

Colindale School's guide for the care of children and young people with asthma January 2026

A collection of stylized, colorful illustrations of diverse people of various ages and ethnicities. Some are standing, some are walking, and one is in a wheelchair. They are scattered across the page, with some appearing to be walking on white, cloud-like paths. The background is a solid magenta color with a large, faint, stylized hand graphic in the center.

Contents

Introduction	3
Record keeping	5
Parents' responsibilities	5
Teachers' responsibilities.....	6
School Asthma Leads / Champions' responsibilities	6
All staff responsibilities	7
Safe storage	7
Safe disposal	8
PE/Activities.....	8
School environment.....	9
Students who miss time off school due to their asthma	9
Asthma attacks	9
Appendix 1 Legislation	10
Appendix 2 Record of inhaler administered to children in primary school	12
Appendix 3 Specimen letter (increased inhaler use)	13
Appendix 4 Specimen letter (refusal to use inhaler)	14
Appendix 5 Parent consent form	15
Appendix 6 Specimen letter (opt out of emergency inhaler)	16
Appendix 7 School asthma Register	17
Appendix 8 Specimen letter (emergency inhaler used)	18
Appendix 9 School asthma plan	19
Appendix 10 Audit checklist	20
Appendix 12 Checklist: The emergency kit	22
Appendix 13 Leaflet: Using a spacer with your child	23
Appendix 14 Useful resources: Where to find more information online	26
Appendix 15 Useful local contact information	27
Appendix 16 Acknowledgments	28

Introduction

Asthma is the most common long-term medical condition in children. It is a long-term inflammatory condition that affects the airways. It cannot be cured, but with appropriate management quality of life can be improved

Having asthma has implications for a child's schooling and learning. It impacts on care given within schools and early year's settings, and appropriate asthma care is necessary for the child's immediate safety, long-term well-being, and optimal academic performance. Whilst some older children may be fully independent with their condition younger children, children with learning difficulties or those newly diagnosed are likely to need support and assistance from school staff during the school day, to help them to manage their asthma in the absence of their parents.

The 2010 Children, Schools and Families Act and the Children and Families Act 2014 introduced a legal duty on schools to look after children with medical conditions. This is inclusive of children with asthma and it is therefore essential that all school staff and those who support younger children have an awareness of this medical condition and the needs of pupils during the school day.

Purpose of this document

To enable schools to effectively manage children and young people with asthma in a school setting.

- Every child with asthma has an individual health care plan (IHCP).
- We have an up to date medical /asthma conditions policy.
- Children have appropriate supervision depending on their individual needs.
- Children have access to their inhalers

- We maintain a register of children and young people with asthma.

An Asthma Friendly School

Colindale School is an asthma friendly school. This means we advocate inclusion, are clear on our procedures and have designated asthma leads to ensure these are adhered to. We commit to audit our procedures yearly.

This policy will be reviewed annually by the SENCO and Welfare officer

.....
We welcome parents' and students' views on how we can continue to improve and build upon our standards.

The school recognises that asthma is a prevalent, serious but manageable condition and we welcome all students with asthma.

We ensure all staff are aware of their duty of care to students. We have a "whole school" approach to regular training so staff are confident in carrying out their duty of care. We have two asthma leads they are called:

- 1 Elaine French SENCO
- 2 .Lourdes Celi – Welfare Assistant

Asthma Leads ensure procedures are followed and a 'whole school' approach to training is delivered.

This policy reflects the requirements of key legislation (appendix 1) and in particular two key documents:

1. Supporting Pupils at school with medical conditions (2014)¹
2. Guidance on the use of emergency salbutamol inhalers in schools (2015)²

This policy sets out how we as a school support students with asthma. We work closely with students, parents and health colleagues to ensure we have robust procedures in place for the administration, management and storage of asthma inhalers at school. We will keep parents/guardians informed if their child has had **additional** medication during the school day.

Parents are required to ensure the school is aware of their child's needs. Parents should assist in the completion of their child's school asthma plan and also provide the school with one named inhaler and spacers in the original packaging detailing the prescription.

It is the responsibility of parents/guardians to ensure all medication is in date and that the school are kept informed of any changes to your child's medication/care needs throughout their time at school.

Students with asthma are fully integrated into school life and are able to participate fully in all activities including physical education (PE). Students have open and immediate access to their reliever medication (inhaler) at all times; we have clear procedures in place that facilitate this.

1 Department of Health (2014) Supporting Pupils at school with medical conditions available at <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

2 Department of health (2015) Guidance on the use of emergency salbutamol inhalers in schools https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Record keeping

It is a parent/guardians responsibility to inform school on admission of their child's medical condition and needs. It is also important that the school are informed by parents of any changes. The school keeps an accurate record of each occasion a student is given or supervised taking their inhaler. (Record of administration template (Appendix 2) Details of the supervising staff member, student, dose, date and time are recorded. Parents will be informed if a student uses their inhaler more than 3 times a week in excess of their usual requirements e.g. If a student normally uses their inhaler pre or post exercise this would be recorded, if they also require their inhaler in addition to this 3 times or more a letter should be sent to their parent informing them of this (Sample: Appendix 3). If a pupil refuses to have their inhaler, this is also recorded and parents are informed as soon as possible. (Appendix 4) Consent letters opt in and out (Appendix 5 and 6).

We keep an asthma register (Appendix 7) so we can identify and safeguard students with asthma; this is held in the medical room and at the 1st Aid point by the entrance to the astroturf.

Students with asthma have a School asthma plan. (example Appendix 9) This is written jointly between health, education and parent/student.

In the event a student's inhaler and spare inhaler are unavailable/ not working we will use the schools emergency inhaler (if the parent/guardian has consented) and inform the parent as soon as possible. Consent to use emergency inhalers should be recorded on the asthma register.

Parents' responsibilities

- Informing the school if their child has asthma
- Ensure the school has a complete and up-to-date asthma plan for their child.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines the child requires while taking part in visits, outings, field trips and other out-of-school activities such as school sports events.
- Inform the school of any changes to their child's condition.
- Ensure their medicines and medical devices are labeled with their full name and date of birth, in the original pharmacy packaging.
- Ensure that their child's medicines are within their expiry dates.
- Ensure their child has regular reviews (usually every 3 months) with their doctor or specialist healthcare professional.
- Ensure their child has a written self-management plan from their doctor or specialist healthcare professional and they share this with school.
- It is the parent's responsibility to ensure new and in date medicines come into school on the first day of the new academic year.

Teachers' responsibilities

- Read and understand the school's asthma policy.
- Being aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- Know which students have asthma and be familiar with the content of their individual health plan
- Allow all students to have immediate access to their emergency medicines. KS1 are in classes & KS2 are in medical. For some children with severe asthma they are in their classes.
- Ensure medication is taken on school trips. Medication will be organised and provided by welfare assistant and 1st Aider accompanying children on the trip.)
- Be aware that asthma can affect a student's learning and provide extra help when needed.
- Be aware of children with asthma who may need extra social support.
- Liaise with parents and asthma leads if a child is falling behind with their work because of their condition.
- Understand asthma and the impact it can have on students. (Students should not be forced to take part in activity if they feel unwell) If school identify a pattern or are concerned about an individual child they will inform parent/guardian and advise medical advice should be sought.
- Ensure students with asthma are not excluded from activities they wish to take part in.
- Ensure students have access to the appropriate medicines during activity or exercise and are allowed to take it when needed.
- In PE in KS1 the teacher will send 2 sensible children to the medical room/nearest adult to ask for a 1st aider to come outside. The 1st aider will get the inhaler from the child's classroom and then go outside.

School Asthma Leads / Champions' responsibilities

- Asthma Lead 1 (Elaine) and Asthma Lead 2 (Lourdes) are delegated responsibility by the head teacher to ensure:
- Schools have an adequate supply of Emergency kits and know how to obtain these from their local pharmacy.
- Procedures are followed.
- All children on the register have consent status recorded, an inhaler, a spacer and a care plan.
- Expiry dates are checked regularly, and impending expiry date are communicated to parent/guardian.
- Replacement inhalers are obtained before the expiry date.
- Empty/out of date Inhalers are disposed of.
- Register is up-to date and accessible to all staff.
- Training is up-to-date.
- Audit process' annually (Appendix 9 audit checklist).
- Individual spacers are washed regularly according to instructions; care should be taken not to muddle the components as this could pose a risk to the allergic child.
- Emergency kits are checked regularly and contents replenished immediately after use.
- Asthma Lead/s are confident to support in an emergency situation.

All staff responsibilities

- Support staff who are first aid trained attend asthma training when required.
- Know what the procedures are and which students have asthma, be familiar with their care plan.
- Communicate parental concerns and updates to the asthma champions.
- Staff must record inhaler usage (including emergency inhaler usage)
- All students with asthma must have easy access to their reliever inhaler and spacer.
- Students know where their inhalers are stored.
- All staff attending off site visits should be aware of any students on the visit with asthma. They should be trained about what to do in an emergency.
- If a student misuses medicines, either their own or another student, their parents will be informed as soon as possible and they will be subject to the school's usual disciplinary procedures.

Safe storage

General

- All inhalers are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the student's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medicines are stored in accordance with instructions paying particular note to temperature.

Emergency medicine

- Emergency medicines are readily available to students who require them at all times during the school day whether they are on or off site.

Safe disposal

- Parents are responsible for collecting out of date medicines from school.
- A named member of staff is responsible for checking the dates of medicines and arranging for the disposal of those that have expired.

Disposal

- Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled.

PE/Activities

We will ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favorable to students with asthma.

PE teachers will be sensitive to students who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents should be made aware so medical help may be sought.

This includes out of school visits we ensure these visits/trips are accessible to all students.

Children and young people with asthma will have equal access to extended school activities school productions, after school clubs and residential visits.

Staff will have training and be aware of the potential social problems that students with asthma may experience this enables us to prevent and deal with problems in accordance with the school's anti bullying and behavior policies.

Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of asthma amongst students and to help create a positive social environment and eliminate stigma. School staff understand that pupil's with asthma should not be forced to take part in activity if they feel unwell.

Staff are trained to recognize potential triggers for pupil's asthma when exercising and are aware of ways to minimize exposure to these triggers.

In Physical Education lessons teachers should make sure students have access to their inhalers during

PE and take them when needed, before during or after PE.

Risk assessments will be carried out for any out of school visit. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency. We recognize there may be additional medicines, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.

In an emergency situation school staff are required under common law duty of care, to act like any reasonable parent. This may include administering medicines. We have posters on display in school that reiterates the steps to take during an emergency.

School environment

The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack. Smoking is explicitly prohibited on the school site.

We are aware that chemicals in science, cookery and art have the potential to trigger an asthma response and

will be vigilant to any student who may be at risk from these activities.

We will not exclude students who are known to have specific chemical triggers but will endeavour to seek an alternative. Cleaning and grass cutting should, where possible, be carried out at the end of the school day.

Students who miss time off school due to their asthma

As a school we monitor student absence, if a student is missing a lot of time off school due to their asthma or we identify they are constantly tired in school, staff will make contact with the parent to work out how we can support them.

The school may need to speak with the School Nurse or other health professional to ensure the student's asthma control is optimal.

Asthma attacks

Staff are trained to recognise an asthma attack and know how to respond. The procedure to be followed is clearly displayed on posters in the welfare room and playground 1st Aid Post as a reminder.

If a child 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. Emergency services and parents will be informed.

No student will ever be sent to get their inhaler in this situation, the inhaler must be brought to the student.

A member of staff will accompany the student to hospital until their parent/care giver arrives.

Appendix 1 Legislation

The Children and Families Act 2014

Section 100 of the Children and Families Act 2014 introduced a legal duty on schools to look after children with medical conditions. This is inclusive of children with diabetes. Schools must make arrangements to support pupils at school with medical conditions and have regard to the statutory guidance: Supporting pupils at school with medical conditions

The Education Act 2002

Sections 21 and 175 detail how governing bodies of maintained schools must promote the wellbeing of pupils and take a view to the safeguarding of children at the school.

Section 3 of the Children Act 1989

This places a duty on a person with the care of a child to do all that is reasonable in the circumstances for the purposes of safeguarding and promoting the child's wellbeing. With relation to a child with asthma, this will mean knowing what to do in the event of an emergency.

Legal duties on local authorities

Local authorities have legal responsibilities to help make sure schools can meet the duties relating to children with asthma. These duties both refer to all children in the local authority and they do not depend on the kind of school the child attends.

Section 10 of the Children Act 2004

This is a particularly important piece of legislation if schools are struggling to get the support and training, they need to allow them to look after a child with asthma properly.

Section 10 essentially means the local authority must make arrangements to promote cooperation between the authority and relevant partners. Relevant partners include the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board.

They must make arrangements with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education.

Section of 17 of the Children's Act

This gives local authorities a general duty to safeguard and promote the welfare of children in need in their area. If a school is looking after a child with asthma so poorly that the child is put in danger, the local authority must step in.

Legal duties on the NHS

Section 3 of the NHS Act 2006

This gives Clinical Commissioning Groups (CCGs) a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. What this means is that CCGs should provide the healthcare the people in its area need, if these needs are reasonable.

This section also provides for CCGs to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible.

In relation to children with asthma, this means that a CCG should, within reason, make sure support and health care is in place to improve their health or at least keep them healthy. Poor management of asthma at school will obviously affect the health of a child. If a school is unable to get the support it needs to help manage a child's asthma successfully then both the local authority and the local CCG have a responsibility to the child's health and welfare.

Equality Act (2010)

The equality act says that types of discrimination are illegal, defining discrimination as when a person with a disability is treated less favourably, because of his or her disability, than a person who does not have a disability. The Equality Act 2010 defines a disability as a 'physical or mental impairment' that has 'a substantial and long-term adverse effect' on an individual's ability to carry out 'normal day-to-day activities'. A substantial adverse effect is a negative effect that is more than trivial, and the effect is long-term if it has lasted or is expected to last for more than twelve months. Whilst only a court or tribunal can decide whether a person with diabetes is covered by the definition, in many cases diabetes is covered by the definition in the Act.

Education and early years providers have a duty to make reasonable adjustment for people with disabilities and failure to make reasonable adjustments is a form of discrimination. The Act covers all schools and providers of early years settings that are covered by the early years framework in England, including maintained (non-fee paying) and fee-paying schools.

Appendix 2 Record of inhaler administered to children in primary school

Name of school/setting: _____

[illegible]

Parents should be notified if a student is using their inhaler more frequently than three times per week more than stated on their care plan. For example, some students will use their inhaler routinely before PE.

Appendix 3 Specimen letter (increased inhaler use)

To inform patient of increased inhaler user (3X more than stated on asthma plan)

School name here

Date

Dear

<insert child's name> has required their reliever inhaler on the following occasions this week.

Monday (date) – state am or pm ☐

Monday (date) – state am or pm ☐

Monday (date) – state am or pm ☐

Monday (date) – state am or pm ☐

Monday (date) – state am or pm ☐

We have been advised to inform you of this in line with asthma policy as you may wish to take your child to see their GP or practice nurse for a review.

Appendix 4 Specimen letter (refusal to use inhaler)

To inform parent of student refusal to use inhaler or spacer

School name here

Date

Dear

We have been advised to inform you that

has declined to use their inhaler today.

We have been advised to inform you of this in line with asthma policy as you may wish to discuss this with your child.

Appendix 5 Parent consent form

(Opt in) use of salbutamol inhaler

School name: _____

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma ☐
2. I can confirm my child has been prescribed an inhaler ☐
3. My child has a working, in-date inhaler, and Spacer clearly labelled with their name, which they will bring with them to school every day. ☐
4. If my child shows symptoms of asthma, or if their own 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: _____

Print name: _____

Child's name: _____

Class: _____

Please note everyone with asthma should use a spacer with their inhaler to ensure delivery to the lungs. 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.

Appendix 6 Specimen letter (opt out of emergency inhaler)

Dear Parent/Guardian

Due to a change in the law (Sept 2014), we are pleased to inform you that schools are now permitted to hold emergency Salbutamol inhalers.

At <Insert name of school> we have reviewed our asthma procedures and will have an Emergency inhaler on site. This is a precautionary measure. You still need to provide your child with their own inhaler and spacer as prescribed.

We would like to notify you that if you have previously informed us that your child has asthma or has been prescribed a blue inhaler we will use the Schools Emergency inhaler in the unlikely event their regular inhaler fails to work or is missing.

If you **do not** wish for us to use the schools inhaler in an emergency please fill in the details below and return to school as soon as possible.

Please can you ensure your child brings in a working in-date inhaler and spacer for use in school that has their name and date of birth on it.

Yours sincerely,

Child's name: _____

Date: _____

I DO NOT consent to my child using the school's emergency inhaler.

Parent/Guardian signature:

School asthma plan

Appendix 7 Asthma register template

School asthma plan

Appendix 7 Asthma register template

[illegible]

Appendix 8 Specimen letter (emergency inhaler used)

To inform parents of emergency salbutamol inhaler use

SCHOOL NAME HERE

Child'S name:

Class:

Date:

Dear

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

This happened when.....

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.

Although they soon felt better, we would strongly advise that your child is seen by their own doctor as soon as possible.

Please provide a new unopened replacement spacer as soon as possible

Please can you ensure your child brings in a working in-date inhaler and spacer for use in school both should be clearly labelled with your child's name and date of birth.

Yours sincerely,

Appendix 9



My Asthma Plan

1 My usual asthma medicines

- My preventer inhaler is called _____
_____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:

- My reliever inhaler is called _____
_____ and its colour is _____
I take _____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

If I need my blue inhaler to do any sport or activity, I need to see my doctor or asthma nurse.



2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe, **or**
- I need my reliever inhaler (usually blue) three or more times a week, **or**
- My peak flow is less than _____, **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse urgently if I don't feel better within 24 hours



URGENT! "If your blue reliever inhaler isn't lasting for four hours you are having an asthma attack and you need to take **emergency action now** (see section 3)"



Remember to use my spacer with my inhaler if I have one.

(If I don't have one, I'll check with my doctor or nurse if it would help me)

Other things to do if my asthma is getting worse

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours, **or**
- I can't talk, walk or eat easily, **or**
- I'm finding it hard to breathe, **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts, **or**
- My peak flow is less than _____

If I have an asthma attack, I will:



Call for help



Sit up — don't lie down. Try to be calm.



Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.



If I don't have my blue inhaler, or it's not helping, I need to call 999 straightaway.



While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

Appendix 10 Audit checklist

Asthma friendly school criteria		
School	Name of contact	Borough
Standard 1 Policy Schools policy should be available to view, all staff should be aware of where it is kept.	Details Amended the Template policy to reflect internal procedures. All staff and parents are aware of the policy. (please note evidence source) Date for review Named contact that has responsibility for review of policy.	Criteria Met Yes No Action
Standard 2 Asthma Register	Register Should clearly state name and DOB of student. Consent to administer emergency medication should also be recorded. If prevalence was low (less than 10%) at initial audit a sweep of whole school should have been undertaken and register updated with newly identified students. Consent for use of emergency inhaler recorded on register Must be displayed in School office and staffroom/common room with Emergency poster.	Yes No Action
Standard 3 Emergency Kits/Procedures	Emergency Kits (minimum of 2 in any school) conveniently located at key points throughout the school. Staff aware of where these are and have easy access to them. Emergency Kit for off - site activities/evacuation of building. Contains Checklist and clear procedures on monitoring use and contents. Parents are informed promptly if emergency kit is required and advised to bring child for review. Asthma Champion/ Leads are easily identified by staff members	Yes No Action

Asthma friendly school criteria		
School	Name of contact	Borough
Standard 4		Yes
Individual Health Care Plan (IHCP)	Students have a care plan and know where it is kept – usually school office. IHCP signed by a Dr or Nurse.	No Action
Recording use of students medications	Records kept of medication usage and parents informed promptly of any incidents/usage outside of the IHCP. Check that if recording takes place in more than one location i.e. classroom and office – the record is amalgamated to clearly reflect frequency of use. Ideally there should be 1 record.	
Students who self-Manage	Students should be encouraged to self-manage their condition where appropriate. Where students self-manage a spare inhaler and spacer must be kept in school.	
Storage of Inhalers/spacers	Asthma medication and spacer is clearly labelled and stored in a cool location Expiry dates are checked regularly by staff and replaced when required. Inhaler is administered via a spacer Spacers are single person use	
Standard 5		Yes
Whole School Training	Asthma training should be taken up by the whole school – a minimum of 85% is required to achieve Kite Mark status.	No Action

Appendix 12 Checklist: The emergency kit

An emergency asthma inhaler kit should include:	Yes	No	Checked by/date
A salbutamol metered dose inhaler			
At least two single-use plastic spacers compatible with the inhaler; <i>Once used the plastic spacer should be sent home with the child who has used it. It cannot be used for another child</i>			
Instructions on using the inhaler and spacer/plastic chamber;			
Instructions on cleaning and storing the inhaler			
Manufacturer's information;			
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 as detailed in their individual healthcare plans (asthma register with consent recorded)			
A record of administration (i.e. when the inhaler has been used).			
Asthma Champions Details			
1.			
2.			

Appendix 13 Leaflet: Using a spacer with your child

This leaflet will help you understand a spacer device, the benefits of using one, and how to use a spacer with your child.

What is a spacer?

A spacer is a plastic chamber, which helps deliver medicine to the lungs. When inhalers and spacers are used together they make the medicine more effective.

An aerochamber plus

An aerochamber plus is a small coloured spacer. The orange and yellow ones have a mask. The flap in the mask should move when your child breathes in and out.

If it doesn't, reposition the mask to create a seal around their nose and mouth. When using the blue aerochamber with a mouthpiece, if your child is breathing in correctly you should not hear a musical noise.



A volumatic

A volumatic is a large clear spacer and comes in two parts, it needs to be put together before use. Children under ten years will need the mask to be attached to the mouth piece.

T

Think ?

Any of these signs:

- Coughing
- Wheezing
- Hard to breathe
- Tight chest
- Cannot walk/talk

Send someone to get inhaler and spacer

Stay with the child

 Is this an emergency?

I

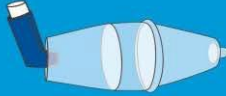
Intervene +

- Keep calm
- Reassure child
- Sit them up and slightly forward
- Is someone getting inhaler and spacer?
- Administer inhaler
- Note time of using inhaler 

 Is this an emergency?

M

Medicine



- Use blue inhaler
- Shake inhaler
- Place in spacer
- Spray one puff
- Take five breaths
- Repeat the above up to 10 times if needed
- If no improvement, call an ambulance

 Is this an emergency?

E

Emergency

 **999**

- If no improvement, or if you are worried or unsure, call 999
- If ambulance takes longer than 10 mins, **repeat Medicine steps**
- Note time of calling 999 

School's postcode

 Has child taken their inhaler?

**When asthma strikes,
it's TIME to act.**

28 August 2015 V1

Appendix 14 Useful resources: Where to find more information online

Emergency asthma inhalers in schools

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Asthma UK schools advice

https://www.asthma.org.uk/advice/living-with-asthma/school/?gclid=CjwKEAiAuKy1BRCY5bTuvPeopXcSJAAq4OVsZOzajkl3UrBTtR4F9ya8BL2UfYbaO3bhjeN13H_vRxoCcZjw_wcB

Asthma action plan and other useful resources

<https://www.asthma.org.uk/advice/resources/>

Medical conditions at school- Schools Health Alliance

<http://medicalconditionsatschool.org.uk/>

Function of reliever and preventer Inhalers

<https://www.google.co.uk/l?sa=t&rct=j&q=&esrc=s&source=web&cd=7&cad=rja&uact=8&ved=0ahUKEwie3uDenNzKAhXBiQ8KHbd9BlcQtwIIMjAG&url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3D2ur1XreTiNg&usg=AFQjCNF5gpP0Gn3Rsd5v3bZoax7sJ1DfEQ&bvm=bv.113034660,d.ZWU>

Breathe better London: <http://www.cleanerairforlondon.org.uk/projects-campaigns/breathe-better-together>

British Lung Foundation

<https://www.blf.org.uk/search/site/asthma>

Monkey Well Being resources and story books <https://www.monkeywellbeing.com/>

Useful videos

Peppa Pig: <http://gu.com/p/4gtap/sbl>

Appendix 15 Useful local contact information

Insert local details here:

School Nurse Contact details: **Suan See Forde**

Appendix 16 Acknowledgments

- Dr Rahul Chodhari, Consultant Paediatrician with an interest in Respiratory medicine and Allergy' Royal Free London Foundation NHS Trust
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