Managing Asthma in School Policy

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REVIEW SHEET

The information in the table below provides details of the earlier versions of this document and brief details of reviews and, where appropriate amendments which have been made to later versions.

Version Number	Version Description	Signature Chair of Governors and Head Teacher	Date of Revision
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Contents

1. Introduction

Every year there are over 28,000 hospital admissions for children with asthma in the UK. It is believed that 75% of these hospital visits could be prevented by giving children the right support to handle their condition. Adults can also suffer from asthma and ensuring suitable approaches to preventing work-related ill-health are key.

2. How to recognise an asthma attack

In short, the usual symptoms are:

- A persistent cough (when at rest);
- A wheezing sound coming from the chest (when at rest);
- Difficulty breathing (the child could be breathing fast with effort, using all accessory muscles in the upper body);
- Nasal flaring;
- Being unusually quiet;
- Difficulty in speaking full sentences or inability to talk;
- May try to tell you their chest 'feels tight'. Some younger children may express this as 'tummy ache'.

3. Asthma types

Asthma can be divided into two categories, allergic and non-allergic, although most sufferers have elements of both types. All asthmatics have a respiratory system that is over-sensitised to various irritants that can cause the airways to go into spasm.

Allergic asthma is usually found in approximately half of all sufferers and common triggers include:

- Viral infections (colds and flu);
- House dust mites;

- Pollen;
- Cigarette smoke;
- Furry and feathered animals;
- Outdoor air pollution;
- Moulds and fungi;
- Food – most people do not have to follow a special diet, but in some case certain foods can make symptoms worse, e.g. cows milk, eggs, fish, nuts.

Forms of asthma triggered by factors other than allergens include:

- Emotions – laughter, excitement, stress;
- Exercise – asthma can occur during vigorous physical activity, manifesting itself a few minutes after participation in the activity. This affects a large percentage of sufferers and can also affect individuals who usually have no other asthma symptoms;
- Hormones – some women can find their asthma can be affected around puberty, before periods, during pregnancy and menopause;
- Weather – cold air or a sudden change in temperature, windy or hot, humid days;
- Medications - nonsteroidal anti-inflammatory drugs including aspirin and ibuprofen. Medical advice should be sought before taking/administering such drugs;
- Occupational asthma – triggered by conditions in the workplace (but could also apply in D&T activities, food technology, textiles etc.). The main triggers are airborne contaminants, fumes/ dusts, allergens, and extremes of temperature or humidity levels.

4. Avoiding respiratory irritants/triggers in school

Smoke-free schools - There should be a 'Smoke-free' policy in place to cover the whole school premises and for school activities. Steps should be taken to ensure that all staff and adults leading or accompanying school activities off-site adhere to the Smoke-free policy.

Furry and feathered animals - The best approach is not to keep such animals as school pets. Where these animals are kept or allowed in school, exercise extreme care to ensure that asthma sufferers are not put into a situation that may instigate an asthma attack or exaggerate asthma symptoms.

Chemicals, dusts and fumes - As far as possible avoid exposure to chemicals, fumes and dusts that might trigger or effect asthma sufferers. Fume cupboards should be used in science, where possible. If fumes are known to trigger an individual's asthma, then they should leave the area until clear. Do not dry-sweep dust in D&T areas, either wet-brush

or use a vacuum. Ensure that LEV systems are regularly maintained and inspected and are effectively situated.

Careful use of flour in food technology/kitchens should also be in place.

Most schools now have whiteboards (pens can give off fumes), but if there are any blackboards then they should be wet-dusted to remove and minimise chalk dusts.

House dust mites - All rooms should be regularly wet-dusted and cleaned to reduce dust and house dust mites.

Mould/fungi - Classrooms should be well-ventilated and aired to avoid condensation. Damp and mould that appears should be removed quickly. Piles of autumn leaves should be kept away from areas where pupils have access and be regularly removed from site.

Pollen and grass cutting - Avoid keeping pollinating plants in classrooms and playground areas. If possible, sports fields and grassed areas should not be mowed during school hours, the best times being a Friday afternoon or a Saturday after sporting activities. On high pollen count days, have the option of indoor activities. Avoid leaving windows open during thunderstorms as thunderstorms release large quantities of pollen into the air and can trigger asthma attacks.

Scented deodorants and perfumes - Be aware of those individuals whose asthma is triggered by such scents, ensure changing rooms are well-ventilated and encourage the use of unscented products and roll-on deodorants.

5. What to do in the event of an asthma attack

The following points are vital when any child/young person suffers an asthma attack:

- Never leave the child/young person alone;
- In an emergency situation, school staff are required under common law/duty of care to act as a reasonably prudent parent;
- If the child/young person does not have their inhaler and/or spacer with them, another adult or pupil should be sent to retrieve the items from the designated room or classroom;
- Reliever inhalers are safe. In an emergency situation, during an asthma attack staff should not worry about the child/young person overdosing;
- If an ambulance/doctor is required, send another pupil to get another adult/teacher;

- Contact the individual's parent/guardian immediately after calling for an ambulance/doctor;
- A member of staff must accompany the child/young person to hospital by ambulance until the parent/guardian arrives;
- Generally the child/young person should not be transported to hospital/doctor in a staff vehicle. However, there may be situations where this is actually the best course of action, in which case another adult must be present on the journey. Staff using their own vehicles to transport pupils on school business must have Class1 Business Use included in their vehicle policy.

It is essential that those members of staff working/teaching children and young people with asthma can recognise the signs of an attack and know what they must do:

- Keep calm and reassure the child throughout;
- Encourage the child to sit up and slightly forward;
- Use the child's own inhaler – if not available, use the emergency inhaler if your school has one;
- Remain with the child while the inhaler and spacer are brought to them;
- Immediately help the child to take two 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 with the child until they feel better. The child can return to school activities when they feel better. If the child does not feel better or you are worried at **ANY TIME** before you have reached 10 puffs, **CALL FOR AN AMBULANCE (999)**;
- If an ambulance does not arrive in 10 minutes, give another 10 puffs in the same way.

CALL 999 or 112 IMMEDIATELY IF:

- They collapse;
- Appear exhausted;
- Have a blue/white tinge around the lips or are going blue;
- If there is any doubt – always err on the side of caution.

Parents/guardians must be always informed when their child has suffered an attack, however minor.

See **Appendix 1** for an Asthma Attack Action Plan that could be displayed in specific areas around the school.

6. Asthma medication

Most children/young people with asthma will only require inhaled medicines during the school day. On residential school visits or extended day trips, however, they might require other types of medication such as tablets or medicine.

It is not harmful for a child/young person without asthma to try another pupil's reliever inhaler. If they take a lot of inhaler they may experience an increased heart rate or tremor and be a little shaky but this will soon pass and there will not be any long-term effects.
It is very important to talk firmly with the child/young person who has taken someone else's medication so that they learn to treat all medicines with respect.

Reliever inhalers

Every child/young person who suffers from asthma should have a reliever inhaler (usually blue – ventolin). Relievers are medication that can be taken immediately upon the onset of an attack. The medication quickly relaxes the muscles surrounding the narrowed airways, allowing the airways to open wider, thus making it easier for the child/young person to breathe.

It is important to know that relievers do NOT always work but are essential medication for treating asthma attacks:

- Relievers come in a range of different styles, shapes and sizes, but are usually characterised by their blue colour;
- All children/young people must have a reliever inhaler that they can use reliably and effectively. In other words a healthcare professional should have instructed the child/young person how to use the inhaler and checked their technique;
- There might be many asthmatics in school, so it is important to know which inhaler belongs to whom (it should be clearly labelled by the parent/guardian);
- Relievers are very safe and effective, with very few side effects. Some children/young people do get an increased heart rate and if they are using the inhaler a lot may feel shaky. Children/young people cannot overdose on reliever medication and any side effects will subside quickly;
- Children/young people with infrequent asthma symptoms will probably only have a reliever prescribed. However, if their condition changes and they have to use the reliever three or more times per week, medical advice should be sought as they may also require preventer medication.

From 1st October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should only be used by children for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

This change applies to all primary and secondary schools in the UK. Schools are not **required** to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on Department of Health Guidance available on the schools' portal and here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/350640/guidance_on_use_of_emergency_inhalers_in_schools_September_2014__3_.pdf

Young children

If the child is not considered to be mature enough to keep their inhaler with them, it should be stored in an unlocked classroom in an easily accessible place – spice racks can be useful for storing several inhalers.

7. Spare inhalers

- All parents/guardians should be asked to supply a spare inhaler, separate from the one carried or freely available in the classroom. This will ensure that if the child/young person forgets or loses their inhaler, or the inhaler runs empty, a spare is available;
- Children/young people with asthma should always know where the inhaler that they are using, and the spare, are kept. Ideally, in primary school spare inhalers should be kept in the child's classroom;
- In secondary schools, spare inhalers should be stored in an unlocked central room.

8. Expiry dates

- Like all medication, inhalers have an expiry date. Parents/guardians are responsible for ensuring that inhalers are within the expiry date, which is usually two years.

It would be helpful if the spare inhalers were rotated, perhaps at the beginning of each term;

- A named member of staff should be responsible for checking the expiry dates of spare inhalers kept in school – perhaps the class teacher in primary schools and the school nurse in secondary schools.

9. Preventer inhalers

Preventers protect the lining of the airways; they calm the swelling in the airways and prevent them from being so sensitive. Taking preventer medicines can reduce the likelihood and severity of a reaction if the sufferer comes into contact with an asthma trigger. Not all asthma sufferers require a preventer inhaler; only those who are using their reliever inhalers three or more times per week are prescribed such medication. Normally children/young persons should not need to take preventer inhalers during school hours. Obviously, during off-site and residential visits it might be necessary for the child/young person to take this medication:

- Preventers reduce the risk of severe attacks;
- Preventer inhalers are usually brown, orange, red or white;
- The protective effect of preventer medicines builds up over time therefore preventers need to be taken every day (usually morning and evening), even if the child/young person is well;
- In boarding schools, it is essential to know which young people require preventer inhalers and appropriate management must be in place;
- Most preventer inhalers will be prescribed by an asthma nurse or GP and will contain corticosteroids. These are a copy of steroid produced naturally in the body; they are completely different from anabolic steroids associated with bodybuilders. The prescribed dose will be the lowest possible dose of inhaled steroid required to control the individual's asthma;
- Low doses of inhaled steroids have minimal side effects on growth, and the benefits of taking the medication far outweigh any potential side effects.

10. Spacers

A spacer is a plastic or metal container with a mouthpiece at one end and a hole for the aerosol inhaler at the other. Spacers help deliver the medication to the lungs and make inhalers easier to use. They are especially important during an asthma attack, as the spacer will ensure that the whole puff from the inhaler is inhaled straight into the lungs. Often, during an attack, or with very young children, some of the inhaler medication can

be expelled if the mouth is not positioned correctly around the inhaler mouthpiece, resulting in a reduced dose:

- Spacers may often be required for use at school, particularly in nursery and primary schools;
- Spacers are prescribed by the individual's asthma nurse or GP and should be labelled with the individual's name. Ideally, the spacer should be kept with the individual's inhaler, or if impractical, with the spare inhaler.

11. Steroids

A short course of steroids may occasionally be prescribed to treat a child/young person's asthma following an asthma attack. Some children/young people may be prescribed steroids if they are feeling very wheezy and are taking their preventer inhaler more than normal. Steroid treatment usually lasts for 3 - 5 days.

Steroids are usually taken once per day, first thing in the morning; therefore it is rare for such medication to have to be taken during school hours. Steroids give a much higher dose of steroid than a steroid preventer inhaler, but there should not be any side effects from the occasional course of steroid tablets.

12. Nebulisers

A nebuliser is a machine that creates a mist of medicine that is breathed through either a mask or a mouthpiece, and is often used to administer a high dose of medication in an emergency situation. However, the use of nebulisers in emergency situations is becoming less common as research has shown that using a preventer inhaler with a spacer is just as effective.

Usually nebulisers will be kept at home and not normally be used during school hours. Obviously during off-site or residential visits the circumstances may change.

If a nebuliser is required in school or on school visits, then staff will need to be trained in the use of the equipment by a healthcare professional. Parents/guardians will be responsible for ensuring that the necessary medication is in school and a nominated member of staff, as with spare inhalers, should regularly check the expiry dates.

13. Side effects of asthma medication

Reliever inhalers - Relievers are a safe and effective medication and have very few side effects; it is not possible to overdose on reliever medication. Occasionally relievers can

temporarily increase the heart rate or cause mild muscle shakes, but such symptoms are usually associated with high doses. The effects generally wear off within a few minutes or, at most, a few hours.

Preventer inhalers - The possibility of side effects is low as the inhaled medicine goes straight down the airways where it is required, therefore very little is absorbed by the rest of the body.

There is a small risk of having a sore throat, sore tongue, hoarseness of the voice and thrush (a mouth infection). Washing the mouth out and brushing teeth after using the preventer can assist in reducing the risk of such side effects. Using a spacer can also reduce the possibility of thrush.

Children should be monitored whilst taking preventer medication, with special attention given to their growth.

It is possible that long-term and high doses of preventer medicines can cause other side effects (see section below on long term use of steroid tablets). This is why the doctor or nurse will always prescribe the lowest dose required to control the symptoms of asthma.

Steroid tablets

Short term use - A short term dose can lower the body's resistance to chicken pox (small numbers of people). Any person taking steroids who comes into contact with chicken pox should consult their GP as it might be necessary to have a protective injection. Other possible side effects are mood swings (particularly in children) and increased hunger.

There are very few side effects from occasional courses of steroids; however taking regular medication as prescribed will reduce the number of courses to an absolute minimum.

Long term use - A small minority of people with severe asthma might require steroid tablets for long periods. Taking steroids for long periods (months/years) can, for some, have serious side effects. However, the risk of side effects should be balanced against the benefits of controlling asthma symptoms – severe asthma can lead to permanent lung damage.

Possible side effects include:

- Fattened face;

- Feeling hungry and needing to eat more (this can lead to weight gain);
- Feeling 'hyped' up and over active with difficulty sleeping;
- Felling depressed or suffering mood swings;

- Heartburn or indigestion;
- Bruising easily;
- Brittle bones (osteoporosis);
- Altering diabetic control or uncovering a tendency to diabetes;
- Chicken pox may be more serious;
- Increased risk of cataracts.

To reduce the risk of side effects it is important to:

- Stop smoking as bone thinning side effects might be worse. Living in a smoke-free environment may result in a reduced dose of steroids;
- Take steroids first thing in a morning;
- Take daily calcium supplements (although there is no scientific evidence to prove they are useful);
- Partake in weight-bearing exercise, such as a 20-minute daily walk. Such exercise can help protect against the bone thinning side effect;
- Take asthma medication as prescribed to increase the chance of getting the asthma symptoms under control, thereby reducing the need for steroids.

14. Staff administering medication

All children/young people should be allowed to take their asthma medication whenever the need arises. Please refer to the DfE publication 'Supporting Pupils at School with Medical Conditions' for further information. This guidance can be downloaded from: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions

15. Individual healthcare plans (IHCP's)

Every child/young person with asthma should have a written individual healthcare plan. See SAN M1 - Medical Conditions and Medications in School. The doctor or asthma nurse and the individual's parents/guardians should discuss and complete the plan with parents signing a consent form supporting the agreed protocols.. The plan should include information to assist the young person in keeping their asthma symptoms under control, such as:

- How the young person can better control their asthma;

- Details about their current medication;
- Indicators that symptoms are deteriorating and action that the individual and others can take;
- Actions in an emergency situation.

Using the information in the plan can help parents/guardians to prevent their child from having an asthma attack. If the individual's symptoms improve or deteriorate, the plan can show the parent/guardian how to change medications accordingly. Changes in the medication are usually outside school hours. It is not necessary to keep a copy of this plan in school (except in boarding schools) but it is necessary to hold an individual healthcare plan for young people with severe asthma, which is a written record about a particular young person's condition and will have such information as:

- Their symptoms;
- Triggers;
- Medicine details;
- Emergency contact details;
- What constitutes an emergency and how to react.

The parent/guardian should complete this with the assistance of the asthma nurse or doctor.

Individual healthcare plans should be updated at least annually, but more often if there are any changes to symptoms or medication. A copy of the plan should always go with the teacher-in-charge on off-site or residential visits, and should be available to all relevant staff in the school.

Parents of all children/young people with asthma can be asked to complete a School Asthma Card, which will help you to develop and maintain a central asthma register and provide written information about each child/young person with asthma in school. School Asthma Cards can be ordered in packs of 20 from **www.asthma.org.uk** free of charge.

16. Supporting young people with asthma in school

- Relevant staff should ensure they are familiar with the school's medical conditions policy;
- Ensure that parents/guardians complete a healthcare plan and provide written consent. Regular reviews should take place to make sure it is kept up to date;
- Always allow children/young people unrestricted access to their reliever inhaler, preferably kept on their person. If the parents/guardians and GP or asthma nurse

decide that the child is too young to take responsibility for their own inhalers, then they should be kept in the classroom, not locked away;

- There may be some asthma sufferers, particularly younger children, who might have to be reminded to take their medication, particularly before taking part in physical activities. Other children/young people might feel uncomfortable taking their medication in front of others, including their classmates, and may need to have a semi-private area until they have more confidence in their medical condition. It is important to develop positive class attitudes towards different medical conditions and required medications;
- Children/young people should be reminded to carry their reliever inhaler at all times, including school trips, where other medication may also be required;
- If a child/young person appears to be using their inhaler more than normal then parents/guardians must be informed;
- If there are any concerns about a child/young person who appears to have severe asthma then the headteacher and class teacher should arrange to meet with the parents, school nurse, and if possible (through the parents) the asthma nurse or GP, to discuss the condition in detail and ensure that the healthcare plan is accurate.

17. Absence or associated issues.

If a child/young person is absent from school or is frequently tired in class due to asthma symptoms or from possible disturbed sleep during the night, the headteacher and/or class teacher should in the first instance discuss their concerns with the school nurse and special needs co-ordinator, then involve the parent/guardian to discuss strategies and support to assist the individual through their time in school.

Some young sufferers might be considered to have special educational needs and may require additional support.

Bullying

- Whilst bullying can happen to any child/young person in school, those who are different can be particularly vulnerable. Many children/young people with asthma may already feel quite conscious about being different to others and could become a target for bullies.

Schools must have an anti-bullying policy with which all staff are familiar, and this should assist in reducing the number of individuals suffering at the hands of bullies. You should also consider how a pupil with asthma may feel, i.e. they might need to take their inhalers during school time (often in front of their classmates); they might be frequently absent

from school due to their condition; or they might have to miss out on various school activities such as PE, sporting events school trips, science and art lessons if they are unwell.

18. Exercise and activities at school

Exercise and physical activity is good for everyone, including children/young people with asthma, as long as their condition is under control.

For some children/young people, exercise is the only trigger (exercise induced asthma) whilst for others it is one of many triggers. As exercise is a part of healthy living this particular trigger should be managed and not avoided – except on the advice of a medical professional.

Those children/young people who find it difficult to control their asthma, either permanently or have a temporary setback, may find it difficult to participate fully in an activity. However, there have been many changes to PE and exercise in schools with many opportunities to try alternative ways of exercising, enabling more asthma suffers to participate.

Teachers, sports coaches etc. leading the activity must be aware of those children/young people in the group who have asthma, and what to do in an the event of an asthma attack or emergency situation:

- Always start physical activities with warm up exercises;
- If exercise and physical activity makes the child/young person's asthma worse, always ensure that they use their reliever inhaler (usually blue) immediately before they warm up;
- Try to avoid things that trigger their asthma, such as dust, pollution, freshly cut grass etc.;
- Ensure that they have their reliever inhaler with them, or in a box held by the teacher;
- If asthma symptoms appear during the activity, they should stop, take their reliever inhaler and sit quietly for at least five minutes or until they feel well again, before re-joining the activity;
- Always end the activity with cool down exercises.

Some children/young people may be eager to participate but are afraid to. In these circumstances the teacher should reassure the individual that they understand their condition, that there reliever inhaler is available, and they can sit out whenever they need to. Failing this reassurance, perhaps the child/young person could adopt a different role

to keep them involved in the activity and part of the group, building up their confidence. Such roles could include referee, umpire, coach, timing laps etc.

19. PE and school sports

Children/young people with asthma should be encouraged to participate in PE lessons as much as possible, and get involved in after school clubs and sports activities.

PE teachers should be aware of the potential triggers for children/young people during exercise activities and should know what to do to minimise the triggers. PE teachers and coaches should know what to do in the event of an asthma attack and emergency situation.

PE teachers and sports coaches should:

- Know which of the children/young people in their group have asthma and details of their triggers;
- Speak to parents/guardians if they are concerned that a child/young person has undiagnosed or uncontrolled asthma (or ask the class teacher/headteacher to make contact). This will alert the parents/guardians to have their child reviewed by their GP or asthma nurse;
- Make time to speak to parents/guardians who have concerns or fears about their child participating in PE or other activities, particularly where the child/young person is newly-diagnosed.

20. PE and sports for young people with severe asthma

PE and other activities should be accessible to all children/young people including those with severe asthma symptoms. Teachers and coaches can assist by:

- Discreetly asking the child/young person how they are feeling before each lesson, and how much activity they feel they can partake in on that particular day;
- If the child/young person cannot participate in the full activity, try to involve them by giving them tasks such as referee, coach etc.;
- Try to organise lessons so that the child/young person can participate;
- Try to include the child/young person in team sports or activities that are less strenuous.

Asthma UK's **'Out There and Active'** campaign aims to promote understanding about exercise and asthma to parents/guardians, children, young people and teachers through fact files, posters and booklets. It is available on **www.asthma.org.uk**

21. Staff with asthma

Where staff inform you that they suffer from this condition, you should ensure that suitable precautions are taken. Occupational asthma or asthma made worse by work is wide-ranging. Respiratory irritants see examples might trigger attacks in those with occupational
asthma or pre-existing asthma.

Staff will need to avoid triggers, so effective controls of substances, dusts and fumes should be addressed in your risk assessment process.

22. Further information and useful links

Healthcare plans and other useful forms

The Local Authority has developed revised forms including an Individual Healthcare Plan, Consent to Administer Medication etc. These are referred to within SAN(M)1: Supporting Pupils with Medical Conditions including Administration of Medication. The latest Safety Advice Notes can be downloaded from the **Schools' portal – Reference library (All documents/Health and safety/Safety advice notes).**

Supporting forms can be found within the **Schools' portal – Reference library (All documents/Health and safety/Medical conditions and medication).**

Asthma.org.uk
Use interactive educational tools, Email asthma nurse specialist, Inhaler advice.
Find out more about the respiratory system, School Asthma Cards – Free packs
www.asthma.org.uk

NHS Choices – Asthma Pages
http://www.nhs.uk/conditions/asthma/Pages/Introduction.aspx
Comprehensive information on Asthma

British Lung Foundation – Asthma pages
http://www.blf.org.uk/conditions/detail/asthma

Health and Safety Executive – Asthma in the Workplace
http://www.hse.gov.uk/asthma/

23. Appendix 1 - Asthma Attack Action Plan

It is essential that those members of staff working with or teaching children/young people with asthma can recognise the signs of an asthma attack and know what to do:

Common signs of an asthma attack:

- Persistent coughing (at rest)
- Shortness of breath
- Wheezing sound from the chest (at rest)
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Tummy ache (sometimes in young children)

What to do:

- Keep calm
- Encourage the child or young person to sit up, leaning slightly forward - do not hug or lie them down
- Make sure the child or young person takes two puffs of their reliever inhaler (usually blue) IMMEDIATELY (preferably through a spacer)
- Ensure tight clothing is loosened
- Reassure the individual

NOTE: It is not possible to overdose on reliever medication, and side effects such as increased heart rate or feeling shaky, will soon pass.

IF THERE IS NO IMMEDIATE IMPROVEMENT:

Continue to make sure the child/young person takes one puff of their reliever inhaler every minute for five minutes or until their symptoms improve (preferably through a spacer).

CALL 999 or 811 IMMEDIATELY IF:

Symptoms do not improve within 5 - 10 minutes;
The child or young person is too breathless or exhausted to talk;
The child or young person's lips are blue
You are in any doubt.

Whilst waiting for the ambulance or doctor, ensure the individual continues to take one puff of the reliever inhaler every minute.

Contact parents/guardians.

After a minor asthma attack:

Minor attacks should not interrupt the involvement of the individual with asthma in school. When they feel better they can return to school activities.

Parents/guardians must always be informed if their child has suffered an asthma attack, however minor the attack.