

# Children's Asthma and Allergy Service

## Asthma Friendly School Initiative

**All staff received up to date training  
2025**



The care of a child with asthma is a team effort and you are a **big** part of that team

Asthma remains the most common long term medical condition in children and young people

1:11 children have asthma meaning this affects approximately 3 children in every class

Asthma can be life threatening and in the last four years, 5 children have died due to asthma in the local area

# Preventer Inhalers



There are many different brands of Preventer inhalers

The steroid content does not cause long-term harmful side-effects

Some inhalers also contain a *“long acting reliever”*

# Reliever Inhaler



To be used with ...



# Spacer Devices

**Every child (and adult) should use a Spacer device with their inhaler because it:**

1

Reduces the need for coordination when pressing the inhaler and breathing in the medicine

2

Wastes less medicine

3

Extends the delivery time meaning the drug will be absorbed by the lungs slowly and smoothly

# Spacer Devices

Maintain  
a good  
seal  
around  
the face



Shake  
the  
inhaler in  
between  
each puff



Give one  
puff and  
then take  
5 slow  
breaths



Look for  
the valve  
moving



# Red Flags for schools ...



**Children using their  
Reliever inhaler more  
than twice a week in  
school**

**Children who are  
excessively tired in  
class with dark rings  
under the eyes due to  
nocturnal coughing**

**Children routinely  
using the *Reliever*  
*inhaler* prior to  
exercise**

# GP or Asthma Nurse – All children should have a care plan. Please contact your GP.

If a child has been prescribed an inhaler for asthma, or suspected asthma, a healthcare professional should write a **personalised asthma action plan (PAAP)** or care plan

The care plan should state the child's **prescribed medication** and **asthma triggers**

A copy of the care plan should be kept in a central location (school office) and a copy kept with the child's inhaler

The care plan should be updated yearly at the child's **annual** asthma review and shared with the school



# Care Plan

GREEN...

AMBER...

RED...

**Green zone - Good**

Your asthma is under control if:

- your breathing feels good
- you have no cough or wheeze
- your sleeping is not disturbed by coughing
- you are able to do your usual activities
- you are not missing school
- if you check your Peak Flow, it is around your best

**BEST PEAK FLOW**

**Green Zone Action – take your normal medications**

Your preventer inhaler is a \_\_\_\_\_ colour and is called \_\_\_\_\_

You take    puffs/sucks every morning and every night even when you are well.

Other asthma medications you take are: \_\_\_\_\_

Your reliever inhaler is a \_\_\_\_\_ colour and is called \_\_\_\_\_

You take **2** puffs/sucks up to **2** times in a week for symptoms.

If you are needing to use your reliever inhaler more than 2 times per week for symptoms or are experiencing cold symptoms, then you need to:

**Move to the AMBER ZONE**

**Amber zone - Warning**

If you are using your blue inhaler more than **2** times per week for symptoms or you often wake at night with a cough or wheeze, arrange a review with your asthma nurse or GP.

**Warning signs that your asthma is getting worse:**

- you have symptoms (cough, wheeze, 'tight chest' or feel out of breath)
- you need your reliever inhaler more than usual
- your reliever is not lasting **four** hours
- your Peak Flow is down by a third

**PEAK FLOW 1/3 DOWN**

**Amber Zone Action – continue your normal medicines AND**

- Take **2** puffs of the BLUE inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes if you still have symptoms up to a total of **6** puffs.
- You can do this every 4 hours but must make an appointment at your GP surgery within the next 24hrs even if you feel better.
- Start keeping a record of your symptoms and peak flow readings to take to the Doctor.

**IMPORTANT:**

- If after your **6** puffs you still have increasing wheeze or chest tightness

**Move to the RED ZONE**

**Red zone - Severe**

- you are still breathing hard and fast
- you still feel tight and wheezy
- you are too breathless to talk in a sentence

**Other serious symptoms are:**

- you are feeling frightened and exhausted
- colour changes – very pale / grey / nasal flaring

**Red Zone Action**

**Take 10 puffs of the blue inhaler via a spacer and if no improvement**

CALL 999

- Do not attempt to do a peak flow
- Whilst waiting for the ambulance and using your spacer, take **1** puff at a time of your blue inhaler, breathing at a normal rate for 4-5 breaths, every 30 seconds.
- Stay where you are and keep calm.
- If your child becomes unresponsive and has an adrenaline pen for allergies use it now.

**Additional comments or information**

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# What are the symptoms of a severe asthma attack ?

Increased work of breathing

Unable to speak in full sentences

Pale, grey or blue around the lips

Drowsy or agitated

**CALL AN AMBULANCE IMMEDIATELY**



# What do I need to do if a child has an asthma attack?

## ASSESS

- Ask yourself ... do I need to call an **Ambulance**?
- If the answer is no then follow the **AMBER** pathway and contact the parent/carer

## ACT

- Give 2 puffs of the **Blue** inhaler using a spacer device
- Repeat this every 10 minutes if required up to a total of 6 puffs

## REASSESS

- Review the child 10 minutes after giving each 2 puffs
- Ask yourself ... are things improving ?
- If the answer is no follow the **RED** pathway and call an **Ambulance**
- If the answer is yes follow the **AMBER** pathway and contact the parent/carer