NHS
Greater Manchester and Eastern Cheshire
Strategic Clinical Networks

Asthma Friendly School Policy

Part of Greater Manchester Integrated Care Partnership

Please note, this is an example policy

School Asthma Policy

School name

Old Moat Primary School

Head teacher / principal name

Oliver Kerr

Asthma Lead name

Julie Walsh

School nursing team lead name

AnnaDavies

School nursing team contact number

0161 5296730

Date

08/10/2026

Policy review date

08/10/2026

Medication storage location
(if located in classrooms list individually)

Medication is stored in the main office in the cabinet which is unlocked but children cannot access independently.
Pupils own inhalers are in their classroom in a green box, each child has an individual wallet with their asthma plan and inhalers.

Emergency asthma inhaler storage location
(if applicable)

In the first aid boxes and in the office emergency box.

Asthma register storage location

Teams document for each class.
Each child has a pen profile/asthma plan, kept in the green box in class
List of all pupils in the staff room, office, Inclusion room, Breakfast club and afterschool club.

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We would like to thank the Healthy London Partnership and North East and North Cumbria Child Health and Wellbeing Network for their kind permission to allow us to adapt and use their toolkits for schools in Greater Manchester.

Introduction

Asthma is the most common chronic childhood condition in the UK and affects one in 11 children. That means on average there are between one and three children with asthma in every classroom in the UK.

In Greater Manchester, more than 36,500 children and young people under 16 have been diagnosed with asthma.

Whilst asthma deaths are thankfully rare, children with poorly controlled or severe asthma are more likely to miss school, with **research studies suggesting asthma is responsible for 18% of school absences**.

As a school we recognise that asthma is a widespread, serious, but controllable, condition. We also understand that having asthma can affect a pupil's schooling and learning. This school welcomes all pupils and aims to support these pupils in participating fully in school life.

Purpose of asthma policy

The purpose of this asthma policy is to ensure the immediate safety and long term well-being of all pupils with asthma. The school aims to provide a supportive environment enabling all pupils to fully participate in all school activities while managing their condition effectively to promote optimal academic performance.

This policy applies to all pupils, staff, and parents, or caregivers, of the school and outlines the procedures for managing and supporting students with asthma during school hours and during activities that may take place beyond the normal school day.

We endeavour to support our pupils with asthma in school by having the following in place:

- An appointed asthma champion/lead in school
- An up-to-date school asthma policy, accessible to all staff, parents, care givers and students
- An up-to-date asthma register of all students with an asthma diagnosis
- An easily accessible emergency salbutamol inhaler/spacer device – to use where appropriate
- All pupils with asthma have an up to date personalised asthma action plan (PAAP)
- Processes and procedures to recognise when asthma is impacting on a pupil's attainment
- At lease 85% of school staff to have completed recognised accredited asthma training
- A school risk assessment which identifies/mitigates asthma triggers.
- Regularly promote asthma awareness to pupils/parents and staff.

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.

Asthma triggers

Common asthma triggers can include:

- Exercise
- Colds and viruses
- Pollution
- Mould
- Allergies such as pollen, animal fur, dust
- Cigarette smoke
- Chemicals
- Cleaning products
- Pollen
- Stress.

The role of asthma champion/ leads

The school asthma champion and lead are responsible for ensuring the supportive measures are implemented.

Their role requires them to:

- Take responsibility for the management of the asthma register, ensuring it is up to date and accurate
- Update the school's asthma policy, ensuring it reflects current medical guidelines and best practices.
- Manage the supply of emergency salbutamol inhalers in school, adhering to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools. **Guidance on the use of emergency salbutamol inhalers in schools**
- Support all pupils to have immediate access to their inhalers, including during off-site school activities.
- Communicate with parents/carers regarding any deterioration in a child's asthma condition whilst in school including requiring of any medication administered to relieve symptoms or given in an emergency.

These responsibilities may be delegated to other members of staff when appropriate, ensuring continuous support for students with asthma.

The role of parents and caregivers

Parents and caregivers of pupils will be expected to:

- Inform school if their child has been given a diagnosis or suspected diagnosis of asthma and a reliever inhaler has been prescribed
- Ensure prescribed asthma reliever inhaler and spacer device is sent into school where appropriate – labelled with their child's name, date of birth drug name and expiry date
- Provide the school with an up-to- date asthma action plan for their child, completed by the health professional who supports their child's asthma management – this may be the GP, practice nurse, asthma nurse or consultant.
- Provide consent for use of the school emergency reliever inhaler where appropriate and required
- Inform the school of any changes in their child's asthma or medication
- Ensure their child knows how to correctly use their asthma inhaler where age or developmentally appropriate.

The role of all teachers and school staff

All teachers and school staff will be expected to:

- Be aware of which students in their class have asthma
- Have completed tier 1 national capabilities asthma training and refresh training every two years
- Understand and follow a pupil' PAAP
- Ensure that pupils always have access to their asthma medication, including on school trips, during sporting activity, and on outdoor activities
- Take immediate action if a student is experiencing asthma symptoms by following the school's emergency procedures.

Asthma register

An asthma register is kept by school, which is reviewed and updated yearly.

We do this by asking parents/carers if their child is diagnosed with or suspected asthma. When parents/carers have confirmed that their child has asthma or has been prescribed a preventer and/ or reliever inhaler we ensure that the pupil has been added to the asthma register and the school has:

- Made a request for a child's prescribed reliever inhaler with appropriate spacer to be brought into school
- Secondary school age pupils will be expected to carry their personal asthma inhaler devices on them.
- Parental/carer consent to allow use of the schools emergency inhaler in the event of their child's inhaler not being available
- Requested a copy of the child's PAAP to be shared with school.

Personalised asthma action plan

Asthma UK evidence shows that if someone with asthma uses a personalised asthma action plan, they are four times less likely to be admitted to hospital.

As a school, we recognise that having to attend hospital can cause stress for a family.

Therefore, we believe it is essential that all pupils with asthma have a PAAP to ensure asthma is managed effectively within school to prevent hospital admissions.

A PAAP is used to help them, and others know what to do, to manage their asthma and how to escalate care when their symptoms are worsening.

A PAAP should be completed by a healthcare professional in partnership with children/young people and their parents/carers.

Children should have their PAAPs reviewed at their annual asthma review, which usually happens at their GP practice.

A copy of their PAAP should be given to school, by the child or young person's parent/carer, so staff are aware of each pupil's needs. If a PAAP is not available a whole school action plan can be used.

Parent/carer must ensure that these plans must be updated annually or whenever there is a significant change in the child or young person's asthma management. **Please see appendix 3 for a school plan and s for a PAAP**.

Treatments for asthma

Asthma is usually treated by using an inhaler, a small device that lets you breathe in medicines

The main asthma treatments are:

- Reliever inhalers – used when needed to quickly relieve asthma symptoms for a short time
- Preventer inhalers – used every day to prevent asthma symptoms happening.
- Maintenance and reliever therapy (MART) inhalers – this is a combination inhaler of preventer and reliever medication
- Tablets – some people also need to take tablets.

Medication

Asthma medication supplied by parents or carers for the pupil's use in school needs to be labelled with:

- the pupil's name and date of birth
- the name of the medicine
- expiry date
- the prescriber's instructions for administration, including dose and frequency.

We support (in secondary school pupil's more likely to be responsible for their own) all pupils with asthma to have immediate access to their reliever (usually blue) inhaler and spacer. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe.

We encourage all pupils to carry and administer their own inhaler

when their parents and health care provider determine they are able to start taking responsibility for their condition.

Staff who have had asthma training and are confident to support children as they use their inhaler will do so in situations where the pupil may have poor inhaler technique or are unable to take the inhaler by themselves.

We ensure that pupils who do not carry and administer their own emergency medication know where their inhalers are stored. This should preferably be stored securely in designated areas in the classroom (not locked away) and not in the main school office.

If a pupil misuses medication, either their own or another pupil's, their parents will be informed as soon as possible, and they are subject to the school's usual disciplinary procedures.

If we have any concerns over a pupil's ability to use their inhaler, we will advise parents or carers to arrange a review with their GP/ nurse. Please refer to the medicines policy for further details about administering medicines.

Emergency medications

As a school we are aware of the guidance **'The use of emergency salbutamol inhalers in schools from the Department of Health'** (March, 2015) **Guidance on the use of emergency salbutamol inhalers in schools**.

As a school we can purchase salbutamol inhalers and spacers from community pharmacists without a prescription. Emergency reliever inhalers are readily available to pupils who require them at all times during the school day whether they are on or off site. These are the emergency salbutamol inhalers.

Consent must be obtained from parents/carers for emergency inhaler use when the school is notified that a pupil has asthma (See **Appendix 5**).

Once consent is gained, we will use the salbutamol emergency inhaler during the onset of breathing difficulties in the absence of the pupils own inhaler or if the pupil cannot use their own inhaler on that occasion (such as a breath actuated or dry powder inhaler). This will always be used with a spacer.

The school asthma champion and team will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available
- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are obtained if they become damaged or are single use only spacers
- Replacement inhalers are obtained if they become damaged
- Inhalers that have been used and need to be disposed of should be taken to the community pharmacy for correct disposal.

The name(s) of these pupils 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.

We have 2 emergency kit(s), which are kept in the

Office

and

First aid box

so it is/are easy to access.

Medication and off-site visits and activities

No pupil 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 pupil's reliever inhaler will be readily available to them throughout the trip, being carried either by the pupil themselves or by the supervising adult in the case of early years/primary school pupils.

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.

Staff attending off site visits must be aware of any pupils on the visit with asthma, have brought their medication, will have appropriate contact numbers, have a copy of the PAAP and be trained what to do in an emergency. An emergency inhaler kit should also be taken.

Some pupils will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor or nurse. This medication needs to be taken regularly for maximum benefit.

Pupils should not need to bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. If the pupil 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.

School environment

The school will do all that it can to ensure the school environment is favourable to pupils with asthma.

The school has a definitive no-smoking/vaping policy. Pupil's asthma triggers will be recorded as part of their PAAP and the school will ensure that pupil's will not encounter their triggers, wherever possible.

As part of our responsibility to ensure all children are kept safe within the school grounds and on offsite school activities, a risk assessment will be performed by staff.

These risk assessments will establish asthma triggers which the children could be exposed to. Plans will be put in place to ensure these triggers are avoided/mitigated, where possible.

Pupils who are known to have specific triggers will not be excluded from any activities and alternative options will be sought if required.

Potential triggers in school

There are other asthma triggers, for example house dust mites, viruses, damp, mould and air pollution.

Outdoor air pollution: Idling in cars, which means keeping the engine running while stationary when waiting to drop off or pick-up pupils from school, increases the number of toxic pollutants in the air which can trigger asthma symptoms. Exposure to these triggers should be limited wherever possible.

Chemicals/Fumes: Chemicals and fumes in science, cookery and art have the potential to trigger an asthma response and teachers and support staff should be aware of any pupils who may be at risk from these activities.

Grass/Pollen: Pupils with asthma should be able to use their salbutamol regularly every four 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, cleaning and grass cutting should be carried out at the end of the school day.

Exercise, activity and after school clubs

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which pupils in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all activities.

All pupils 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.

PE staff will remind pupils who are mature enough to carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson.

When asthma is affecting a pupil's education

The school 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 their life as a pupil, and they are unable to take part in activities, tired during the day, or falling 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 pupil needs an asthma review, to review inhaler technique, a medication review or an updated PAAP, to improve their symptoms.

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

If a pupil's regular school attendance is affected, the school will contact parents or carers in line with their attendance policy and procedures, to see what further help and support might be offered.

Staff training

Staff will access the tier 1 for children and young people with asthma training at least every two years. This training is provided online via **Education for Health Supporting Children's Health and Young People with Asthma** **Asthma (Children and young people) – elearning for healthcare**

We aim to ensure a minimum of 85% of staff complete this, and the asthma champion/lead will keep an up to date record of which staff have been trained.

Asthma attacks and emergency management

Staff are trained to recognise an asthma attack and know how to respond. Training is available via the tier 1 training.

Asthma can sometimes get worse for a short time – this is known as an asthma attack. It can happen suddenly, or gradually over a few days.

The most common symptoms of an asthma attack are:

- **Wheezing (a whistling sound when breathing)**
- **Breathlessness**
- **A tight chest – it may feel like a band is tightening around the chest**
- **Coughing**
- **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**
- **May not be able to talk in full sentences**
- **Lethargic.**

If a pupil has an asthma attack in school, a member of staff will remain with them throughout and administer their inhaler in accordance with the emergency procedure.

No pupil should ever be sent to get their inhaler in this situation; the inhaler must be brought to the pupil.

It is good practice to clearly display the 'How to recognise an asthma attack' (**Appendix 1**&**2**) and the procedure to be followed, see the school action plan (**Appendix 3**) On posters around the school, in the staff room and office as a reminder.

Appendix 1

For Early Years and Primary Schools

HOW TO RECOGNISE AN ASTHMA ATTACK

It is important to recognise 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

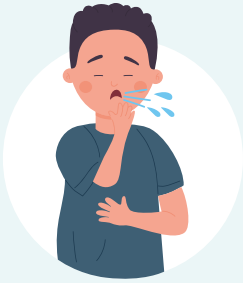
BREATHING HARD AND FAST

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 recognise that if the reliever inhaler is not helping that it is time to seek medical help.

www.beatasthma.co.uk

Appendix 2

For Secondary Schools

HOW TO RECOGNISE AN ASTHMA ATTACK

It is important that you recognise the signs and symptoms of an asthma attack in children and young people. Be aware that the onset of an asthma attack can gradually appear over days. Early recognition will help prevent a child or young person from getting worse and needing to go into hospital.

A child or young person may have one or more of these symptoms during an asthma attack:

BREATHING HARD AND FAST

You may notice they breathe faster or have shorter breaths.

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

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

BREATHLESSNESS

They may appear to be less active, or may seem reluctant to join in activities. Breathlessness can also cause lack of interest in food or restlessness.

CHEST TIGHTNESS

They may describe a tight feeling or squeezing within the chest.

INCREASED USE OF THE RELIEVER INHALER

The child or young person will use their reliever inhaler more frequently during an attack. It is important that their asthma action plan is followed and that medical help is called if they are not improving.

www.beatasthma.co.uk

Appendix 3 **School Action Plan**

Date

Name

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 tick) **Yes** ☐ **No** ☐

Does your child need help using their inhaler? (please tick) **Yes** ☐ **No** ☐

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

Do you/your child need to take their reliever medicine before exercise? (please tick) **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:

Signed

Date

Print Name

Relationship to child

Appendix 4 **Use of Emergency inhaler in school consent form**

We are currently reviewing our asthma policy. Please would you update the information regarding your child so we can ensure our school records are accurate.

Our updated asthma policy means we will have an emergency salbutamol reliever inhaler on site.

This is a precautionary measure. You still need to provide your child with their own inhaler and spacer as prescribed. If you do not wish for us to use the school's inhaler in an emergency, please fill in the details below and return to school as soon as possible.

Please note that everyone with asthma should use a spacer with their inhaler in order to deliver maximum benefit to the lungs (unless your child has a breath actuated inhaler).

If your child does not have a spacer or has not had an asthma review in the past 12 months, please book an appointment with your GP as soon as possible.

For more information on reasons for and how to use a spacer see Asthma UK: **www.asthma.org.uk** or **Beat Asthma**

Please complete the information below and return to school.

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 confirm that I will provide my child's Personalised Asthma Action Plan (PAAP). This should be provided by your child'shealth care professional. If this has not, please contact the GP. ☐

Please tick if you DO NOT wish your child to use the School relief inhaler in an emergency. ☐

Print name	
Sign	
Name of child	
Class/group	
Date	

Appendix 5 **Personal asthma action plan (PAAP)**

www.beatasthma.co.uk/wp-content/uploads/2022/09/no-logo-PAAP.pdf

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

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

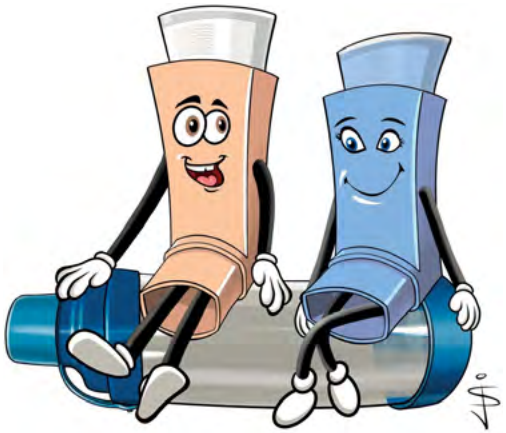
https://uk-air.defra.gov.uk/forecasting/

beat asthma

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 every morning and every night even when you are well.

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 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 about 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:

_____

Appendix 6 School individualised plan

www.beatasthma.co.uk/wp-content/uploads/2023/05/3-personalised-asthma-action-plan-for-schools.pdf

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

Telephone

Additional comments or information:

Recommended websites:
www.beatasthma.co.uk
www.asthmaandlung.org.uk

Pupil photograph

beat asthma

School Asthma Management Plan

Name

Best peak flow

Date

Keep this with you at al 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** 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 tires 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 3-4hrs, 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 **4hrs** and you have increasing wheeze or chest tightness, move to the **Red Zone**

Red Zone – Severe

If after six puffs of reliever you experience any of the following symptoms:

- 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
CALL 999

- Using your spacer, keep taking 1 puff of releiver inhaler, breathing at a normal rate for 4-5 breaths, every 30 seconds until the ambulance arrives
- Stay where you are and keep calm
- If pupil becomes unresponsive and has an adrenaline pen for allergies – use it now

Additional comments or information

My spacer/inhaler is kept

Appendix 5 **Template individual healthcare plan**

www.beatasthma.co.uk/wp-content/uploads/2017/10/5-Template-individual-healthcare-plan-2.pdf

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)

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

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

NHS
Greater Manchester and Eastern Cheshire
Strategic Clinical Networks

Review of Policy

This policy will be reviewed annually or as necessary to ensure it meets with current medical guidelines and the neds of students with asthma.

Approval and Adoption

This policy has been reviewed and approved by

(School Board/Principal)

on

(Date)