you experience any of the following symptoms within the next 4 hours:

- You are still breathing hard and fast
- You still feel tight and wheezy
- You are too breathless to talk in a sentence
- You are feeling frightened and exhausted

Other serious symptoms are:

- Colour changes - very pale / grey / blue
- Using rib and neck muscles to breath, nose flaring

Red Zone Action

Take 10 puffs of your blue inhaler via a spacer and CALL 999

- Whilst waiting for the ambulance to arrive and using your spacer, keep taking 1 puff of your blue inhaler every 30 seconds, breathing at a normal rate for 4-5 breaths.
- Stay where you are and keep calm
- If the pupil becomes unresponsive and has an adrenaline pen for allergies-use it now.

Additional comments or information

My spacer/inhaler/adrenaline pen is kept:

.....