Asthma Policy

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Asthma Policy

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Asthma Policy

The Principles of Court Schools Asthma Policy

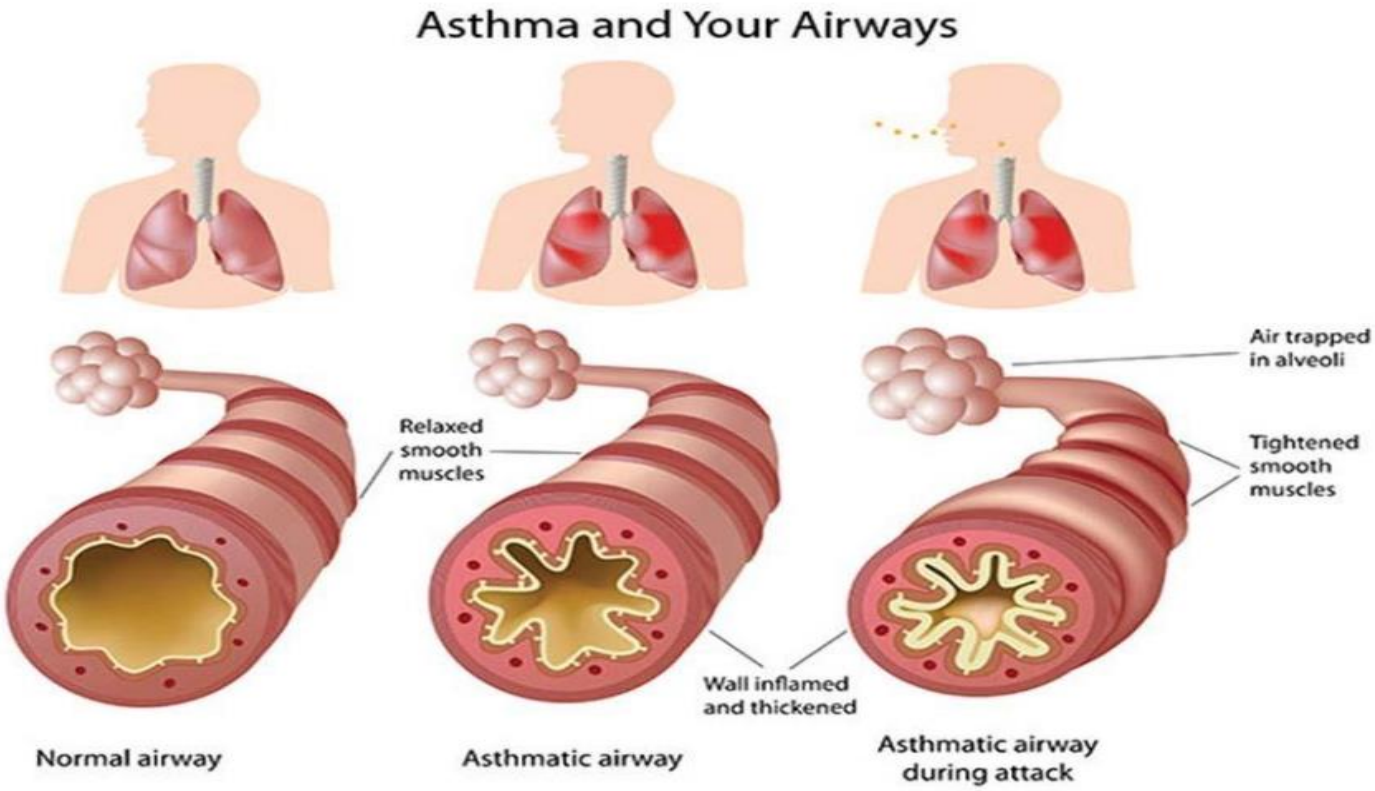
The Principles of Court Schools Asthma Policy Court Schools recognises that asthma is a widespread, serious, but controllable long-term medical condition affecting many children and young people. We welcome all pupils with asthma and aim to support them in participating fully in all aspects of school life, including Physical Education (PE) and offsite outdoor education
Recognises that immediate access to reliever inhalers is vital.
Keeps records of children with asthma and the medication they take.
Ensures the school environment is favourable to children with asthma.
Ensures that other children understand asthma.
Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack.
Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully.
This policy has been written with advice from the Department for Education, National Asthma Campaign, the local authority, the school health service, parents/carers, the governing body and pupils.
Our school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. Supply staff and new staff are **also made aware of this policy**. All teachers, and at least one member of staff in each class is provided with asthma training on a regular basis.

The school Asthma Lead is responsible for all aspects of implementing this Asthma Policy.

What is Asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma & Lung UK).

Asthma Policy



At Court Schools, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all learners with asthma and aims to support these learners in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- up-to-date asthma policy,
- an asthma lead,
- all learners with immediate access to their reliever inhaler at all times,
- all learners have an up-to-date asthma action plan,
- an emergency salbutamol inhaler
- ensure all staff have regular asthma training,
- promote asthma awareness among the school community.

Roles and Responsibilities

Headteacher: Shall hold operational responsibility for the implementation of this policy across the school.

Designated Asthma Leads

Each of the court schools have 2 nominated Asthma Lead. Their role is to oversee asthma care and a management within the school. It is the responsibility of the designated asthma lead to: Promoting and maintain allergy awareness across the school community and staff are aware of the policy.

- Oversee school-wide training.
- Maintain and review the school asthma & allergy register termly.
- Ensure individual healthcare plans are updated annually or when change in medical need is shared with school for all learners.
- Relevant staff are aware of what activities need an allergy risk assessment
- Developing and reviewing arrangements for the safe storage and disposal of
- Sourcing spare inhalers and ensuring they are stored according to the guidance.
- Oversee the safe storage, tracking, and expiration dates of Inhalers monthly.
- Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

Teaching/Support Staff:

All teaching and support staff are responsible for:

- Ensuring they are familiar with the school's Asthma Policy and annual emergency training updates.
- Knowing which specific learners in their care are diagnosed with asthma by regularly consulting the centralized Asthma Register on Arbor
- Ensuring that learners always have immediate access to their reliever (usually blue) inhalers and spacers
- Knowing the exact location of younger learners named medication wallets stored in the main school office.
- To recognise the signs of an asthma attack (persistent coughing, wheezing, chest tightness) and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead
- Taking reasonable steps to keep classroom spaces favourable to asthmatic pupils by minimizing contact with triggers, including dust, cold air, classroom chemicals (aerosols, certain glues, paint), animal dander, and lesson materials (such as play dough containing wheat flour)

Parents/Carers:

- Providing the school with up-to-date details of their child's asthma needs.
- Updating the school on any changes to their child's condition
- Ensuring their inhalers are in date, not damaged and enough medication. Parents / carers to order new inhalers before expiring dates and immediately if it is damaged or need replacing.

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Asthma Register

We maintain a centralised, active school Asthma register on Arbor, which is updated at least annually. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed as a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the learner has been added to the asthma register and has:

- An up-to-date copy of their personal asthma action plan,
- Their reliever (salbutamol/terbutaline) inhaler in school,

permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost. (see back of policy)

Emergency Kit Storage, Tracking, and Disposal

Each Court Schools have labelled emergency kit(s) (The number of these kits is in line with the need of each of the schools), which are kept in prominent, centrally accessible, Outdoor Ed have their own packs so they are easy to access. Each kit contains:

- A salbutamol metered dose inhaler.
- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer.
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information identified by their batch number and expiry date.
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded.
- A note of the arrangements for replacing the inhaler and spacers.
- A list of children permitted to use the emergency inhaler:
- A record of administration
- Any usage should be documented so that it can be monitored when the inhaler is running out.

The inhaler has 200 puffs, so when it reaches 180 puffs used, the school will replace it. The spacer cannot be reused. We will use new spacers before using and safely disposal of the used spacer. The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids.

After each use the inhaler canister will be removed and the plastic housing and cap of the inhaler will be dismantled and washed in hot soapy water using a soft cloth and left to air dry and then reassembled.

Two members of staff will complete checking monthly that spare ADs and the emergency asthma reliver inhaler are present and in date. Replacement inhalers are obtained when expiry dates approach; spent inhalers will be returned to the pharmacy to be recycled. Staff have been

trained to administer the emergency inhaler and there are pictorial and written instructions around the school as well as in the emergency kits.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary, and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The emergency salbutamol inhaler will only be used by children:

Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler **AND** for whom written parental consent for use of the emergency inhaler has been given.

The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

MART (Maintenance and Reliever Therapy) and AIR (Anti-inflammatory Reliever) Treatment Plans Some learners may be prescribed modern combination inhalers instead of traditional preventer and reliever devices

MART (Maintenance and Reliever Therapy): This is an asthma treatment plan where a single combination inhaler is used for both regular daily prevention and as-needed quick symptom relief, removing the need for a separate blue reliever inhaler

AIR (Anti-inflammatory Reliever): This is a modern management strategy where a combination inhaler is used only when symptoms are experienced, completely replacing the traditional blue reliever inhaler

For learners on MART/AIR treatment plans, in an emergency, **it is entirely safe for a learner to receive the school emergency blue (Salbutamol) reliever inhaler** in an emergency if their own combination inhaler is empty, broken, or unavailable. Staff must follow the standard emergency procedure without delay

Immediate access to a reliever (usually blue) inhaler is vital. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma & Lung UK).

Learners are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by key stage 2. However, we will discuss this with each learner's parent/carer and teacher. We recognise that all learners may still need supervision in taking their inhaler. Learners should always tell their class teacher or first aider when they have had occasion to use their inhaler. Records are kept each time an inhaler is used and recorded on the individual learner's record sheet which is then communicated to parents/carers at the end of day. This applies

to all learners on the asthma list within the school. The reliever inhalers for younger learners are kept in their individual classroom in a designated first aid area marked with a green and white first aid sign and are easily available to all members of staff.

All inhalers must be labelled with the child's name by the parent/carer. School staff are not required to administer medication to children except in an emergency, however many of our staff are happy to do this. **All school staff will let children take their own medication when needed.**

School staff are not required to administer asthma medicines to learners; however, many children have poor inhaler techniques or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training and are happy to support children as they use their inhaler can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler, we will refer them to the Asthma Lead and advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines. (Source: Asthma & Lung UK)

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the learner is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

Please note: Schools can purchase an emergency asthma reliever inhaler which can only be used if the learner's prescribed inhaler is not available and where written consent has been obtained.

Asthma Record Keeping & Action Plans

At the beginning of each school year, or when a learner joins the school, parents/carers are asked to inform the school if their child is asthmatic. All parents of children with asthma are required to complete a form on their child's Asthma and return to school. From this information the school keeps its asthma register which is on Arbor and in the main office. This asthma register is also kept in the emergency inhaler kits. If any changes are made to a child's medication it is the responsibility of the parents or carer to inform the school.

For learners who cannot carry their own inhaler they are kept in designated spaces which staff and learners know. All staff members are responsible for acquainting themselves with the triggers of a possible attack (allergies, colds, cough, cold weather) for each individual child in their care. All this information is found in their medication wallet along with their medication.

Asthma + Lungs uk evidence shows that if someone with asthma uses a personal asthma action plan, they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is

essential that all learners with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma + Lungs uk)

Obtaining and Escalating Missing Asthma and Allergy Action Plans

Identification of medical condition

Were court schools becomes aware that a learner has asthma, an allergy or another medical condition that may require support during the school day, the school will establish, as soon as reasonably practicable what arrangements are required to support learners' safety.

This may include obtaining a Asthma action plan, Allergy Action Plan or a Individual Health care plan, medical instructions, emergency procedures or other relevant information from the learners parents / carers and where appropriate healthcare professionals,

Initial Request to Parents / Carers

Where an appropriate action plan has not been provided, court schools will make an initial request from the parent / carer for the relevant documentation.
This will explain why the information is required.
Identify the specific document to information being requested.
Explain the protentional implications and importance of having this information.
Provide a reasonable timescale for responding.
Advise parent / carer who they require support in obtaining this information.

Follow up where the plan has not been received.

If the requested information has not been received within the agreed timescale, court schools will make a further phone call with a following written request.
Court schools will establish:
The plan has been requested from healthcare professional.
An appointment or clinical review is awaiting.
The healthcare professional has declined or been unable to provide the requested information.
The Parents / carers requires support with the process.
There is another reason.

Escalation within School

If the action plans remain outstanding following reasonable attempts to obtain it, the matter will be escalated to SLT and DSL. Where the absence of the plan creates a significant concern about schools ability to safely support the learners, the matter will be escalated without waiting for the normal timescale.

Healthcare Professionals or Healthcare – Service Escalation

Where school has appropriate parental consent the school may seek clarification from the learner's health care professional, school nursing or other relevant health professional.

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The purpose for contact with be to obtain or clarify information necessary to support the learner's safety in school.
Where a healthcare service has been contacted but not provided the required information, the school will maintain a record of the contact and any response received.

Safeguarding and Welfare Escalation
If a parent / carer repeatedly fails to provide information that is necessary to enable identified medical needs the school will consider whether this is a wider welfare or safeguarding concern. Any safeguarding will be made in accordance with schools safeguarding policy. The absence of this action plan will not by its self automatically be treated as a safeguarding concern. The school will consider the circumstances, the level of medical risk, the parent's engagement and the impact on the learner's health and safety.

Immediate or Significant Risk
Where schools are considered that the absence of appropriate medical information, medication or emergency arrangements presents an immediate or significant risk to the learner the matter will be escalated to SLT. The school will seek appropriate advice from healthcare services and follow its emergency procedures. Court Schools will respond to an actual medical emergency in accordance with their training and procedures and information they have on that learner. The school will not delay appropriate emergency medical action soley because the formal action plan has not been received.

Record Keeping
Court Schools will maintain records of:
The date an action plan was identified.
Request made to parents.
Reminders and follow up communication
Communication with healthcare professionals or health care services.
Advice received
Escalation to SLT or other health professionals.
The date the which the required plan or information was received.

Review
Court schools will review the action plan and the medical information, and the designated person will ensure that the learner's medical arrangements are reviewed and staff are informed of any changes.

Staff Training

Staff will need annual asthma updates.

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School Environment

At court schools do all that it can to ensure the school environment is favourable to learners with asthma. The school has a definitive no-smoking policy. Learners' asthma triggers will be recorded as part of their asthma action plans and the school will ensure that learners will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke (Source: Asthma + Lungs uk)

School Trips and Outdoor Education

As part of our responsibility to ensure all learners are kept safe within the school grounds and on trips offsite, a risk assessment will be performed by the trip leader. These risk assessments will establish asthma triggers to which the learners could be exposed. Their inhaler should accompany them and always be made available to them. Parents/carers will be informed when their child has used their medication outside of school. Plans will be put in place to ensure these triggers are avoided, where possible.

Exercise and Activity

Taking part in sports, games and activities is an essential part of school life for all learners. All staff will know which children in their class have asthma, and all PE and Outdoor Education staff at the school will be aware of which learners have asthma from the school's asthma register. (Source: Asthma + Lungs uk)

Exercise, Activity, and PE Management All pupils with asthma are encouraged to participate fully in sports, PE, and outdoor education. PE and outdoor education staff will consult the School Asthma Register to identify pupils with diagnosed asthma.

Pre-Exercise Reliever Protocols and Asthma Red Flags:

Learners who are mature enough are expected to carry their own reliever inhaler and spacer with them to the PE/Outdoor Education lesson. For younger pupils, staff will keep their named wallets in a dedicated space.

Avoid Routine Over-Reliance: In line with NHS England clinical updates (October 2025), routine use of reliever inhalers prior to exercise can hide poorly controlled asthma and create a false sense of security. Reliever inhaler use before exercise should only occur if explicitly dictated by the pupil's Personalised Asthma Action Plan (PAAP).

Monitoring and Referrals: Staff must monitor and record all reliever usage If a learner regularly relies on their reliever inhaler before or during exercise over an extended period, staff must highlight this as an "Asthma Red Flag", inform the Asthma lead and they will discuss concerns with parents / carers and ask them to organise a clinical review with their GP / Asthma nurse or with permission school will refer the learner to the school nurse.

If a learner needs to use their inhaler during a lesson they will be encouraged to do so. (Source: Asthma + Lungs uk) Records are kept every time a learner uses their inhaler and parents/carers will be informed the same day. Two members of staff countersign the asthma medication form after any medication has been administered.

When Asthma is Affecting a Learner's Education

The Court schools are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting on a learners life, and they are unable to take part in activities, tired during the day, or fall behind in lessons we will discuss this with parents/carers and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the learner needs a clinical asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, the school recognises that learners with asthma could be classed as having a disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Common 'day to day' symptoms of asthma

As a school we require that learners with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each learner's asthma and how to respond to them on an individual basis. We will also send home our own information and consent form for every child with asthma each school year *(see appendix 1)*. This needs to be returned immediately and kept with our asthma register.

A learner diagnosed with asthma or a wheeze, which can present as:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising

- Tight chest

These symptoms are usually responsive to the use of the learner's inhaler and rest (e.g. stopping exercise). As per the Department Of Health document; '**mild, routine asthma symptoms should not automatically require a child to be sent home from school** or require urgent medical treatment.'

Asthma Attacks

The school recognises that if all the above is in place, we should be able to support learners with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition guidance will be displayed in the staff room *(see appendix 2)*. This can also be downloaded from the government website. **The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If the learner is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

*Appears exhausted *is going blue
*Has a blue/white tinge around lips *has collapsed

It goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- *Shake the inhaler and remove the cap
- *Place the mouthpiece between the lips with a good deal, or place the mask securely over the nose and mouth
- *Immediately help the child to take two puffs of salbutamol via the spacer, one at a time.(1 puff to 5 breaths)
- If there is no improvement, repeat these steps up to a maximum of 10 puffs

- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes, give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.

References

- Asthma +Lung UK website (2015) Asthma + Lung UK
- Asthma UK (2006) School Policy Guidelines. Asthma at school and nursery | Asthma + Lung UK
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools Guidance on the use of emergency salbutamol inhalers in schools

Appendix 1

Court schools will have 2 named Designated Asthma & Allergy Leads one member will be on SLT.
Magdalen Court School is Adele Thomas & Kim Brady
Cardrew Court School is Kerry Towers & Lyn Phelan

Kim Bradley and Lyn Phelan will meet with Moss Withers Court Schools First Aid lead to support with any Asthma, Allergy or First Aid procedures, questions about individual learners, or just general questions.

Appendix 2

School Asthma Action Plan

Date form was completed: ..... Renew Form Date: .....

Pupil's Full Name: ..... DOB: .....

Emergency Contact Name & Relationship to pupil:.....

Emergency Contact number: .....

GP Name and Contact number: .....

Asthma Nurse Contact name and Number: .....

.....

Does your child tell you when he/she needs medication? ☐ **Yes** ☐ **No**

Does your Child need help taking his/her asthma medication? ☐ **Yes** ☐ **No**

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What are your child's triggers (things that make their asthma worse? .....

.....

.....

Does your child need to take medication before exercise or play? ☐ **Yes** ☐ **No**

If yes please describe below

Medicine	How much and when taken

Does your child need to take any other asthma medication while in the school's care?

☐ **Yes** ☐ **No**

If yes please describe below

Medicine	How much and when taken

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

.....

.....

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

.....

.....

.....

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

.....

.....

Does your child have a spacer device? ☐ **Yes** ☐ **No**

☐

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Does your child need help using their inhaler? **Yes** ☐ **No**

Any other information about your child's Asthma you would like to share?

.....

.....

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

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

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

On returning this form to school with the asthma medication has it been labelled and have the expiry dates been checked and recorded:

Labelled with child name and class	Yes	No
All forms completed	Yes	No
Medication expiry date	Date:	

Appendix 3
CONSENT FORM

USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate)

2. My Child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day/that will be left at school (delete as appropriate)

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies

Signed : …… Date……

Name (print)……

Relationship to child……

Child's Name……

Class……

Parent's address and contact details:

……

……

……

Telephone……

Email……

Appendix 4

Letter To Inform Parents/Carers of Emergency Salbutamol Inhaler Use

Child's name: ……

Class: …… Date: ……

Dear ……

This letter is to formally notify you that …… has had problems with their breathing today. This happened at ……

*They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ……. Puffs.

*Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor/asthma nurse as soon as possible. Please can you ensure that your child brings in a working, in date inhaler and spacer for their use in school. Both should be clearly labelled with your child's name and date of birth.

Yours sincerely

*Delete as appropriate

Appendix 5

Child's Name .....

Class .....

Date.....

Dear

This letter is to formally notify you that ..... has had problems with their breathing today and required their reliever (blue rescue) inhaler. .....number of puffs was given at ..... [Date]..... [Time].....,,,,,.....

If your child has been using their reliever (blue rescue) inhaler at home as well, we encourage you to contact your doctors surgery for a clinical review.

Yours sincerely

Appendix 6

Symptoms of An Asthma Attack

Not all symptoms listed have to be present for this to be an asthma attack

- Symptoms can get worse very quickly
- If in doubt, give emergency treatment.
- Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky, or stating that the heart is beating faster.

Cough

A dry persistent cough may be a sign of an asthma attack.

Chest tightness or pain

This may be described by a child in many ways including a 'tight chest', 'chest pain', tummy ache

Shortness of breath

A child may say that it feels like it's difficult to breathe, or that their breath has 'gone away'

Wheeze

A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may, or may not be wheezing.

Increased effort of breathing

This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger children, the stomach may be obviously moving in and out. Nasal flaring.

Difficulty in speaking

The child may not be able to speak in full sentences

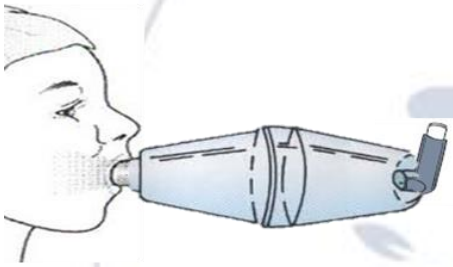
Struggling to breathe

The child may be gasping for air or exhausted from the effort of breathing

CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD

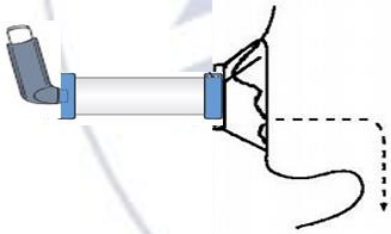
- Appears exhausted
- Has blue/white tinge around the lips
- Is going blue
- Has collapsed

Administering reliever inhaled therapy through a spacer A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks then press the inhaler twice into the air to clear it.**



A Spacer might be

- Orange
- Yellow
- Blue
- Clear



A spacer may have

- A mask
- A mouthpiece

1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the back of the spacer
5. Place mouthpiece in mouth with a good seal, (or if using the mask place securely over the mouth and nose)
6. Encourage the child to breathe in and out slowly and gently
7. Depress the canister encouraging the child to continue to breathe in and out for 5 breaths

8. Remove the spacer
9. Wait 30 seconds and repeat steps 2-6
10. Assess for improvement in symptoms

Dependent on response steps 2-7 can be repeated according to response up to 10 puffs.
If there is no improvement **CALL 999**. If help does not arrive in 10 minutes give another 10 puffs in the same way.
If the child does not feel better or you are worried **ANYTIME** before you have reached 10 puffs, **call 999 for an ambulance and continue to treat as above.**