



## Supporting Children and Young People's Health: Improving Asthma Care Together

### Annual Knowledge Refresher and Resource Pack



This pack has been produced in response to requests from people supporting children and young people with asthma who wish to keep their knowledge up to date after completing the Tier 1 training.

As per guidance in the National Bundle of Care for Children and Young People with Asthma, individuals are not required to complete Tier 1 eLearning more than once in a 24-month period. However, we appreciate the importance of refreshing knowledge and skills when working with children and young people with asthma, so this resource is designed to act as a reference guidance in the interim.

We recommend that senior leaders / training managers ask all staff to refer to this guide and sign to confirm they have refreshed their knowledge **a maximum of 12 months** after completing the online learning. Signed copies should be retained in individual training records.



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## What is asthma?

Think about the children and young people you know and work with:

- How many of them have asthma?\*
- Do you understand the effect their asthma has on their lifestyle?
- Can you recognise their asthma symptoms when they occur?

*\*Children under 5 may not have received a formal diagnosis but you may be aware of ongoing symptoms such as a cough, exercise-induced wheeze etc.*

You may find it useful to note down any children in your class / group / setting who have asthma here:

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Asthma is:

- A medical condition that affects the airways. The lining of the airways can become swollen due to inflammation, which makes them narrow and sensitive.
- Variable – it may be worse at certain times.
- Disruptive – it can affect children’s sleep, concentration, and behaviour.
- Often affected by **triggers**, e.g. pollen, animals, dust, or certain foods.

Asthma is not:

- Curable. It may become well-controlled and symptoms can disappear, but it is important to remember it can return at any point in childhood, adolescence, or adulthood.
- Always as well managed as it could be. Delays in receiving treatment and seeking medical help can lead to severe asthma attacks, increasing the risk of a life-threatening situation (*Royal College of Physicians [RCP], 2014*), **which is why it is so important to be aware of symptoms and know what to do in an emergency.**



## Symptoms of asthma

**Cough** will usually be a dry cough, although a productive cough (a cough that brings up phlegm) may appear and last for several weeks when children have a cold or chest infection.

**Shortness of breath** refers to feeling breathless - a child or young person with asthma feels as if they cannot catch their breath.

This often happens during exertion and can stop children and young people from joining in with games or activities.



**Wheeze** occurs when the airways narrow in response to exposure to a trigger. The air makes a high-pitched noise as it travels through the narrowed airway.

A wheeze can be difficult to define and many other breathing sounds may be mistaken for it.

**Chest tightness** occurs when the muscles around the airways tighten, making breathing difficult. This often occurs during or after exercise.

Children, especially those who are very young, may find it difficult to describe. They may say that their chest "hurts" or that it feels like someone is sitting on their chest.

It is important to understand the symptoms of asthma and recognise instances when they may change or worsen. PE lessons, strenuous activities, and outdoor play in different seasons (e.g. very cold weather, or in spring / summer when the pollen count is high) may be common **triggers** for worsening asthma symptoms.

Triggers may be **allergic** (allergens) or **non-allergic**.

Allergens may include:

[Dust mites](#)

[Animals](#)

[Pollen](#)

[Mould](#)

[Foods](#) (*children who have food allergies **and** asthma may be at risk of more severe reactions*)

[Latex](#) - *be aware of this if using disposable gloves for first aid etc, particularly if a child has a known **fruit** allergy*

Non-allergic triggers

Infections

[Smoke](#)

Exercise

Fumes / pollution

Stress / emotions

Hormones

Follow the links above to find out more about particular triggers.



## Asthma control

When their asthma is under control, a child or young person should be able to lead a normal life. If not properly controlled, it can have a detrimental impact on their lifestyle or be a danger to their health.

We tend to categorise asthma control at three levels:



CYP with **uncontrolled asthma** are at high risk of an asthma attack – contact parents if you notice any of the following signs:

- Noticeable symptoms every day
- Using reliever (blue) inhaler once a day or more
- Symptoms triggered by simple exertion, e.g walking up stairs
- Frequent absence from school due to asthma



CYP may have **poorly controlled asthma** if they experience symptoms and / or use their reliever inhaler three times a week or more. You may notice they struggle with exercise or complain of disturbed sleep.

Be aware of worsening symptoms and flag anything that worries you with a parent/carer. Ensure you, and anyone supporting the child, knows what to do in the event of an asthma attack.

Occasionally, poor asthma control can indicate a safeguarding issue – if you are worried, discuss your concerns with your DSL.



When asthma is **under control** there should be:

- No (or minimal) symptoms
- No asthma attacks
- No (or minimal) use of reliever inhaler
- No sleep disturbance
- Full ability to participate in everyday and leisure activities

However, always ensure the CYP has their reliever inhaler available.

You may see a similar format to this traffic light model used in a child or young person's Personalised Asthma Action Plan (PAAP). Plans will often contain information and treatment plans for three different scenarios:

Everyday asthma care

When I feel worse

In the event of an asthma attack

If a child or young person **does not have a PAAP** available to those who support them, speak to parents/carers ASAP and request this be provided.



## What does a PAAP look like?

Asthma plans may look slightly different depending on the template used and the age of the child or young person. However, you can usually expect something like this for school-age children:

**1 My every day asthma care**

**I need to take my preventer inhaler every day.**

It is called: \_\_\_\_\_

and its colour is: \_\_\_\_\_

I take \_\_\_\_\_ puff/s of my preventer inhaler in the morning and \_\_\_\_\_ puff/s at night. I do this every day even if my asthma's OK

**Other asthma medicines I take every day:**

\_\_\_\_\_

**My reliever inhaler helps when I have symptoms.**

It is called: \_\_\_\_\_

and its colour is: \_\_\_\_\_

I take \_\_\_\_\_ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.

**“ If I need my reliever inhaler (usually blue) when I do sports or activity, I need to see my doctor or my asthma nurse. ”**

**2 My asthma is getting worse if...**

- I wheeze, cough, my chest hurts, or it's hard to breathe **or**
- I need my reliever inhaler (**usually blue**) three or more times a week **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my GP or nurse).

**If my asthma gets worse, I will:**

- Take my preventer medicines as normal
- And also take \_\_\_\_\_ puff/s of my reliever inhaler (**usually blue**) every four hours if needed
- See my doctor or nurse within 24 hours if I don't feel better.

**URGENT!**  
If your reliever inhaler is not lasting four hours, you need to take emergency action now (see section 3)

**Remember to use my spacer with my inhaler if I have one.**  
If I don't have one, I'll check with my doctor or nurse if it would help me.

Other things my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)

\_\_\_\_\_

**3 I'm having an asthma attack if...**

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts.

**If I have an asthma attack I will:**

1. Call for help. Sit up – don't lie down. Try to keep calm.
2. Take one puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I am worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

**“ Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today. ”**

From Asthma + Lung UK template, downloadable [here](#)

The PAAP should also include other key information, such as:



Child or young person's name

Date the PAAP was updated and when it will be reviewed



GP, Asthma Nurse, and / or other Healthcare Professional contact details

Details of any known triggers





## Asthma medication

Asthma is usually treated with preventer and reliever medication.

**Preventer** medication needs to be taken once or twice (depending on prescription) every day, even when child or young person is well. The effects build up over time so users may not notice an immediate effect when the medication is taken.

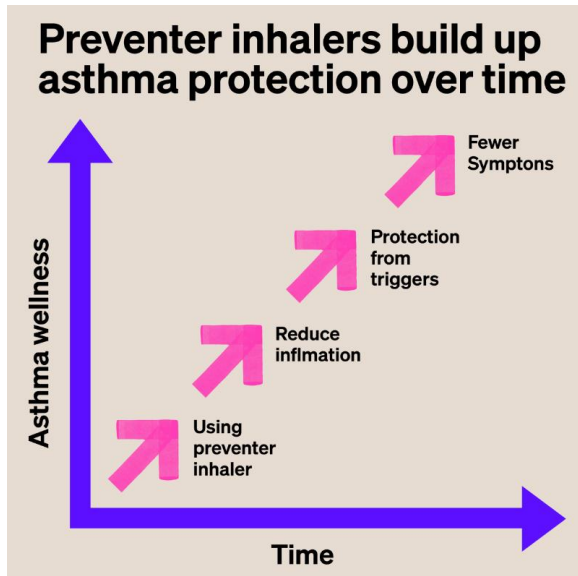


Image from Asthma + Lung UK

**Preventer medication** is usually given by inhaler. There are many different types of inhaler device but you may often hear the preventer inhaler referred to as '**the brown inhaler**' (most are brown, but not all!)

Preventers control swelling and inflammation in the airways. This helps keep the lungs working at normal levels and stops the airways from being so sensitive, which reduces the risk of asthma attacks.

**All asthma sufferers will need preventer medication.** Most children and young people will take it at home in the morning and / or evening so remember to check they have it with them on any **overnight trips**.

**Reliever** medication should only be used when experiencing symptoms or in the event of an asthma attack. The effects last about 4 hours.

**Reliever inhalers** are essential emergency tools for relieving symptoms and treating asthma attacks. They are usually **blue** and **must be available to the child at all times**. There are different types but the traditional MDI inhaler should be used with a **spacer**.

Relievers are rapid action medicines that quickly relax the muscles surrounding the tightened airways. They help the airways open wider and make it easier to breathe again. This can be life-saving in the event of an asthma attack.

If reliever inhalers are kept in school / in your setting, remember to **regularly check expiry dates** – they should usually be replaced **6 months after opening**.





## Asthma Attacks

An asthma attack can be very frightening for the person experiencing it, and for those around them. It is important for adults supporting children and young people with asthma to recognise the signs and symptoms that may precede an attack, and to know what to do if an attack occurs.

### Common signs and symptoms that an asthma attack may occur:

- ▶ **Coughing**
- ▶ **Wheezing**
- ▶ **Difficulty breathing / breathlessness**

**Not all children and young people will exhibit the same symptoms – it is important to refer to the PAAP for details of any known signs or symptoms.**

Less obvious signs may include:

- ▶ A child or young person that is unusually quiet
- ▶ Complaints of a painful / tight chest or tummy ache
- ▶ Difficulty speaking or walking - unable to speak in full sentences
- ▶ Babies that are unable to feed comfortably

## What do I do if an asthma attack occurs?

### 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.



The image above (produced by Asthma UK) shows the key steps you need to take in the event of a child or young person having an asthma attack. The following resources explain the steps in more detail:

[Asthma + Lung UK – what to do if someone has an asthma attack \(video\)](#)

[Asthma + Lung UK – asthma attacks \(webpage\)](#)

A child or young person's parents/carers should **always** be contacted in the event of an asthma attack, even if the child recovers quickly. An appointment with the child's GP should be made as soon as possible after an attack as they may require a review.





## Supporting children and young people to use inhalers

There are many different types of inhaler device and each child or young person should have been taught how to use theirs by a health professional. The way an inhaler should be used will vary depending on the device and the child or young person.

On the next page you will find links to videos demonstrating how to use a range of different inhalers. It is important to familiarise yourself with each child or young person's inhaler to ensure you know what type you are dealing with – if you are unsure, always check with the child's parent/carer, or contact your local School Health and Wellbeing service (where appropriate) for further guidance.

### Before looking at the videos, please read the following guidance on spacers:

- ✓ Infants and young children (up until about age 4) will need **a spacer and face mask** if using a Metered Dose Inhaler (MDI)
- ✓ School age children, adolescents, and young people **should use a spacer** if using an MDI
- ✓ From about age 12, young people can use a wider range of inhalers. Many will choose a Dry Powder Inhaler (DPI) as these are considered more environmentally friendly, and do not require a spacer.

**However**, in the event of an asthma attack, a DPI inhaler is much less effective as the young person may not be able to take a forceful enough breath in.

Therefore, **if an asthma attack occurs, every effort should be made to use an MDI plus a spacer**. A DPI inhaler should only be used if an MDI and spacer are not available.





## Inhaler technique resources

You will already have watched some inhaler technique videos as part of your original Supporting Children and Young People's Health training. If you would like to refresh your knowledge, or now have children in your care who use different / new devices, we would recommend visiting the **Asthma + Lung UK 'How to use your inhaler'** page by clicking the image below. This page includes videos for a range of inhaler devices and spacers.



It can be helpful to **watch the videos with the child or young person** to make sure you are both confident with the technique. Remember to check they also understand how to use their spacer (where applicable).

We have also included some direct QR code links below to technique videos for some common inhaler types you might have in your setting. These can be accessed on your phone so can be helpful if a child is unsure of what to do in the event of their symptoms occurring.





## Knowledge Check

Can you answer 'yes' to the following statements? *Statements in italics refer specifically to your setting.*

When you feel confident with each area, sign and date below to indicate that you have updated your knowledge and understanding – you may wish to print out this page to keep in your training record.

I understand what asthma is, and how it affects the airways

I can recognise common signs and symptoms of asthma

I know what is meant by uncontrolled asthma, poorly controlled asthma, and asthma that is under control

I understand that a Personalised Asthma Asthma Plan (PAAP) should detail how to manage a child's asthma when it is well-controlled and explain what to do when symptoms worsen

*I have checked that all CYP with asthma in my setting have a PAAP available to staff / I have asked parents to provide this*

I understand what is meant by preventer and reliever medication and know when and why each type is used

*I have checked that all reliever inhalers kept in my setting are named and in date / have requested replacements*

I know what to do in the event of an asthma attack

I understand that spacers help inhaled medication to be administered more effectively and so should be used by children aged up to 12, and always in the event of an asthma attack (as far as possible)

I know where to find information and guidance to help support children and young people to use their inhalers correctly

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_



## Further Resources

If you still have questions about how to support children and young people with asthma, or would like to find out about any aspects of care and support in more detail, we recommend visiting the following websites:

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

<https://georgecoller.co.uk/>

<https://www.allergyuk.org/>

<https://www.nhs.uk/conditions/asthma/>

<https://www.e-lfh.org.uk/programmes/children-and-young-peoples-asthma/>

## Device information sheets ([www.beatasthma.co.uk](http://www.beatasthma.co.uk))

[How to use an Aerochamber spacer with a mask](#)

[How to use a child's Aerochamber spacer with a mouthpiece](#)

[How to use a large volume spacer with a mask](#)

[How to use a child's larger volume spacer](#)

[How to use Easibreathe](#)

[How to use Easyhaler](#)

[How to use a turbohaler](#)

[How to use a peak flow meter](#)

*Please note, all links and information are correct at the time of publication but may be updated at any time in line with new guidance.*