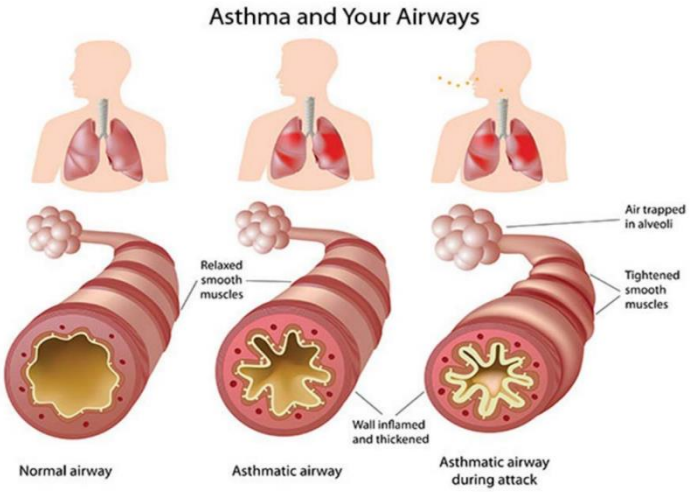
Asthma Policy

Updated by	Lauren Porter
Updated when	September 2023
Ratified by	Richard Daniels
Next Review Date	September 2026
Statutory Policy	Yes
On school website	Yes

Contents

1. Introduction

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



Asthma symptoms include coughing, wheezing, tightness of the chest and shortness of breath – however not every individual will get these symptoms.

Asthma sufferers have airways that are almost always red and sensitive (inflamed). Their airways can react badly when the individual has a cold or other viral infection or comes into contact with an asthma trigger.

A trigger is anything that irritates the airways and causes the symptoms of asthma to appear. There are many triggers including colds, viral infections, house-dust mites, pollen, cigarette smoke, furry or feathered creatures, exercise, air pollution, laughter and stress. Asthma is different in each individual and young people should try to get to know their own triggers and stay away from them or take precautions.

When someone with asthma comes into contact with a trigger that affects their asthma the airways do three things:

1. The airway lining begins to swell
2. It secretes mucus
3. The muscles surrounding the airways begin to get tighter

These three effects combine to make the tubes very narrow, making it difficult to breathe normally. This results in asthma symptoms such as coughing, wheezing, shortness of breath and tightness in the chest – an asthma attack. It is at this point that the young person will need to take their reliever inhaler medication.

Asthma varies in severity with some young people experiencing an occasional cough or wheeze whereas for others the symptoms may be much more severe. Avoiding known triggers where appropriate and taking the correct medication can usually control asthma effectively. However some young people with asthma may have to take time off school or have disturbed sleep due to their symptoms, making them tired in class and perhaps resulting in lack of concentration.

The named person with responsibility for implementing this policy is Angela Ashton.

2. Rationale

Riverside Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils in school. We also accept that there will be members of staff who have been diagnosed with asthma.

These procedures deal mainly with the management of asthma among pupils, where staff or other adults coming into school have been diagnosed with asthma, any risk management will be dealt with separately via our HR procedures.

Riverside Primary School positively welcomes all pupils with asthma and encourages them to achieve their potential in all aspects of school life by having clear procedures which are understood by school staff, other adults, employers (the LA or Governing Body) and pupils. We endeavour to do this by ensuring we have:

- ✓ An asthma register
- ✓ Up-to-date asthma policy
- ✓ An asthma lead
- ✓ All pupils with immediate access to their reliever inhaler at all times,
- ✓ All pupils have an up-to-date asthma action plan,
- ✓ An emergency salbutamol inhaler
- ✓ Ensure all staff have regular asthma training
- ✓ Promote asthma awareness amongst pupils, parents and staff

All new staff and other adults are made aware of the procedures at their induction.
In order that pupils diagnosed with asthma are fully integrated into school life, we will:

- Ensure that those with asthma can and do participate fully in all aspects of school life, including PE, DT, science, visits, outings or field trips and other extended school activities;
- Recognise that those with asthma need immediate access to their reliever inhaler at all times;
- Keep a record (on Medical Tracker and Arbor) of all those diagnosed with asthma and the medicines they take;
- Ensure that the whole school environment, including physical, social, sporting and educational environment, is favourable to those with asthma;
- Where required, ensure that a semi-private area is provided for pupils who are uncomfortable taking their medication in front of others;
- Ensure that all pupils understand asthma so that they can support their peers; and so those with asthma can avoid the stigma sometimes attached to this condition;
- Ensure that all staff and other adults working in the school and who come into contact with pupils with asthma know what to do in the event of a pupil having an asthma attack;
- Take steps to ensure that pupils with asthma are not being bullied by others and apply our anti-bullying procedures to prevent this;
- Work in partnership with all interested parties including the school's governing body, all school staff and other adults, the school nurse, parents/carers, other employers of adults working in the school (e.g. cleaning and catering staff) and pupils to ensure these procedures are implemented and maintained successfully.

3. Asthma register

All inhalers must be labelled with the child's name

Inhaler expiry dates will be recorded on medical tracker for each child and parents/carers will be notified when these are close to expiry.

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

• an up-to-date copy of their personal asthma action plan,

• their reliever (salbutamol/terbutaline) inhaler in school,

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

If a pupil suffers an asthma attack, the parent/carer will always be informed, even if a full recovery is made and the pupil continues as normal for the remainder of the school day. This may be by telephone during the day, face to face at the end of the school day or via an email notification from medical tracker.

4. Asthma lead

This school has an asthma lead - Angela Ashton. It is the responsibility of the asthma lead to manage 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.

5. Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler or their Symbicort Turbohaler (white and red) at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe.(Source: Asthma UK).

Some children may have a Maintenance and Reliever Therapy (MART) Symbicort Turbohaler. This inhaler is taken morning and night as a preventer inhaler and used as needed to relieve symptoms rather than the blue salbutamol inhaler.

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

Immediate access to reliever medicines is essential. The reliever inhalers of all children are kept in the classroom in the class first aid bag in an easily accessible place.

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

medicines. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy (Source: Asthma UK).

6. Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses their personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK)

7. Staff training

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur. All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition guidance will be displayed around the school in communal areas (see appendix 3). Staff will need yearly asthma updates. This training can be provided by the school nursing team or accessed online via Supporting Children's Health and Young People with Asthma (educationforhealth.org). We aim to ensure a minimum of 85% of staff complete this.

8. Roles and Responsibilities

Roles and Responsibilities Asthma UK recommends the following roles in developing an asthma policy:

Employers

Employers have a responsibility to:

• ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips. Employers therefore have a responsibility to ensure that an appropriate asthma policy is in place
• make sure the asthma policy is effectively monitored and regularly updated
• report to parents/carers, pupils, school staff and local health authorities about the successes and failures of the policy
• provide indemnity for teachers who volunteer to administer medicine to pupils with asthma who need help.

Head teacher

The Head teacher has a responsibility to:

• plan an individually tailored school asthma policy with the help of school staff, school nurses, local education authority advice and the support of their employers
• plan the school's asthma policy in line with devolved national guidance
• liaise between interested parties – school staff, school nurses, parents/carers, governors, the school health service and pupils
• ensure the plan is put into action, with good communication of the policy to everyone
• ensure every aspect of the policy is maintained
• assess the training and development needs of staff and arrange for them to be met
• ensure all supply teachers and new staff know the school asthma policy
• regularly monitor the policy and how well it is working
• delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register
• report back to their employers and their local education authority about the school asthma policy.

All school staff have a responsibility to:

• understand the school asthma policy
• know which pupils they come into contact with have asthma
• know what to do in an asthma attack
• allow pupils with asthma immediate access to their reliever inhaler
• tell parents/carers if their child has had an asthma attack
• tell parents/carers if their child is using more reliever inhaler than they usually would
• ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
• ensure pupils who have been unwell catch up on missed school work
• be aware that a pupil may be tired because of night-time symptoms
• keep an eye out for pupils with asthma experiencing bullying
• liaise with parents/carers, the school nurse and special educational needs coordinators if a child is falling behind with their work because of their asthma.

PE teachers

PE teachers have a responsibility to:

• understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled
• ensure pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when needed
• if a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait at least five minutes)
• ensure pupils with asthma always warm up and down thoroughly.

School nurses have a responsibility to:

• help plan/update the school asthma policy
• if the school nurse has an asthma qualification it can be their responsibility to provide regular training for school staff in managing asthma
• provide information about where schools can get training if they are not able to provide specialist training themselves.

Doctors and asthma nurses have a responsibility to:

• complete the school asthma cards provided by parents/carers
• ensure the child or young person knows how to use their asthma inhaler (and spacer) effectively
• provide the school with information and advice if a child or young person in their care has severe asthma symptoms (with the consent of the child or young person and their parents/carers)
• offer the parents/carers of every child a written personal asthma action plan. Every young person should also be offered a written personal asthma action plan themselves.

Pupils have a responsibility to:

• treat other pupils with and without asthma equally
• let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called
• tell their parents/carers, teacher or PE teacher when they are not feeling well
• treat asthma medicines with respect
• know how to gain access to their medicine in an emergency
• know how to take their own asthma medicines.

Parents/carers have a responsibility to:

• tell the school if their child has asthma
• ensure the school has a complete and up-to-date school asthma card for their child
• inform the school about the medicines their child requires during school hours
• inform the school of any medicines the child enquires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
• tell the school about any changes to their child's medicines, what they take and how much
• inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
• ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name
• provide the school with a spare reliever inhaler labelled with their child's name
• ensure that their child's reliever inhaler and the spare is within its expiry date
• keep their child at home if they are not well enough to attend school
• ensure their child catches up on any school work they have missed

• ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)
• ensure their child has a written personal asthma action plan (see Appendix 2) to help them manage their child's condition.

9. School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

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

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

10. Exercise and activity

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

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. (Source: Asthma UK)

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are

well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE. (Source: Asthma UK)

11. When asthma is affecting a pupils' education

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

12. Emergency Salbutamol Inhaler in school

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March, 2015). We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We can do this using the NHS request form.

We have 2 emergency kits, which are kept in the green labelled tray in the medical room so it is easy to access. The medical room has 2 points of access – one from the playground and one from the corridor outside the Headteachers office.

Each kit contains:

¬ A salbutamol metered dose inhaler;
¬ At least two spacers compatible with the inhaler;
¬ Instructions on using the inhaler and spacer;
¬ Instruction on cleaning and storing the inhaler;
¬ Manufacturer's information;
¬ 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 will be logged on medical tracker

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be

mild and temporary are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster. We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever 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.

The schools asthma lead and team will ensure that:

- On a half termly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary. Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air

The spacer can be reused, after each use it will be dismantled and washed in hot soapy water using a soft cloth, it will be left to air dry then reassembled. The inhaler can also be reused. 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. Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will only be used by children:

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

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

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

• Persistent cough (when at rest)

• A wheezing sound coming from the chest (when at rest)

• Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)

• Nasal flaring

• Unable to talk or complete sentences. Some children will go very quiet

• May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

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

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

In the event of an asthma attack:

• Keep calm and reassure the child

• Encourage the child to sit up and slightly forward

• Use the child's own inhaler – if not available, use the emergency inhaler

• Remain with the child while the inhaler and spacer are brought to them

• *Shake the inhaler and remove the cap

• *Place the mouthpiece between the lips with a good deal, or place the mask securely over the nose and mouth

• *Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths)

• If there is no improvement, repeat these steps* up to a maximum of 10 puffs

• Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.

• If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP

• If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.

• If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **call 999 FOR AN AMBULANCE** and call for parents/carers.

• If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way (every 15 minutes until the ambulance arrives)

• A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

13. References

- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines.
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

14. Contacts

Paediatric Respiratory Nursing Team
Lauren, Nina, Rachel and Rosie
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03006153058/ 3129

Pauline Green - School Nursing Manager, AfC
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07887527574

Fiona Phillps - Community Staff Nurse, School Nursing Team
fiona.phillips@achievingforchildren.org.uk
07719990780

Riverside Primary School & Nursery
Cookham Road, Maidenhead, SL6 7JA

Tel: 01628 621741
office@riversideprimaryschool.org.uk
www.riversideprimaryschool.org.uk

Monday 5th September 2022

Dear Parents and Carers

At the beginning of every new academic year, we review the medical information we have on file for the children at school. This ensures that the medical information for every child is correct and up-to-date.

Please let us know about any medical conditions and allergies that are relevant for your child on the medical information form overleaf. For those children who have asthma, we require the parents/carers to complete an **Asthma Action Plan**. For those children who have allergies, please complete an **Allergy Action Plan**. These are available from the Main Office or alternatively please ring the school office and we can email one out to you for you to complete online and return.

We have procedures for administering medicine in school which follow the NHS and Department for Education guidelines. We are committed to meeting the medical needs of any child in school. We ask parents to fill out a form giving written consent and we need to have the medicine in its packaging and with pharmacy instructions clearly visible. These consent forms are available from the school office.
If it is an non-prescribed medicine such as Piriton or a travel sickness tablet then it needs to be in its proper packaging and we still need written consent.
This is both to ensure that we give the correct dosage to your child and also to make sure that the medicine is stored properly. Where possible please administer the medicine outside of school hours.
If your child travels to school by taxi please hand the medicine to the driver who will pass it on to us with a medicine form. If it is not possible – please write a note with details of dosage and with your consent and put with the packaged medicine into an envelope.

Please complete the Medical Information Form overleaf. It is vital that we have the relevant up-to-date information and medication in school for your child in the case of an emergency. Please return the above form by Wednesday 15th September.

Yours sincerely

Lauren Porter
Deputy Headteacher

Riverside Primary School & Nursery
Cookham Road, Maidenhead, SL6 7JA

Tel: 01628 621741
office@riversideprimaryschool.org.uk
www.riversideprimaryschool.org.uk

Medical Information Form
September 2022

Please fill out one form per child

Name of Child	
Date of Birth	
Childs Class	
Has your child been diagnosed with a medical condition which might have an impact on their time at school.	☐ Yes ☐ No *If Yes please give details and we will be in touch as it may be appropriate to make or update an Individual Healthcare Plan or a Special Education Needs and Disability action plan. *If your child has been diagnosed with asthma we will need you to complete an Asthma Action Plan as stated in the letter.* *If your child has an allergy, please complete the Allergy Form*
Medical Condition	
Date of Diagnosis	
Does your child require regular medication to be given in school?	☐ Yes ☐ No *If Yes, please ask the school office for an Administering Medicine Form.*
Information which you would like us to know so that we can support your child	

Please send this form back with your child by Wednesday 15th September.

EVERY CHILD A HAPPY LEARNER
STRIVE FOR EXCELLENCE MAKE THE RIGHT CHOICES BUILD RELATIONSHIPS

Appendix 2: Sample Asthma Care Plan

Riverside Primary School & Nursery
Cookham Road, Maidenhead, SL6 7JA

Tel: 01628 621741
office@riversideprimaryschool.org.uk
www.riversideprimaryschool.org.uk

ASTHMA ACTION PLAN – September 2022

Child's personal details

Child's Name_____

Date of Birth ___/___/___

Class_____ **Teacher**_____

Child's Asthma Triggers: (circle)

Cold/flu Exercise Smoke Pollens Dust

Other_____

Usual signs of child's asthma: (circle)

Wheeze Tight Chest Cough Difficulty breathing Difficulty talking

Other_____

Asthma Medication Requirements
(Including relievers, preventers, symptom controllers, combination)

Name of Prescribed Medication (e.g. Ventolin) _____

Expiry date: _____

Method (e.g. puffer & spacer) _____

When and how much? (e.g. 1 puff in morning and night, before exercise)

_____

Does the child need assistance taking their medication? Yes or No

If yes, how? _____

Name of parent/carer_____

Signature _____

Date _____

Please return to the class teacher.

EVERY CHILD A HAPPY LEARNER
STRIVE FOR EXCELLENCE MAKE THE RIGHT CHOICES BUILD RELATIONSHIPS

Appendix 3: Emergency Asthma Plan for schools

NHS Frimley Health NHS Foundation Trust

EMERGENCY ASTHMA PLAN FOR SCHOOLS

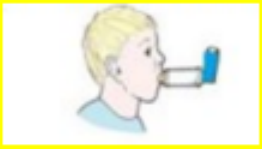
Asthma Attack

For children diagnosed with Asthma/Wheeze

SIGNS OF :

- **Wheezing**
- **Coughing**
- **Shortness of Breath**

Treatment



GIVE UP TO 10 PUFFS OF RESCUE INHALER (BLUE)

OR

UP TO 6 INHALATIONS OF MART (WHITE AND RED) TURBOHALER AT A SINGLE TIME

Number of puffs needed of **BLUE** inhaler :

2- 6 PUFFS

OR

Number of inhalations needed of your **MART** device:

Take 1 inhalation of your **MART** device, wait a few minutes and repeat if necessary, up to a total of 6 inhalations.

Tell a member of staff

If better no further action required

Number of puffs needed of **BLUE** inhaler:

6- 10 PUFFS

OR

You can take up to 6 inhalations of your **MART** device.

Tell a member of staff

Parents to be called and child to be collected and seen by medical professional the same day.

If little or no improvement after 10 puffs of BLUE inhaler:

Dial 999

Continue to give **BLUE** inhaler 10 PUFFS every 15 minutes until medical help arrives or symptoms improve.

OR

If you have taken 6 inhalations of your **MART** device and your symptoms have not improved or used your maximum daily inhalations, seek urgent help.

*****If their own RESCUE inhaler is NOT AVAILABLE, please use the school's emergency inhaler kit *****

Committed to excellence | Working together | Facing the future