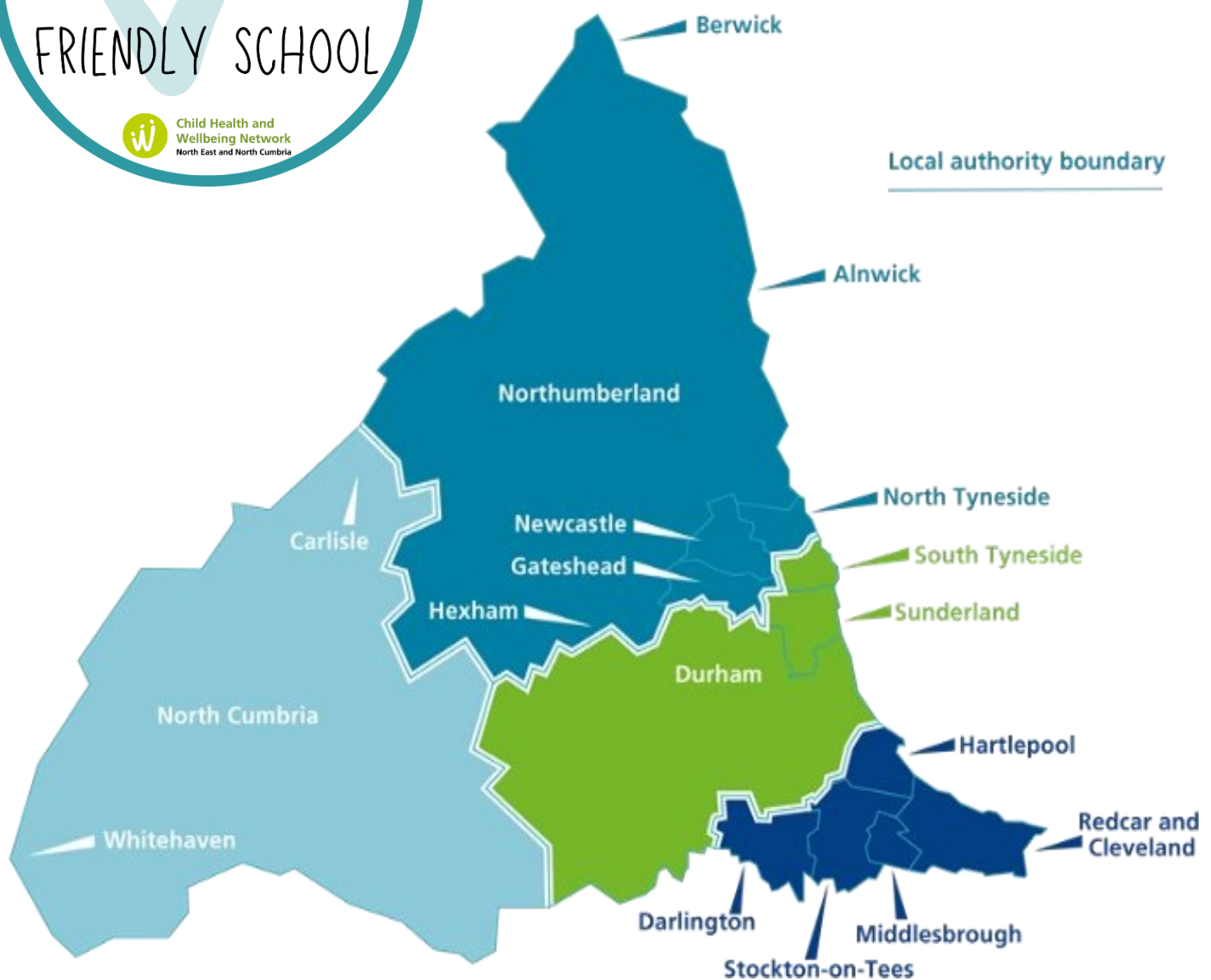


Beat Asthma Friendly School Accreditation



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Why Beat Asthma Friendly School Accreditation is important?

- Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children/young people (CYP) with asthma in every classroom in the UK.
- The UK has one of the highest emergency admission rates for asthma in Europe. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.
- Asthma outcomes for children and young people living in deprived areas are worse.
- Asthma is a main contributor to school days lost.
- Uncontrolled asthma can lead to decrease academic performance.
- A Survey found that 86% of children with asthma have at some time been without an inhaler at school.

Effective asthma management at school has many positive outcomes including improving the ability to learn and participate fully during their school day. Although asthma cannot be cured, it can be controlled with early and accurate medical diagnosis and management and a personalised treatment plan.

NHS England and NHS Improvement's ambition is to reduce avoidable harm to children and young people from asthma and improve their quality of life. This will be achieved by taking a whole system approach to asthma management with the inclusion of school. [National-bundle-of-care-for-children-and-young-people-with-asthma-resource-pack-September-2021.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/media/1234567/national-bundle-of-care-for-children-and-young-people-with-asthma-resource-pack-September-2021.pdf)

Beat Asthma Friendly Schools

Many aspects of recommended asthma care can be improved with The Beat Asthma friendly Schools Accreditation.

Everyone within a school can play a part in creating an asthma-friendly school environment from parent/ carer to the whole school community. Promoting an asthma-friendly environment means healthier CYP /who are ready to learn.

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Next review: May 2029

The school community can help by:

- Educating children, parents, and staff about asthma and the school environment
- Identifying and reducing potential asthma triggers in the school
- Developing and implementing policies that create a supportive, asthma- friendly environment.

The accreditation standards aim to:

- Improve school attendance.
- Improve academic performance.
- Improved focus and physical stamina
- Enhanced student and staff productivity
- Increase confidence to deal with emergency situations.

Beat Asthma Friendly Schools Recommendations for Accreditation

1. Beat Asthma School Policy is in place and evidence of use.

Will be emailed with the accreditation documents.

2. An accurate record of children with asthma – register is kept and updated regularly

See Beat asthma example full version in Appendix 2

Beat asthma friendly school register exemplar

Name	DOB	Year group	Medication	Emergency inhaler consent	Inhaler expiry date

3. Emergency inhalers are kept and are accessible in school following Government guidance in school

From 1st October 2014, Government guidelines enabled schools to purchase salbutamol inhalers, without a prescription, for use in emergencies or for any reason if a pupil's prescribed inhaler is not available.

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The emergency salbutamol inhaler should only be used by children/ young people:

- Who have been diagnosed with asthma, and prescribed a reliever inhaler
- Who have been prescribed a reliever inhaler.

There are certain specifications in the guidelines which include:

- Arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the school's policy on supporting pupils with medical conditions.
- Having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler.
- Having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan.
- ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use.
- Appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions.
- Keeping a record of use of the emergency inhaler as required by Supporting pupils and informing parents or carers that their child has used the emergency inhaler.
- Having at least two volunteers responsible for ensuring the protocol is followed.
- All CYP will require written parental consent to opt out of the use of the emergency inhaler.

[Guidance on the use of emergency salbutamol inhalers in schools](#)
([publishing.service.gov.uk](#))

4. All children/ young people with asthma have a personalised asthma action plan copy in school (PAAP)

<p>Green zone – Good </p> <p>Your asthma is under control if:</p> <ul style="list-style-type: none"> 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 <p>BEST PEAK FLOW.....</p> <p style="text-align: center;">Green Zone Action</p> <p>Take your normal medications</p> <p>Preventer (taken at home)</p> <p>.....</p> <p>.....</p> <p>Reliever (to use in school before exercise and before exposure to triggers 4 hourly if needed)</p> <p>.....</p> <p>.....</p> <p>Others (taken at home)</p> <p>.....</p> <p>.....</p>	<p>Amber zone – Warning </p> <p>Warning signs that your asthma is getting worse:</p> <ul style="list-style-type: none"> You had a bad night with cough or wheeze and might be tired in class You have a cough, wheeze or 'tight' chest and feel out of breath You need to use your reliever more than usual <p>Tell a member of staff or ask a friend to get help</p> <p style="text-align: center;">Amber Zone Action</p> <p>Use your spacer with the blue reliever puffer and do the following:</p> <ul style="list-style-type: none"> 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. Sit quietly, where an adult can see you for 10 minutes until you are feeling better and can go back into class If you feel like this again after 4 hrs, tell a member of staff, repeat above and school should phone your parent to collect you School need to write how much inhaler you have used in your diary or tell your parent <p>IMPORTANT: If 6 puffs of the blue inhaler via the spacer is not working or its effect is lasting less than 4 hrs and you have increasing wheeze or chest tightness, move to the Red Zone</p>	<p>Red zone – Severe </p> <p>IF after 6 puffs of your blue inhaler you experience any of the following symptoms within the next 4 hours:</p> <ul style="list-style-type: none"> You are still breathing hard and fast You still feel tight and wheezy You are too breathless to talk in a sentence You are feeling frightened and exhausted <p>Other serious symptoms are:</p> <ul style="list-style-type: none"> Colour changes - very pale / grey / blue Using rib and neck muscles to breath, nose flaring <p style="text-align: center;">Red Zone Action</p> <p style="text-align: center;">Take 10 puffs of your blue inhaler via a spacer and CALL 999</p> <ul style="list-style-type: none"> Whilst waiting for the ambulance to arrive and using your spacer, keep taking 1 puff of your blue inhaler every 30 seconds, breathing at a normal rate for 4-5 breaths. Stay where you are and keep calm If the pupil becomes unresponsive and has an adrenaline pen for allergies-use it now. <p>Additional comments or information</p> <p>My spacer/inhaler/adrenaline pen is kept:</p>
---	--	---

A school personalised asthma plan

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 puffs/sucks up to 3 times in a week for symptoms and before exposure to your triggers (see your list) if needed.

If you are needing to use your reliever inhaler more than 3 times per week for symptoms

Move to the AMBER ZONE

Amber zone – Warning

If you are using your blue inhaler more than 3 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.
- If you need to do this more than every 4hrs, you must see your GP today or go to A&E
- 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
- you are feeling frightened and exhausted

Other serious symptoms are:

- colour changes - very pale / grey / blue
- using rib and neck muscles to breath, nose flaring

Red Zone Action

Take 10 puffs of the blue inhaler via a spacer and call 999

- Asthma can be life threatening
- 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

.....

.....

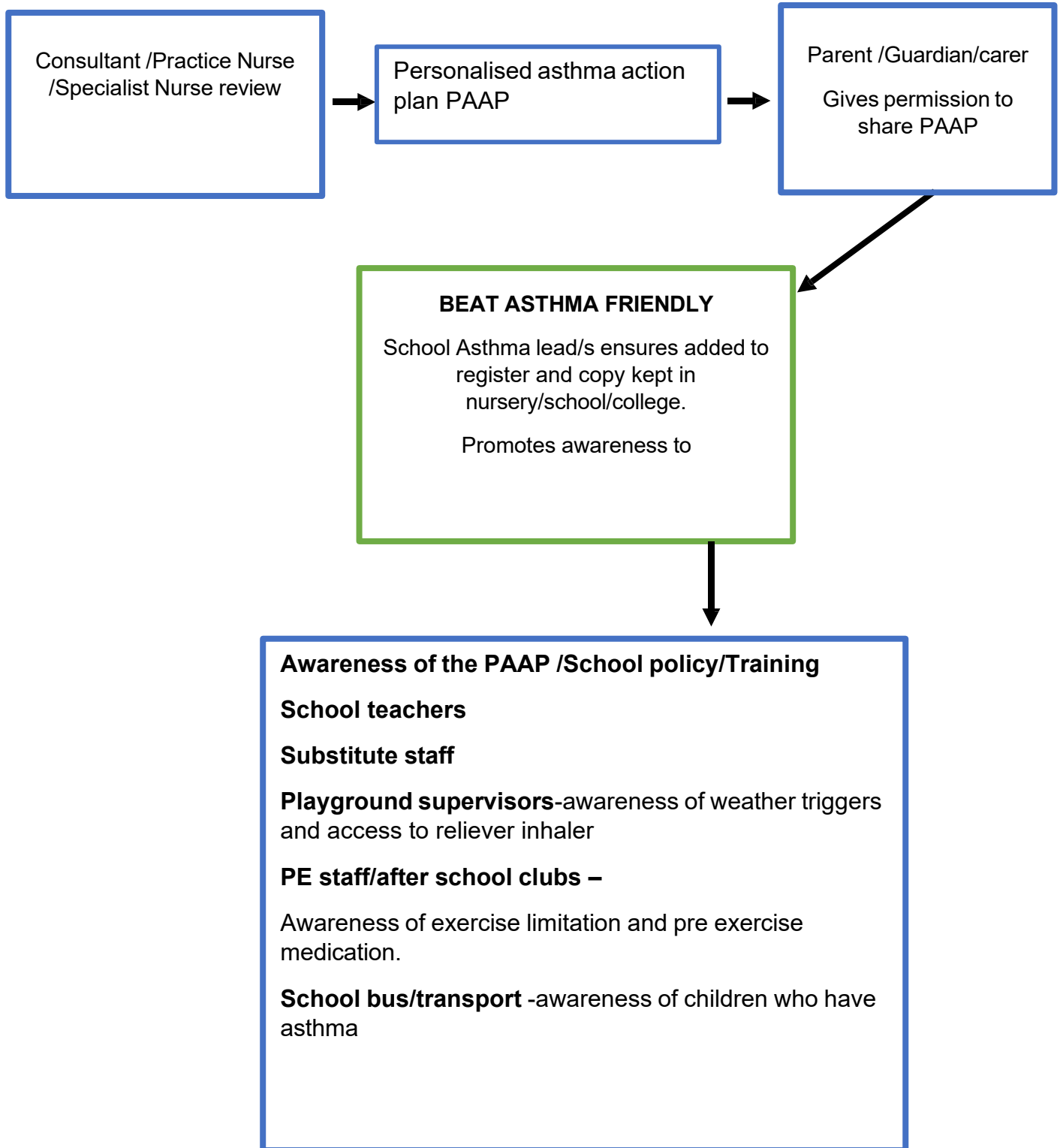
.....

.....

.....

An example of a personalised asthma action plan.

Importance of PAAP



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5. The school has a named Asthma champions /lead

The asthma champion/ lead/s will be a nominated member/s of staff who will ensure that there is a whole school approach to the management of asthma and will be a resource for staff members, parents/carers and CYPs.

6. School can demonstrate an awareness of potential triggers indoor/outdoor

- Promote healthy air within the school
- Encourage walk to school strategies
- Discourage parents from leaving engines running when dropping off or picking up.
- Keep classrooms free of common allergens and irritants that can make asthma worse.
- Be aware that most students who have asthma also have allergies.
- Develop and enforce smoking bans in school buildings, on school grounds, at school-sponsored events, and in vehicles used for student travel. Support smoking prevention and cessation programs for students and staff.
- Design and schedule building repairs, renovations, cleaning, and maintenance to avoid exposing students and staff to fumes, dust, chemicals, and other irritants. When possible:
- Schedule painting and major repairs during long holidays or summer break. Be sure to thoroughly clean all affected areas to remove dust, debris, and fumes before students return.
- Select the safest cleaning and building products available and use them according to the manufacturer's instructions.
- Cut grass when students are not in school.

7. Staff Training

All staff members will be expected to undertake an annual asthma awareness session with a minimum of 85% of staff trained to achieve accreditation.

Please see the following link:

<https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>

8. Beat Asthma Friendly Schools Accreditation

In order to achieve the Beat Asthma friendly School Accreditation, the criteria has been identified in a self-evaluation checklist. See [Appendix 5](#).

Appendix 4- PAAP and link to printable copy- [Microsoft Word - Personalised asthma action plan for schools 2022.docx](#)

Remember: take your reliever inhaler **before** you come into contact with any of your triggers and every 4 hours if you have a cold

Your Triggers are:

-
-
-
-
-
-

Emergency contact numbers:

.....

.....

.....

.....

Your GP's name and telephone number is:

Dr

.....

Common Triggers are:

- Viruses
- Changes in weather
- House dust mites
- Animal fur, feathers and their bedding
- Foods
- Exercise
- Upset, distress, and emotions
- Smoke –cigarettes and fires

Additional Comments:

Recommended websites

www.beatasthma.co.uk
www.asthma.org.uk

Pupil Photograph



School Asthma Management Plan

.....

Best Peak Flow.....

Date.....

Keep this with you at all times in school

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

Preventer (taken at home)

.....
.....

Reliever (to use in school **before exercise** and **before** exposure to triggers 4 hourly if needed)

.....
.....

Others (taken at home)

.....
.....

Amber zone – Warning



Warning signs that your asthma is getting worse:

- You had a bad night with cough or wheeze and might be tired in class
- You have a cough, wheeze or 'tight' chest and feel out of breath
- You need to use your reliever more than usual

Tell a member of staff or ask a friend to get help

Amber Zone Action

Use your spacer with the blue reliever puffer and do the following:

- 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.
- Sit quietly, where an adult can see you for 10 minutes until you are feeling better and can go back into class
- If you feel like this again after 4 hrs, tell a member of staff, repeat above and school should phone your parent to collect you
- School need to write how much inhaler you have used in your diary or tell your parent

IMPORTANT: If **6 puffs** of the blue inhaler via the spacer is not working or its effect is lasting less than **4 hrs** and you have increasing wheeze or chest tightness, move to the **Red Zone**

Red zone – Severe



If after 6 puffs of your blue inhaler you experience any of the following symptoms within the next 4 hours:

- You are still breathing hard and fast
- You still feel tight and wheezy
- You are too breathless to talk in a sentence
- You are feeling frightened and exhausted

Other serious symptoms are:

- Colour changes - very pale / grey / blue
- Using rib and neck muscles to breath, nose flaring

Red Zone Action

Take 10 puffs of your blue inhaler via a spacer and CALL 999

- Whilst waiting for the ambulance to arrive and using your spacer, keep taking 1 puff of your blue inhaler every 30 seconds, breathing at a normal rate for 4-5 breaths.
- Stay where you are and keep calm
- If the pupil becomes unresponsive and has an adrenaline pen for allergies-use it now.

Additional comments or information

My spacer/inhaler/adrenaline pen is kept:

.....

Appendix 5- Checklist /audit /evaluation

Beat asthma friendly school checklist accreditation

		Tick once completed
School Asthma policy	Awareness of -Supporting Pupils in school with medical condition (Department for Education 2015) available for all staff to read and to use as guidance when developing policies.	
	Awareness of -Guidance on the use of Emergency Salbutamol Inhalers in Schools (Department of Health, Sept 2014).	
	School Beat asthma policy in place, developed using guidance from above and updated regularly – all staff to be made aware of the policy and where to access it.	
	System in place to identify CYP who have frequent absences from school due to asthma.	
Asthma Register	Have a named individual asthma champion or leads	
	Ensure school asthma register in place and updated regularly. Must state name and date of birth of CYP.	
	Ensure that any opt out consents are documented for emergency inhalers/spacers.	
	Register available to all staff – suggest displaying in school office/staff room with a photo board	

	Ensure each child has an individual healthcare plan (IHCP) completed. School asthma care detailed on the IHCP and supported where needed with a specific asthma management plan PAAP.	
Emergency Inhaler kits To use if CYP own not available	Suggest minimum of 3 emergency inhaler kits are purchased to keep in school conveniently located in key areas. Can only be used for pupils who have a diagnosis of asthma or have been prescribed a salbutamol inhaler with the exception where parents have submitted the opt out consent. An emergency kit should be taken out of school for offsite activities/residential trips	
Emergency Kit content	Each kit should consist of: Asthma register 1 large volume spacer device 1 salbutamol 100mcgs per puff inhaler Information leaflet on how to administer Asthma attack flow chart Record of inhaler use. Letter template to send to the parent informing them that the emergency inhaler/spacer has been used. Every inhaler following use should be returned to pharmacy for safe disposal. Each spacer used for a single child only could be retained and labelled for that child / given to the parent for home use /returned to pharmacy for safe disposal.	
Medications	Asthma medication is provided by the parent for the school use with instructions of when and how to use, in keeping with their IHCP/PAAP.	
	The use of reliever medication must be recorded, and parents informed if used outside of the pupil's management plan	
	A system is in place to check the expiry dates of any medication and a system to replace when expired or almost empty	

	School staff and CYP know where their inhaler and spacer are kept – must be always accessible	
	Inhalers should be kept in a cool environment	
	If using a metered dose inhaler (“puffer” type), a spacer device must also be provided by the parent.	
	Medication must be clearly labelled with a pharmacy label displaying name/dose/instructions.	
CYP that self-manage	If a CYP carries their own inhaler as part of their IHCP, a spacer and metered dose inhaler should be available for them to use in school – provided by the parent	
	Parents should be informed if a CYP appears to be using their reliever inhaler more frequently than usual in school.	
	Encourage CYP who self-manage to carry a copy of their PAAP in their school personal planner.	
Pollution	Evidence of awareness within school. Triggers Outdoor/Indoor pollution	
Whole school approach	Evidence of involvement of Parents /guardian -sharing information /update/opinions Give examples of evidence	
	CYP-Asthma ambassadors /children’s views on asthma in school. Give examples of evidence	
Staff Training	All school staff complete online Asthma awareness session then biannually. https://www.educationforhealth.org/course/supporting- children-and-young-peoples-health-improving-asthma-care- together/	

	How do I manage a CYP having an asthma attack flow chart displayed in school – see appendix	
	Staff administrating inhalers should be knowledgeable of the correct technique Information available on inhaler devices and how to use https://www.beatasthma.co.uk/ video section	

Date Completed:

Signature:

Appendix 6 - Wall posters

- How to recognize an asthma attack

beat
asthma

HOW TO RECOGNISE AN ASTHMA ATTACK

It is important to recognize the signs and symptoms of an asthma attack in a Child/Young person (CYP). The onset of an asthma attack can gradually appear over days. Early recognition can reduce the risk of a hospital admission.

A CYP may have one or more of these symptoms during an asthma attack:



BREATHING HARD AND FAST

You may notice faster breathing or pulling in of muscles in between the ribs or underneath the ribs. (recession)



WHEEZING

This is typically a high-pitched whistling noise heard on breathing in and out, a sound produced by inflamed and narrowed airways that occur in asthma.



COUGHING

A cough may become worse, particularly at night preventing your child from having restful sleep and making them seem more tired in class.



BREATHLESSNESS

A child may become less active and reluctant to join in activities. Lack of interest in food or restlessness can be a sign that the child is too breathless to exercise or eat.



TUMMY OR CHEST ACHE

Be aware that younger children often complain of tummy ache when it is actually their chest that is causing them discomfort.

INCREASED USE OF THE RELIEVER INHALER

If the CYP is old enough, he/she may ask for the reliever inhaler more frequently during an attack. It is important that you follow the asthma action plan and recognize that if the reliever inhaler is not helping that it is time to seek medical help.

www.beatasthma.co.uk

- How to recognize an asthma attack



HOW TO RECOGNISE AN ASTHMA ATTACK

It is important that you recognise the signs and symptoms of an asthma attack in children and young people. Be aware that the onset of an asthma attack can gradually appear over days. Early recognition will help prevent a child or young person from getting worse and needing to go into hospital.

A child or young person may have one or more of these symptoms during an asthma attack:

BREATHING HARD AND FAST
You may notice they breathe faster or have shorter breaths.

WHEEZING
This is typically a high-pitched whistling noise heard on breathing in and out, a sound produced by inflamed and narrowed airways that occur in asthma.

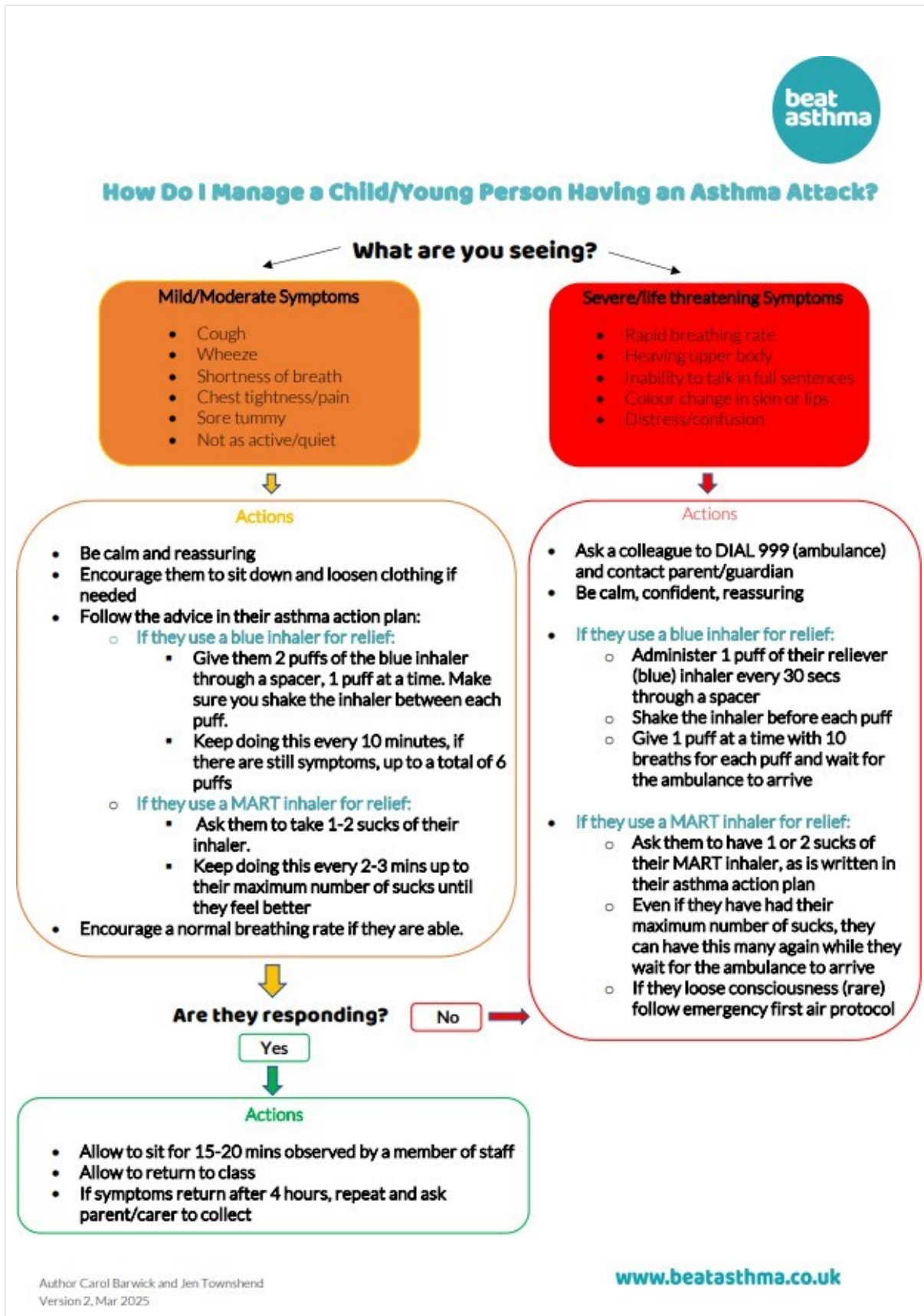
COUGHING
They may have a worsening cough, particularly at night preventing them from having restful sleep and making them seem more tired in class.

BREATHLESSNESS
They may appear to be less active or may seem reluctant to join in activities. Breathlessness can also cause lack of interest in food or restlessness.

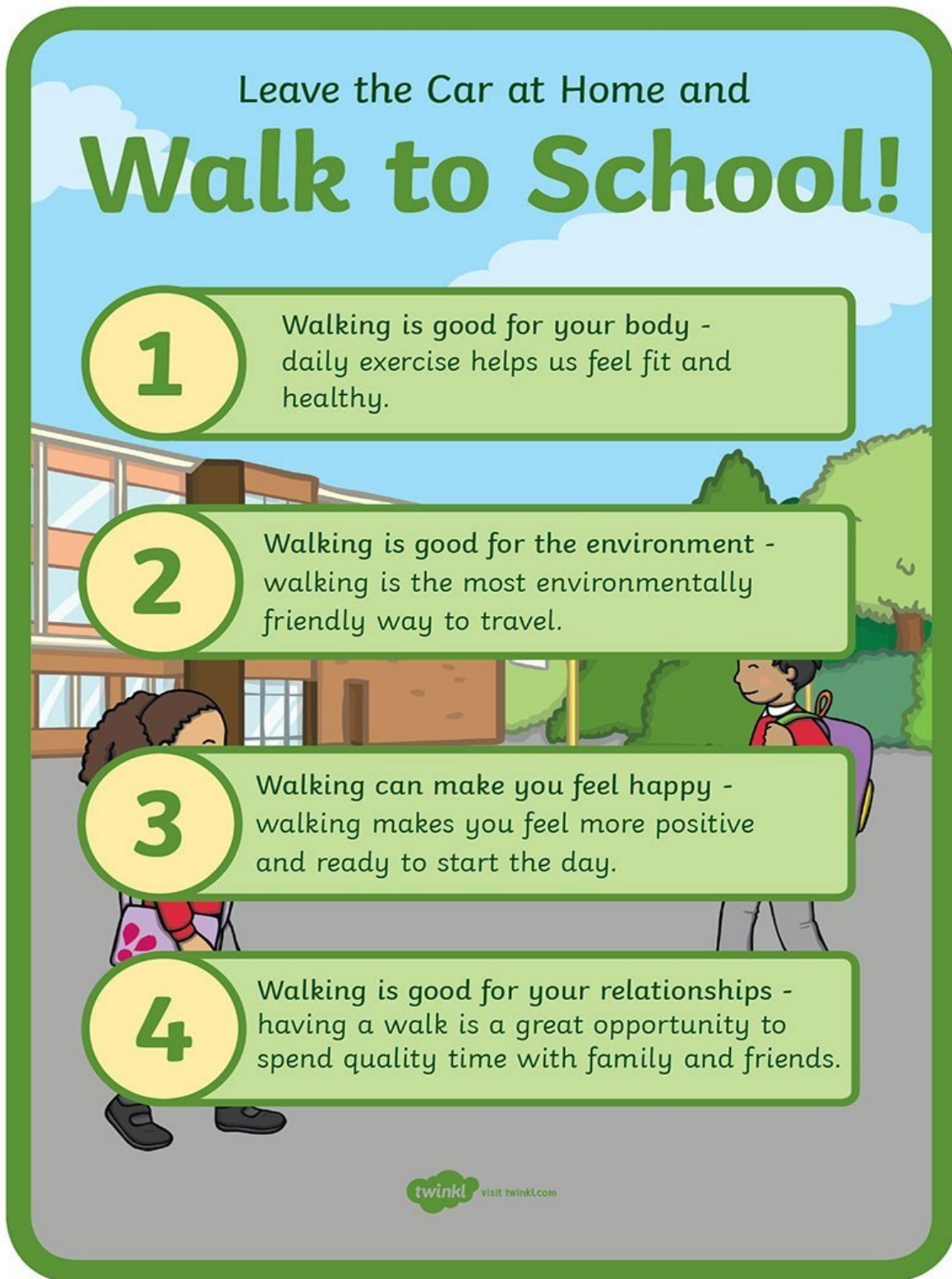
CHEST TIGHTNESS
They may describe a tight feeling or squeezing within their chest

INCREASED USE OF THE RELIEVER INHALER
The child or young person will use their reliever inhaler more frequently during an attack. It is important that their asthma action plan is followed, and that medical help is called if they are not improving.

How do I manage a Pupil having an asthma attack?



Appendix 7- Walk to school poster

A poster titled "Walk to School!" with a light blue sky and green trees background. It features four numbered points in green rounded rectangles. At the bottom, there is a cartoon illustration of a girl and a boy walking towards a school building. The girl is on the left, wearing a red shirt and a pink patterned bag. The boy is on the right, wearing a red shirt and a purple backpack. The school building is in the background with large windows and a brown roof. The text is in a clean, sans-serif font. The number 1 is in a yellow circle, and the numbers 2, 3, and 4 are in green circles. The text for each point is in a green rounded rectangle. At the bottom center, there is a small logo for "twinkl" with the text "visit twinkl.com" next to it.

Leave the Car at Home and

Walk to School!

- 1** Walking is good for your body - daily exercise helps us feel fit and healthy.
- 2** Walking is good for the environment - walking is the most environmentally friendly way to travel.
- 3** Walking can make you feel happy - walking makes you feel more positive and ready to start the day.
- 4** Walking is good for your relationships - having a walk is a great opportunity to spend quality time with family and friends.

twinkl visit [twinkl.com](https://www.twinkl.com)

Appendix 11- Template individual healthcare plan



Template individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

www.beatasthma.co.uk



Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

www.beatasthma.co.uk

Appendix 12- Parent information form and Opt out use of Emergency inhaler in school.

Dear Parent

We are reviewing our asthma policy which recommends that our school keeps a asthma register for children who have asthma. We also have an emergency relief inhaler that can be used for any child within school who has a diagnosis of asthma or has been prescribed a reliever inhaler.

Your child will still need their own reliever in school which is clearly labelled with their name/expiry date and instructions/dose.

Please fill out the form below with information about your child to help us update our records.

If your child does not have a spacer or have had an asthma review in the last 12 months, please arrange an appointment with your GP Practice.

Many thanks

Yours sincerely

		Please tick
I can confirm that my child has been diagnosed with asthma		
I can confirm that my child has been given a reliever inhaler		
I can confirm that I have supplied a reliever inhaler and spacer which is clearly labelled with my child's name /dose and expiry date.		
I have filled in the school asthma plan form and returned it to school		
Please tick if you DO NOT wish your child to use the school relief inhaler in an Emergency		
Print name Name of child	Sign Class/group	Date

Appendix 13- Asthma medication poster example



Children's Health Ireland

ASTHMA INHALERS AND DEVICES

M McDonald, E Walls, N Kilcullen, M Devitt, C Carrig, B Elnazir, Paediatric Respiratory Department, Tallaght University Hospital
Design and Photography by Medical Photography and Illustration Department, Tallaght University Hospital



Tallaght University Hospital
Cúrsaigh Oideolaíochta
Cúrsaigh Oideolaíochta



ASTHMA SOCIETY IRELAND

INHALED CORTICOSTEROIDS

 <p>Beclometasone 50, 100, 200, 250 mcgs Beclazone CFC Free Inhaler</p>	 <p>Beclometasone 50, 100, 200, 250 mcgs Beclazone Easi-breathe</p>	 <p>Beclometasone 50, 100, 250 mcgs Becotide Evohaler</p>	 <p>Budesonide 100, 200, 400 mcgs Pulmicort Turbohaler</p>
 <p>Ciclesonide 80, 160 mcgs Alvesco Inhalation Aerosol</p>	 <p>Fluticasone 50, 100, 250, 500 mcgs Flixotide Diskus</p>	 <p>Fluticasone 50, 125, 250 mcgs Flixotide Evohaler</p>	 <p>Mometasone Furoate 200, 400 mcgs Asmanex Twisthaler</p>

COMBINATION INHALERS

 <p>Budesonide/Formoterol 80/4.5, 160/4.5, 320/9mcgs Bufomix Easyhaler</p>	 <p>Budesonide/Formoterol 160/4.5 mcgs, 320/9mcgs DuoResp Spiromax</p>	 <p>Budesonide/Formoterol 100/6, 200/6, 400/12 mcgs Symbicort Turbohaler</p>	 <p>Fluticasone/Formoterol 50/5, 125/5 mcgs Flutiform K-haler</p>	 <p>Fluticasone/Formoterol 50/5, 125/5, 250/10 mcgs Flutiform pMDI</p>	 <p>Fluticasone/Vilanterol 92/22 mcg, 184/22 mcg Relvar Ellipta</p>
 <p>Salmeterol/Fluticasone 50/500 mcgs Aerivio Spiromax pMDI</p>	 <p>Salmeterol/Fluticasone 50/250, 50/500 mcgs AirFluSal Forspiro</p>	 <p>Salmeterol/Fluticasone 25/125, 25/250 mcgs Sereflo pMDI</p>	 <p>Salmeterol/Fluticasone 50/100, 50/250, 50/500 mcgs Seretide Diskus</p>	 <p>Salmeterol/Fluticasone 25/50, 25/125, 25/250 mcgs Seretide Evohaler</p>	 <p>Salmeterol/Fluticasone 25/125, 25/250 mcgs Sirdupla pMDI</p>

SHORT ACTING BRONCHODILATORS

 <p>Ipratropium 20 mcgs Atrovent pMDI</p>	 <p>Salbutamol 100 mcgs Salamol Easi-breathe</p>	 <p>Salbutamol 100 mcgs Salpul pMDI</p>	 <p>Salbutamol 200 mcgs Ventolin Diskus</p>	 <p>Salbutamol 100 mcgs Ventolin Evohaler</p>	 <p>Terbutaline 500 mcgs Bricanyl Turbohaler</p>
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LONG ACTING BRONCHODILATORS

 <p>Formoterol 12 mcgs Foradil Aerolizer</p>	 <p>Formoterol 6, 12 mcgs Oxis Turbohaler</p>	 <p>Salmeterol 50 mcgs Serevent Diskus</p>	 <p>Salmeterol 25 mcgs Serevent Evohaler</p>	 <p>Tiotropium 2.5 mcgs Spiriva Respimat</p>
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SPACER DEVICES

 <p>Able spacer 2/ A2A/ with mask</p>	 <p>Aerochamber</p>	 <p>Aerochamber with Mask</p>	 <p>Babyhaler</p>	 <p>Free-breath with mask / mouthpiece</p>	 <p>Volumatic</p>
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Prescribe medication according to product license and evidence based guidelines

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References and Resources.

<https://www.beatasthma.co.uk>

[Report template - NHSI website \(england.nhs.uk\)](#)

[National-bundle-of-care-for-children-and-young-people-with-asthma-resource-pack-September-2021.pdf \(england.nhs.uk\)](#)

[Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](#)

[Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](#)

[Walk to School | Living Streets](#)

<https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>

[About Air Pollution - Defra, UK](#)