



Villa Real School
together we achieve

School Asthma Policy 2023

Responsibility: Samantha Dawson

Date: February 2023

Signed & Adopted by the Governing Body:

Chair of Governors

Date: 24.04.2023

To be reviewed: February 2026

As a school, we recognise that asthma is a serious, but controllable condition. The school welcomes all pupils/students with asthma and aims to support these children in participating fully in everyday school life. Villa Real School will take on a whole school approach to Asthma to support the pupils/students. We aim to actively involve parents/ carers/ pupils/ students 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 will 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).

Pupils/ students are encouraged to carry their reliever inhaler if they are able to use. We will discuss this with each child's parents or carer.

Some pupils/ students 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/ carers should be encouraged to report to school if their child has any changes in the treatment plan (PAAP)

Emergency Salbutamol Inhaler in School

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.

This guidance enables our school to have spare relief inhalers and spacers. Our kits are kept in the Medical Room.

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.

For residential visits, staff are trained in the use of all the pupils/ students 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/ carers 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 pupils/ students 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>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> <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>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 in supporting pupils/ students 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/ students 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/ students 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/ students with this trigger to have alternative changing facilities

Changing Weather Pupils/ students 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 pupils/ students 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 pupils/ students 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 pupil's/student's attendance

relating to control of asthma symptoms this will be discussed with parents/ carers 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 pupil's/ student's 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.

Staff Training

All school staff complete an annual awareness session lead by school nurses or online refreshers such as below. Please see the link below:

<https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>

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>

Supporting pupils/ students with Asthma: Legal requirements Checklist



All the resources mentioned in the checklist are available through the Beat Asthma Schools home page

School Asthma policy	<ul style="list-style-type: none">• Supporting Pupils in school with Medical condition (Department for Education 2015) available for all staff to read and to use as guidance when developing policies• Guidance on the use of Emergency Salbutamol Inhalers in Schools (Department of Health, Sept 2014) available• School asthma policy in place, developed using guidance from above and updated regularly – all staff to be made aware of the policy and where to access it• Information available on inhaler devices and how to use them• System in place to identify pupils/ students who have frequent absences from school due to asthma
Asthma Register	<ul style="list-style-type: none">• Have a named individual responsible for asthma• Ensure school asthma register in place and updated regularly. Must state name and date of birth of pupil/ student• Register available to all staff – suggest displaying in school office/staff room with a photo board• Ensure every pupil/ student has an individual healthcare plan (IHCP) completed. School asthma care detailed on the IHCP and supported where needed with a specific asthma management plan

<p>Medications</p>	<ul style="list-style-type: none"> • Asthma medication is provided by the parent/carer 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 pupils/ students know where their inhaler and spacer are kept – must be accessible at all times • Inhalers should be kept in a cool environment • If using a metered dose inhaler (“puffer” type), a spacer device must also be provided by the parent/ carer • Medication must be clearly labelled with a pharmacy label displaying name/dose/instructions and a medicine administration form must be completed by the parent/ carer • Usage of reliever medication must be recorded, and parents/ carers informed
<p>Pupils/ students that self-manage</p>	<ul style="list-style-type: none"> • If a pupil/ student carries their own inhaler as part of their IHCP, a spacer and metered dose inhaler should be available for them to use in school – provided by the parent/ carer • Parents/ carers should be informed if a pupil/ student who self manages appears to be using their inhaler more than usual • Encourage every pupil/ student to carry a copy of their school plan in their personal planner

Staff Training	<ul style="list-style-type: none"> • All school staff (not just first aiders) attend an asthma awareness session on an annual basis https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/ • Asthma attack flow chart displayed in school – all staff familiar • Staff administering inhalers should be knowledgeable of the correct technique
Emergency Inhaler kits	<ul style="list-style-type: none"> - To use if pupils own not available • Minimum x 3 emergency inhaler kits are purchased to keep in school as part of school asthma policy, conveniently located in key areas • Can only be used for pupils/ students who have a diagnosis of asthma or have been prescribed a salbutamol inhaler with the exception where parents/ carers have submitted the opt out consent • An emergency kit should be taken out of school for offsite activities/residential trips • Each kit should consist of: <ul style="list-style-type: none"> • 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/ carer informing them that the emergency inhaler/spacer has been used • Every inhaler following use should be returned to pharmacy for safe disposal • Each spacer used for a single child only could be retained and labelled for that child/ given to the parent/ carer for home use/ returned to pharmacy for safe disposal

APPENDICES

- 1. School action plan**
- 2. Individual healthcare plan**
- 3. Use of Emergency inhaler in school consent form**
- 4. Personal asthma action plan (PAAP)**
- 5. School individualised plan**
- 6. How to recognise an asthma attack**
- 7. How to support a child / young person having an asthma attack**

Appendix 1

School Action Plan

Date:

Name.....	Affix photo here
Date of birth.....	
Allergies.....	
Emergency contact.....	
Emergency contact number.....	
Doctor's phone number.....	
Class.....	

What are the signs that you/your child may be having an asthma attack?

Are there any key words that you/your child may use to express their asthma symptoms?

What is the name of your/your child's reliever medicine and the device?

Does your child have a spacer device? (please circle) Yes No

Does your child need help using their inhaler? (please circle) Yes No

What are your/your child's known asthma triggers?

Do you/your child need to take their reliever medicine before exercise?
(Please circle) Yes No

If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:

I give my consent for school staff to administer/assist my child with their own reliever inhaler as required unless I have opted out. Their inhaler is clearly labelled and in date.

Signed.....Date.....

Print Name.....Relationship to child.....

Appendix 2



Template individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc



Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to

Appendix 3 Parent/ Carer letter

Dear Parent/ carer,

We are reviewing our asthma policy which recommends that our school keeps a asthma register for children who have asthma . We also have an emergency relief inhaler that can be used for any child within school who has a diagnosis of asthma or has been prescribed a reliever inhaler.

Your child will still need their own reliever in school which is clearly labelled with their name/expiry date and instructions/ dose.

Please fill out the form below with information about your child to help us update our records.

If your child does not have a spacer or have had an asthma review in the last 12 months please arrange an appointment with your GP Practice .

Many thanks

Yours sincerely

	Please tick
I can confirm that my child has been diagnosed with asthma	
I can confirm that my child has been given a reliever inhaler	
I can confirm that I have supplied a reliever inhaler and spacer which is clearly labelled with my child's name /dose and expiry date.	
I have filled in the school asthma plan form and returned it to school	
Please tick if you DO NOT wish your child to use the School relief inhaler in an Emergency	
Print name Name of child	Sign Class/group
	Date

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:

.....

.....

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.

beat asthma 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.

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 breathe, 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

.....

.....

.....

.....

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:

HOW TO RECOGNISE AN ASTHMA ATTACK

It is important that you recognise the signs and symptoms of an asthma attack in your pupil. Be aware that the onset of an asthma attack can gradually appear over days. Early recognition will help prevent your pupil from getting worse and needing to go in to hospital.

Your pupil may have one or more of these symptoms during an asthma attack:



BREATHING HARD AND FAST

You may notice your pupil breathes faster or is having chest 'recessions' which is the pulling in of muscles in between the ribs or underneath the ribs.



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

Your pupil may have a worsening cough, particularly at night preventing your child from having restful sleep and making them seem more tired in class.



BREATHLESSNESS

Your pupil may appear to be less active, with refusal to eat, or they may seem restless. This may be a sign that they are too breathless to run around and do PE or even 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 your pupil is old enough, he/she may ask for the reliever inhaler more frequently during an attack. It is important that you follow your pupil's asthma action plan and know when to seek help when the reliever inhaler fails to improve their symptoms.

Appendix 7



How to I Manage a Pupil having an Asthma Attack?

