ACADEMY TRUST

Supporting Children with Asthma Policy

Iver Village Infant Academy

2026 - 2027

Approval

Signed by Principal	K A Wright
Date of approval	July 2026
Date of review	July 2027

Version History

Version	Date	Status	Changes

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Section 1: Introduction

The Principals of our policy for supporting children with asthma

- Iver Village Infant Academy recognises that asthma is an important condition affecting many school children and welcomes all children with asthma.
- We ensure that children with asthma participate fully in all aspects of school life, including PE, breakfast club, after school clubs, school events and school trips.
- In the event of a medical emergency, we recognise that immediate access to a salbutamol (reliever) inhaler is vital.
- The Welfare Team keeps records of children with asthma and the medication they take.
- The school ensures other children understand asthma.
- All staff who come into contact with children with asthma, know what to do in the event of an asthma attack.
- Iver Village Infant Academy works in collaboration with all interested parties, including school staff, parents, children, Governors, health care professionals and school nurses to ensure the policy is implemented and maintained successfully.

This policy has been written with advice from the Department for Education guidance Supporting pupils at school with medical conditions. Please read this policy alongside our generalised policy for 'Supporting pupils with medical conditions' and our 'First Aid Policy'.

Iver Village Infant Academy encourages children with asthma to achieve their full potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. Supply teachers and new staff are also made aware of the policy. All first aiders have attended training which is renewed every three years. This training is covered by Paediatric First Aid which is provided by Green box First Aid Training. This training also covers allergic reactions and epilepsy.
Iver Village Infant Academy have recently enrolled onto the Asthma Friendly School initiative.
Staff will need regular Asthma updates. This training can be achieved by completing one of the two options below:

- National College- Asthma Awareness (yearly)
- Supporting Children and Young People's Health: Improving Asthma Care Together (yearly)

Our policy '*Supporting pupils with medical conditions'* outlines the roles and responsibilities for staff, Governors, parents, children, and health care professions in supporting pupils with medical conditions, including asthma.

Section 2: Roles and Responsibilities

This school has an asthma lead who is Hannah Eversden. It is the role of the Asthma Lead to facilitate the resources required to implement and maintain the school's Asthma Friendly Status. These resources include the provision of time for staff to complete required training and implement the Asthma Friendly Schools programme. Including management of the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) ensure measures are in place so that children have immediate access to their inhalers.

In accordance with Department of Health guidance, designated members of staff are trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms) responding appropriately to a request for help from another member of staff;
- the use of emergency salbutamol inhalers in schools
- how to recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

It is the role of the Governors and the Principal to ensure any staff member who is designated to administer the emergency inhaler has had the relevant training and subsequent refreshers.

It is the role of the staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help.

It is the role of the children to be able to recognise some of the signs that a child is having an asthma attack to know to alert a staff member immediately.

Section 3: Medication

Immediate access to their rescue device, salbutamol (usually blue) or their Symbicort Turbohaler (white and red) at all times. For children at Iver Village Infant Academy, all personal inhalers are easily accessible in the child's classroom in the class medical backpacks. The emergency relievers are stored in the Medical Room and Blossom room. Children with inhalers know where their medicines are at all times and are able to access them immediately. This is the case for both in school and when children are away from the premises, or are outside of the school classrooms. For PE, school trips and events, inhalers are taken with staff and are contained in a medical backpack that can be easily accessible to the child. Staff always have the inhalers for children in their immediate group for this reason. Children who are able to are encouraged to use their inhaler and spacer themselves; this encourages independence. However, Paediatric First Aid staff /the Welfare Team will help children in using their inhaler if required. Paediatric First Aid staff/the Welfare Team will help administer medication in an emergency situation where a child cannot do this on their own. All personal inhalers and equipment, such as spacers, must be labelled with the child's name.

Section 4: How to use emergency inhalers - Procedures, Protocol and further advice

The Department of Health has published non-statutory guidance on the use of emergency

salbutamol inhalers in schools. **Appendix 1 & 2** show posters that contain advice from the Department of Health. **Appendix 3** shows a poster on what to do during an Asthma Attack and are displayed in all classrooms as well as in the PE hall/ Canteen and Medical Room. These posters tell staff how to recognise the signs of a possible asthma attack and what to do in the event of an asthma attack.

Number of kits in school: 2 kit
Locations of kit: Medical Room and Blossom Room

Each kit contains:

- A salbutamol metered dose inhaler;
- One plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- 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;
- A record of administration.

Any puffs should be documented so that it can be monitored when the inhaler is running out. The inhaler has 200 puffs, so when it gets to 150 puffs having been used we will order a replacement.

Once used, the spacer will be sent home with the child or discarded, and a replacement spacer will be added to the kit immediately. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm running water and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a rescue inhaler, and for whom written parental consent has been given.

Those who are on a Symbicort (white and red) MART regime can safely be administered the school emergency salbutamol in the event of their devise being empty, not being available or broken.

HOW TO RECOGNISE AN ASTHMA ATTACK

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)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

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

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

Staff will raise the alarm by radioing the Senior Welfare Officer, or designated first aider in her absence. The Senior Welfare Officer/ Assistant will attend the child and administer the child's medication through a spacer or the emergency inhaler and spacer if required.

It is paramount that there is no delay in starting emergency treatment, so any staff with asthma training can assist in administration. **DO NOT WAIT FOR THE ARRIVAL OF THE WELFARE TEAM AS IT IS NOT THEIR SOLE RESPONSIBILTY.**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward – or in any comfortable position they prefer
- 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
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, 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. Loosen clothing if this will help.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10

puffs, CALL 999 FOR AN AMBULANCE.

- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- Always contact parents/carers in the event of an attack and if the child is taken to hospital by ambulance. Pupils should always be accompanied by a member of staff until a parent or carer is present

After the attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. However, if this is a child's first attack then medical advice should be sought, or if at any point that staff are worried. Designated staff should be provided time to debrief, write reports and recover from the emergency before returning to usual duties.

The following protocol is in place at Iver Village Infant Academy:

- Arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions.
- having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler
- having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan
- ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use
- appropriate support and training for volunteered staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions
- Keeping a record of use of the emergency inhaler as required by supporting pupils and informing parents or carers that their child has used the emergency inhaler. This is recorded on Medical Tracker and a notification via email is sent to the parent/carer immediately after.
- having at least two volunteers responsible for ensuring the protocol is followed

Further advice

- There is also guidance from St John's Ambulance on how to support a person who is suffering from an asthma attack. Asthma UK has produced demonstration films on using a metered dose inhaler and spacers suitable for staff and children. http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers
- Education for Health is a charity providing asthma training with the most up to date guidelines and best practice http://www.educationforhealth.org
- Asthma UK.

Section 5: Record Keeping

Records are kept each time a child has used their inhaler; this includes any event where the emergency salbutamol inhaler has been used. Appendix 4: Consent Form: Use of Emergency Salbutamol Inhaler and Appendix 5: Emergency Salbutamol Inhaler Use Form should be used every time an emergency inhaler has been used. This information is also recorded on Medical tracker and a notification via email is sent to the parent/carer immediately after.
Estates Manager – Hazel Ryder, Principal Kelly Wright and the Senior Leadership Team are also informed via an email if a child has to attend hospital and/or an ambulance is called. The Senior Welfare Officer/ Assistant will do this.

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child is asthmatic or has been prescribed an inhaler. All parents and carers of children with asthma or have been prescribed an inhaler are required to complete a School Ation Plan (Appendix 6 & Appendix 7) and return it to the school. From this information the school is able to maintain its asthma register, which is available in the medical room. If any changes are made to a child's medication it is the responsibility of the parents or carer to inform the school. The Action Plan is created by the child and the parents/carers following advice from their healthcare professional, and is adhered to by the school and any adult who comes into contact with a child who has asthma.

Iver Village Infant Academy now holds an emergency inhaler and spacer as per 'Guidance on the use of Emergency Salbutamol inhalers in schools' March 2015. This medication can only be administered to children where parents /carers have given written permission. Its use must also be written into the child's individual asthma action plan. Specific staff have been trained to administer the emergency inhaler (see section 2: Roles and Responsibilities) and there are written instructions around the school for its use and what to do in an emergency.

Parents/carers of children with asthma/and or use an inhaler are sent a form annually asking permission for the emergency inhaler to be used in the event that their own inhaler is not available. See appendix 3: Consent form: Use of Emergency Salbutamol Inhaler. Parents/carers will be informed by a telephone call and a letter if their child has used the emergency inhaler (Appendix 4: Emergency Salbutamol Inhaler Use Form)

The expiry dates on inhalers for each child, and the emergency inhaler, are checked regularly by the Welfare Team. Each inhaler and any further equipment, such as spacers, are is kept in a clearly labelled container/zipped wallet in the class room along with their Action Plan. Staff members who come into contact with the child have the responsibility to acquaint themselves with the location of the inhaler/s and the Action Plan which will inform staff about any triggers of a possible attack.

Section 6: Physical Education, school trips and outside activities

Taking part in sports is an essential part of school life. Teachers are aware of which children have Asthma from the class register as well as the Asthma register. Children with asthma are encouraged to participate fully in PE. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so. (Source: Asthma UK). This will be detailed in their Action Plan.
Records will be kept on Medical Tracker every time the inhaler is used.

Each child's inhaler will be in the class room but must be released prior to any PE lessons or lessons outside. Inhalers and spacers must be kept with the member of staff who is teaching the child.

When a child is away from the school classroom on a school trip, club, outside sporting event, or PE, their inhaler will accompany them and be made available at all times. If a child has asthma and is on the asthma register and parents/carers have not provided medicine and an inhaler is not in school, then a child could be prevented on attending the event under safeguarding procedures. If a child without an inhaler was to have an attack this could put them at serious risk of harm. The designated safeguarding lead will discuss safeguarding concerns with children's services if she feels that parents/carers are not providing medication to the child in school. This is the same procedure for children who have other medication for other medical conditions such as auto-injectors, epilepsy etc. This is outlined in the 'Supporting Children with Medical Needs' Policy.

Section 7: The School Environment

The school does not keep animals but does take part in the egg/chick scheme in the Early Years Foundation Stage. A risk assessment is in place for this event. There is a no-smoking policy in the school. Any allergies will be added to the child's Action Plan so that staff are aware of anything that can trigger an attack. If anything in a classroom was to trigger their asthma they would be accompanied into a ventilated space outside of their classroom and the Senior Welfare Officer/ Assistant would be called to support them.

Section 8: When a child learning is impacted by a medical condition like asthma

If a child's medical condition, such as asthma, begins to impact their attainment and progress then the class teacher will raise this with the parent or carer. A child may fall behind due to missed lessons, due to hospitalisation or absence related to their asthma, or may miss parts of lessons to manage their asthma. They may also be affected by disturbed sleep if their asthma has prevented them from sleeping well at night. If appropriate, the teacher will then talk to the senior welfare officer, the school nurse and the SENDCo to explore any additional support for the child. The teacher will provide additional support to the child to help prevent them from falling further behind.

Section 9: Links with other policies

This policy is to be read in conjunction with:

- Child Protection and Safeguarding Policy
- Supporting Children with Medical Conditions Policy
- Children with Health Needs who cannot Attend School Policy
- Educational Visit Policy
- First Aid Policy

Appendix 1: How to recognise an asthma attack – poster for classrooms

HOW TO RECOGNISE AN ASTHMA ATTACK

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)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

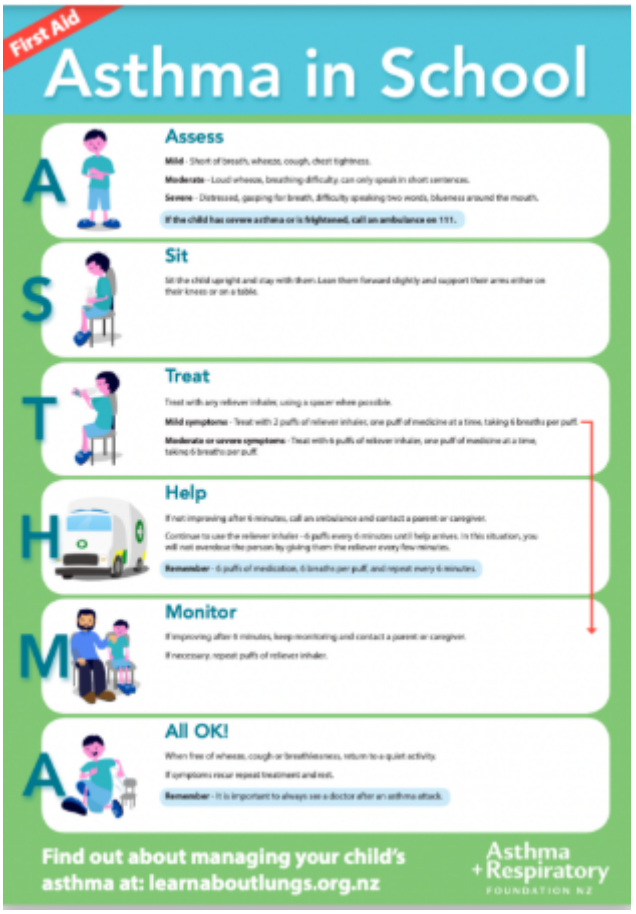
- ❑ Appears exhausted
- ❑ Has a blue/white tinge around lips
- ❑ Is going blue
- ❑ Has collapsed

Appendix 2: What to do in the event of an asthma attack – poster for classrooms

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- ❑ Keep calm and reassure the child
- ❑ Encourage the child to sit up and slightly forward – or in any comfortable position they prefer
- ❑ 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 Immediately help the child to take two separate puffs of salbutamol via the spacer
- ❑ If there is no immediate improvement, continue to give two puffs at a time every two minutes, 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. Loosen clothing if this will help.
- ❑ If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- ❑ If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Appendix 3: Class Poster



Appendix 4: Consent Form – Use of Emergency Salbutamol Inhaler (to be sent on headed paper)

Child showing symptoms of respiratory distress/having an 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 is kept in school.
3. I am aware of and have contributed to my child's Action Plan with my child and a copy of this is in school.
4. In the event of my child displaying symptoms of respiratory distress / 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 (Print) :

……..

Class:

……

……. Parent/carers address and contact details:

……

……

……

Telephone:

……

…….. Email:

…….

Please return to the school office as soon as possible c/o Senior Asthma Welfare Officer – Mrs H Eversden

Appendix 5: Emergency Salbutamol Inhaler Use Form (to be sent on headed paper)

Child's name:

……

…… Class:

……

……. Date:

……

……

Dear ……

This letter is to formally notify you that has had problems with his/her breathing today. This happened when:

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

*Their own inhaler was not working, so a member of staff helped them to use the emergency 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 as soon as possible. Please ensure that your child's inhaler is examined and a new inhaler or replacement is now provided in school.

Yours sincerely,

Mrs H Eversden
Senior Asthma Welfare Officer

Appendix 6: Asthma Action Plan

My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them

I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents – get the most from your child's action plan

- **Take a photo** and keep it on your mobile (and your child's mobile if they have one)
- **Stick a copy** on your fridge door
- **Share** your child's action plan with their school

Learn more about what to do during an asthma attack
www.asthma.org.uk/child-asthma-attacks

If you have any questions, your parents can talk to our respiratory nurse specialists by **calling 0300 222 5800** or **messaging on WhatsApp on 07378 606 728** (Monday-Friday, 9am-5pm over 16 only).

The Asthma UK and British Lung Foundation Partnership is a company limited by guarantee 01863614 (England and Wales). VAT number 648 8121 18. Registered charity in England and Wales (326730), Scotland (SC038415) and the Isle of Man (1177). Registered office: 18 Mansell Street, London, E1 8AA.

Last reviewed and updated 2021; next review 2024.

asthma UK

My asthma plan

SEPTEMBER 2024-2025

Name:

CLASS:

My asthma plan

1 My usual asthma medicines

- I need to take my preventer inhaler every day. It 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 my asthma's OK.
- Other asthma medicines I take every day:
- My reliever inhaler helps when I have symptoms. It 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.

2 My asthma is getting worse if...

- I wheeze, 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**
- 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 reliever inhaler (usually blue) every four hours if needed
- See my doctor or nurse within 24 hours if I don't feel better.

URGENT! If your reliever inhaler isn't lasting four hours, 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 my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)

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.

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 reliever 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 7: Inhaler Action Plan

My Triggers

List the things that make your breathing worse so you can try to avoid or treat them

I will see my doctor or nurse at least once a year (but more if I need to)

Date my plan was updated:

Date of my next review:

Doctor/nurse contact details:

Parents – get the most from your child's action plan

- **Take a photo** and keep it on your mobile (and your child's mobile if they have one)
- **Stick a copy** on your fridge door
- **Share** your child's action plan with their school

Learn more about what to do during an attack

www.asthma.org.uk/child-asthma-attacks

If you have any questions, your parents can talk to our respiratory nurse specialists by **calling 0300 222 5800** or **messaging on WhatsApp on 07378 606 728** (Monday-Friday, 9am-5pm over 16 only).

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Last reviewed and updated 2021; next review 2024.

asthma UK

MY ACTION PLAN

SEPTEMBER 2024-2025

NAME & CLASS

My Plan:

1 My usual medicines

- I need to take my preventer inhaler every day. It 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 my breathing is OK.
- Other medicines I take everyday:
- My reliever inhaler helps when I have symptoms. It 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.

2 My breathing is getting worse if...

- I wheeze, 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**
- I'm waking up at night because of my breathing (this is an important sign and I will book a next day appointment).

If my breathing gets worse, I will:

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

URGENT! If your reliever inhaler isn't lasting four hours, 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 my doctor or nurse says I need to do if my breathing is getting worse (e.g. check my peak flow)

3 I'm having an 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.

If I have an 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 reliever 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 nurse today:

NHS
Frimley Health
NHS Foundation Trust

EMERGENCY ASTHMA PLAN FOR SCHOOLS

For children diagnosed with asthma/wheeze

Signs of an Asthma Attack:

- **Wheeze**
- **Shortness of breath**
- **Coughing**
- **Tight chest**

2 puffs of blue inhaler

OR

1 inhalation of Symbicort, wait a few minutes, repeat if necessary

Tell a member of staff

No further action needed

Stay in school

4-6 puffs of blue inhaler

OR

2-4 inhalations of Symbicort

Tell a member of staff

Parents to be called – child must get a same day medical review

Child needs to go home

1 puff of blue inhaler every 30-60seconds up to 10puffs

Dial 999

If no help as arrived in 10 minutes, repeat

OR

1 inhalation of Symbicort every 1-3minutes up to 6

Dial 999

If no help as arrived in 10 minutes, repeat

Child needs urgent medical help

If the child does not have their own reliever inhaler, use the school's emergency kit

If a child has been prescribed a Symbicort 100/3 or 200/6 inhaler with spacer – in an emergency, please follow their personalised asthma action plan. If this plan is not available, use the school's emergency salbutamol and follow the plan above