



Anaphylaxis Policy

This policy is designed to be incorporated into/annexed to the school's wider medical conditions policy as required by the Supporting Pupils in schools with medical conditions statutory guidance.

Purpose: To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: **Helen Rowe and Michelle Bristow**

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1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to): Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Dulwich Wood Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Roles and responsibilities

2.1. Parental Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff/ School SENCO/First Aider of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (British Society of Allergy and Clinical Immunology plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

2.2. Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required and in date medication will not be able to attend the excursion.
- Inclusion Team will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Inclusion Team will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry using the templated document, which includes reminders for parents to register their AAI's (with the manufacturer) and receive text updates regarding expiry dates.
- SENCO/First Aider keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

2.3. Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

3. Allergy action plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Dulwich Wood Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity (see Appendices 2-3). This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.

- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI, ideally in the opposite thigh, if this is not possible then a little further away from 1st injection site.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAls on them at all times, plus their allergy action plan (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

Reception and year 1 children's AAI's are kept in the classroom in a clearly labelled box with their photograph and allergy action plan. The pupils AAI's should accompany them to the lunch hall and any after school activities by a designated member of staff.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAls i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the SENCO/First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry using the templated document, which includes reminders for parents to register their AAI's (with the manufacturer) and receive text updates regarding expiry dates.

Storage:

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal:

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste service/Southwark local authority. The sharps bin is kept in the _____ room.

6. 'Spare' adrenaline auto-injectors in school

Dulwich Wood Primary and Nursery school has purchased spare AAs for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a Kitt Medical wall mounted box in the main Foyer next to the AED.

Written parental permission for use of the spare AAs is included in the **pupil's allergy action plan**.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AA is appropriate.

The MHRA has clarified that, in principle, a legal exemption under Regulation 238 **permits a school's adrenaline auto-injector(s) to be used for the purpose of saving a life, for a pupil or other person not known by the school to be at risk of anaphylaxis** (and thus does not have medical authorisation/consent in place for the spare device). This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy. The provision under Regulation 238 should be reserved for exceptional circumstances only, that could not have been foreseen. The normal expectation would be for those at risk of anaphylaxis to have been clearly identified by the school in advance, to reduce the risk of equivocation, and potential delay in adrenaline auto-injector administration, in the event of an anaphylactic emergency.

7. Staff Training

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: **Miss Bristow**.

8. Inclusion and safeguarding

Dulwich Wood Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Catering

All food businesses (including school caterers, e.g. Chartwells) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view in weekly advance with all ingredients listed and allergens highlighted on the school website at <https://www.dulwichwood.com/>

The SENCO/First Aider will inform the Catering Manager of pupils with food allergies.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, for example Fruity Friday parent volunteers should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food.
Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to pupils with allergies and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

10.1. Sporting Excursions

Children with allergies should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

10.2. Running club, Swimming and Forest School

Children should be taking their AAI's and Inhalers to sporting activities. This includes swimming lessons, running clubs and forest school where applicable.

11. Allergy awareness

Dulwich Wood supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no

school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

Dulwich Wood Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

13. Links

Natasha Allergy Research Fund

<https://www.narf.org.uk/>

<https://www.allergyschool.org.uk/>

The Benedict Blythe Foundation

<https://www.benedictblythe.com/>

Anaphylaxis UK Safer Schools Programme

<https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

BSACI Allergy Action Plans

<https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools

<http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016)

<https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)

<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Appendix 1: Allergy Incident Log

This log is to keep a record of ALL incidents relating to allergy e.g. drug box not in correct place, any type of allergic reaction, any 'near miss' event.

Date of Incident	Type of incident 1 - near miss 2 - allergic reaction 3 - other	Description Include details e.g. Adult reporting, location, cause of reaction (if known)	Pupil(s) affected	Action taken Further training required, incident recorded, parents informed, child sent home Monitored in school, ambulance called	Learning Points

Appendix 2: BSACI Allergy Action Plan for children prescribed EpiPen

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie flat with legs raised (if breathing is difficult, allow person to sit)



- 2 Use Adrenaline autoinjector **without delay** (eg. EpiPen[®]) (Dose: mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up**. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAls in schools.

Signed:

Print name:

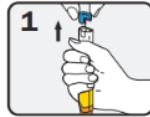
Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

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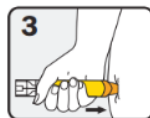
How to give EpiPen[®]



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a "spare" back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:

Sign & print name:

Hospital/Clinic:

Date:

Appendix 3: BSACI Allergy Action Plan for children prescribed Jext

This young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie flat with legs raised (if breathing is difficult, allow person to sit)



- 2 Use Adrenaline autoinjector **without delay** (eg. JEXT[®]) (Dose: mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up**. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAI's in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

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How to give JEXT[®]



1 Form fist around Jext[®] and PULL OFF YELLOW SAFETY CAP



2 PLACE BLACK END against outer thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4 REMOVE Jext[®]. Massage injection site for 10 seconds

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed.

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a "spare" back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name:

Hospital/Clinic:



Date:

Students with Asthma

Instructing all staff on the existence of this policy

Staff know where to access children's inhalers

Making all staff aware of their responsibilities, knowing who has asthma within their classroom.

Recognising the signs and symptoms of an asthma attack

Training for all staff on signs and symptoms of asthma attack:

>Worsening cough, shortness of breath, wheezing, or chest tightness.

>Inability to speak full sentences.

>Blueish or greyish lips or fingernails.

>Breathing that is too fast and shallow.

Know how to administer inhalers through a spacer

Making appropriate records of attacks

Each child with asthma should have an asthma card

In the event of an asthma attack staff should:

1. Help them sit up straight and keep calm.

2. Help them take one puff of their reliever inhaler (usually blue, salbutamol) every 30-60 seconds, up to a maximum of 10 puffs.

3. Call 999 for an ambulance if:

- their symptoms get worse while they're using their inhaler –
- this could be a cough, breathlessness, wheeze, tight chest or
- sometimes a child will say they have a 'tummy ache'
- they don't feel better after 10 puffs
- you're worried at any time.

4. You can repeat step 2 if the ambulance is taking longer than 15 minutes

A school asthma card should be filled in by the parents and reviewed annually.

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature

Date

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?

Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am – 5pm; Mon – Fri)

www.asthma.org.uk



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This Policy will be reviewed every 2 years or earlier if necessary.

Adopted: July 2025

Next review: July 2027