Asthma

Policy

St Luke's Primary School

'Love God. Love your neighbour as yourself: be the Good Samaritan. Luke 10:25-37

September 2024

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Asthma Policy

All students at *St Luke's Primary School* who are known to have asthma will be supported by the implementation of Asthma standards.

1. **We have a clear policy on Asthma Management in place**

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3. **Asthma training is accessed by all staff on an annual basis**

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Introduction

An Asthma Friendly school

We are an asthma friendly school and have gained asthma friendly status for our care of students with asthma. This means we advocate inclusion, are clear on our procedures and have designated asthma leads to ensure these are adhered to. We commit to audit our procedures yearly. This policy will be reviewed annually by the Inclusion Manager Monica Dickman.

We welcome parents and students views on how we can continue to improve and build upon our standards.

St Luke's Primary School recognises that asthma is a prevalent, serious but manageable condition. At St Luke's we welcome all students with asthma. This policy was drawn up in consultation with parents, students, School Nurses, Local authority, school governors and health colleagues.

We ensure all staff are aware of their duty of care to Students. We have a "whole school" approach to regular training so staff are confident in carrying out their duty of care. We have two asthma leads they are:

1. Monica Dickman

2. Janet Johnson

Asthma Leads ensure procedures are followed and a 'whole school' approach to training is delivered on a yearly basis.

This policy reflects the requirements of two key documents

1**. Supporting Pupils at school with medical conditions (2014**) and

2**.Guidance on the use of emergency salbutamol inhalers in schools** (2015)

This policy sets out how we as a school support students with asthma. We work closely with students, parents and health colleagues to ensure we have robust procedures in place for the administration, management and storage of asthma inhalers at school. We will keep parents/guardians informed if their child has had medication during the school day.

Parents are required to ensure the school is aware of their child's needs. Parents should assist in the completion of their child's school asthma plan and also provide school with two named inhalers and spacers.

It is the responsibility of parents/guardians to ensure all medication is in date and that school are kept informed of any changes to your child's medication/care needs throughout their time at school.

School staff are not obliged to administer medication. However at this school some staff is happy to do this. School staff are insured to administer medication under the London Borough of Islington Insurance Policy.

Students with asthma are fully integrated into school life and are able to participate fully in all activities including PE. Students require open and immediate access to their reliever medication (inhaler) at all times; we have clear procedures in place that facilitate this. Where students carry their own inhalers it is essential parents provide school with a spare.

2. Record Keeping

It is a parent/guardians responsibility to inform school on admission of their child's medical condition and needs. It is also important that school are informed by parents of any changes. School will keep an accurate record of each occasion a student is given or supervised taking their inhaler. **(Record of administration template Appendix 1)** Details of the supervising staff member, student, dose, date and time are recorded. Parents will be informed if a student uses their inhaler more than 3 times a week in excess of their usual requirements e.g. If a student normally uses their inhaler pre or post exercise this would be recorded, if they also require their inhaler in addition to this 3 times or more a letter should be sent to their parent informing them of this **(Appendix 2)**. If a pupil refuses to have their inhaler, this is also recorded and parents are informed as soon as possible. **(Appendix 3)**

This school keeps an asthma register **(Appendix 4)** so we can identify and safeguard students with asthma; this is held in the staffroom, medical room and school office. Students with asthma will have a School asthma plan. **(Appendix 5)** This is written jointly between health, education and parent/student.

In the event a student's inhaler and spare inhaler are unavailable/ not working we will use the schools emergency inhaler (if the parent/guardian has consented) and inform the parent as soon as possible. Consent to use emergency inhalers should be recorded on the asthma register. **(Appendix 6)**

3. Parents are responsible for

- Informing the school if their child has asthma
- Ensure the school has a complete and up-to-date asthma plan for their child.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines the child requires while taking part in visits, outings, field trips and other out-of-school activities such as school sports events.
- Inform the school of any changes to their child's condition.
- Ensure their medicines and medical devices are labelled with their full name and date of birth, in the original pharmacy packaging.
- Ensure that their child's medicines are within their expiry dates.
- If their child is off school they catch up on any school work they have missed.
- Ensure their child has regular reviews (usually every 3 months) with their doctor or specialist healthcare professional.

- Ensure their child has a written self-management plan from their doctor or specialist healthcare professional and they share this with school.

- It is the parent's responsibility to ensure new and in date medicines come into school on the first day of the new academic year.

4.Teaching Staff responsibilities

- Read and understand the school's asthma policy

- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency

- Know which students have asthma and be familiar with the content of their individual health plan

- Allow all students to have immediate access to their emergency medicines

- Maintain effective communication with parents including informing them if their child has been unwell at school

- Ensure students who carry their medicines with them, have them when they go on a school trip or out of the classroom

- Be aware that asthma can affect a student's learning and provide extra help when needed

- Be aware of children with asthma who may need extra social support

- Liaise with parents, the student's healthcare professionals, and special educational needs co-coordinator and welfare officers if a child is falling behind with their work because of their condition

- Use opportunities such as PSHE to raise pupil awareness about asthma **(Appendix 7 – SUFA contact details, Sally Martin HWB contact details)**

- Understand asthma and the impact it can have on students. (Students should not be forced to take part in activity if they feel unwell) If school identify a pattern or are concerned about an individual student they will inform parent/guardian and advise medical advice should be sought.

- Ensure students with asthma are not excluded from activities they wish to take part in

- Ensure students have the appropriate medicines with them during activity or exercise and are allowed to take it when needed

Schools Asthma Lead /Champions responsibilities

Asthma Lead 1 and Asthma Lead 2 are delegated responsibility by the head teacher to ensure:

- Schools have an adequate supply of Emergency kits and know how to obtain these from their local pharmacy.
- Procedures are followed
- All children on the register have consent status recorded, an inhaler, a spacer and a care plan.
- Expiry dates are checked monthly and impending expiry date are communicated to parent/guardian.
- Replacement inhalers are obtained before the expiry date
- Empty/out of date Inhalers are disposed of
- Register is up-to date and accessible to all staff
- Training is up-to-date
- Audit process' bi annually **(Appendix 8 audit checklist)**
- Individual spacers are washed regularly according to instructions; care should be taken not to muddle the components as this could pose a risk to the allergic child.
- Emergency kits are checked regularly and contents replenished immediately after use
- The blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant Emergency kit after use
- Asthma Lead/s are confident to support in an emergency situation

6. All Staff responsibilities:

- Attend asthma training yearly
- Know what the procedures are and which students have asthma, be familiar with their care plan.
- Communicate parental concerns and updates to the asthma champions.
- Staff must inform the Asthma Lead/champion if a school emergency inhaler has been used
- Staff must record inhaler usage
- Staff must also record the usage in the main asthma register located in the school office stating that it is the schools Emergency Inhaler that has been used.

- All students with asthma must have easy access to their reliever inhaler and spacer
- All students are encouraged to carry and administer their own inhaler when their parents and health care provider determine they are able to start taking responsibility for their condition.
- Students, who do not carry and administer their own emergency medicines, should know where their inhalers are stored.
- All staff attending off site visits should be aware of any students on the visit with asthma. They should be trained about what to do in an emergency.
- If a student misuses medicines, either their own or another student, their parents will be informed as soon as possible and they will be subject to the school's usual disciplinary procedures.

8. Safe storage - emergency medicine

- Emergency medicines are readily available to students who require them at all times during the school day whether they are on or off site.

- Students who are self-managing are reminded to carry take their inhalers and spacers with them at all times.

9.Safe storage - general

- All inhalers are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the student's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency.

- Medicines are stored in accordance with instructions paying particular note to temperature

- All inhalers and spacers are sent home with students at the end of the school year. Medicines are not stored in school over the summer holidays

10.Safe disposal - https://www.gov.uk/waste-carrier-or-broker-registration

Parents are responsible for collecting out of date medicines from school

A named member of staff is responsible for checking the dates of medicines and arranging for the disposal of those that have expired. This check is done at least three times a year.

This school is registered as a lower tier waste carrier so we can dispose of expired emergency inhalers.

Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years.

11. PE/Activities

St Luke's Primary School ensures that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to students with asthma.

PE teachers will be sensitive to students who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents should be made aware so medical help may be sought.

This includes out of school visits we ensure these visits/trips are accessible to all students.

Children and young people with asthma will have equal access to extended school activities school productions, after school clubs and residential visits.

Staff will have training and be aware of the potential social problems that students with asthma may experience and this enables us to prevent and deal with problems in accordance with the school's anti bullying and behaviour policies**.**

Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of asthma amongst students and to help create a positive social environment and eliminate stigma. School staff understand that pupil's with asthma should not be forced to take part in activity if they feel unwell.

Staffs are trained to recognize potential triggers for pupil's asthma when exercising and are aware of ways to minimize exposure to these triggers.

PE teachers should make sure students have their inhalers with them during PE and take them when needed, before during or after PE.

Risk assessments will be carried out by the class teacher or trip leader for any out of school visit and asthma is always considered during this process. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency. We recognize there may be additional medicines, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.

In an emergency situation school staff are required under common law duty of care, to act like any reasonably prudent parent. This may include administering medicines. We have posters on display in school that reiterates the steps to take during an emergency.

12. School Environment

The school environment is to as great an extent as possible kept free of the most common allergens that may trigger an asthma attack. Smoking is explicitly prohibited on the school site. We are aware that chemicals in science, cookery and art have potential to trigger an asthma response and will be vigilant of any student who may be at risk from these activities. We will not exclude students who are known to have specific chemical triggers but will endeavour to seek an alternative. Cleaning and grass cutting should as far as possible be carried out at the beginning or end of the school day.

14.Students who miss time off school due to their asthma

As a school we monitor students absence. If a student is missing a lot of time off school due to their asthma or we identify they are constantly tired in school, staff will make contact with the parent to work out how we can support them. The school may need to speak with the School Nurse or health professional to ensure Students asthma control is optimal.

15. Asthma Attacks

Staff are trained to recognise an asthma attack and know how to respond. The procedure to be followed is clearly displayed on posters in the staff room and office as a reminder. Please also see page 26. If a child has an asthma attack in school a member of staff will remain with them throughout, ***(No student will ever be sent to get their inhaler in this situation, the inhaler must be brought to the student)*** and administer their inhaler in accordance with the emergency procedure. Emergency services and parents will be informed. A member of staff will accompany the student to hospital until their parent/care giver arrives.

Where To find more information –

http://www.asthma.org.uk

School Nurse Contact details:
Highbury Grange Medical Practice
1-5 Highbury Grange
Islington
London
N5 2QB
Telephone: 020 7226 2462

Asthma clinical Nurse Specialist:
Laura Hale/Ashley O'Donell
Asthma/Allergy Paediatric Clinical Nurse Specialist
Whittington Hospital
07770704082

Children's Community Nurses Team
Northern Health Centre
580 Holloway Road,
London
N7 6LB
Telephone: 0203 316 1800

Link to explain the function of reliever and preventer Inhalers.

https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=7&cad=rja&uact=8&ved=0ahUKEwie3uDenNzKAhXBiQ8KHbd9BIcQtwIIMjAG&url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3D2ur1XreTiNg&usg=AFQjCNF5gpP0Gn3Rsd5v3bZoax7sJ1DfEQ&bvm=bv.113034660,d.ZWU

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

(Appendix 1)

Record of inhaler administered to children In Primary School

Name of school/setting	

Date	Child's name	Time	Name of medicine	Dose given	Spacer cleaned	Signature of staff	Print name

Parents should be notified if a student is using their Inhaler more frequently than 3 times per week more than stated on their care plan. (For example some students will use their inhaler routinely before PE).

Please be aware of those students who carry their own inhaler and self-medicate.

(Appendix 2)

SPECIMEN LETTER TO INFORM PARENT OF INCREASED INHALER USAGE (3X MORE) THAN STATED ON ASTHMA PLAN

SCHOOL NAME HERE –

Date

Dear _____

Childs Name _____has required their reliever inhaler on the following occasions this week

Monday (date) – state am or pm ☐

Tuesday (date) – state am or pm ☐

Wednesday (date) – state am or pm ☐

Thursday (date) – state am or pm ☐

Friday (date) – state am or pm ☐

We have been advised to inform you of this in line with our asthma policy as you may wish to take your child to see their GP or practice nurse for a review.

(Appendix 3)

SPECIMEN LETTER TO INFORM PARENT OF STUDENT REFUSAL TO USE INHALER OR SPACER

SCHOOL NAME HERE

Date

Dear _____We need to inform you that

Students Name _____ has declined to use their inhaler today

We have been advised to inform you of this in line with our asthma policy as you may wish to discuss this with your child.

(Appendix 5) – School Asthma Plan

(Appendix 4) Asthma Register Template

Name	Class	DOB	Consent to use emergency inhaler

Whittington Health NHS

NHS Islington Clinical Commissioning Group

School asthma plan

Name: _____ Class: _____

My **reliever** inhaler: NAME _____ (COLOUR)

I take ___ puffs of my **reliever** inhaler using a spacer.

My **preventer** inhaler: NAME _____ (COLOUR)

I only use my **preventer** inhaler when I am at home.

☐ When my inhaler(s) are running low, my parent/guardian or I will replace it/them.

Affix child's passport size photo here

If I need to use my **reliever** inhaler more than two times a week, please advise my parent/guardian so they can organise a review with my asthma nurse/GP.

When I have an asthma attack:

- ☐ I start coughing
- ☐ I start wheezing
- ☐ I find it hard to breathe
- ☐ My chest becomes tight
- ☐ Other (describe below):

_____

_____

I may need to take my reliever:

- ☐ Before exercise
- ☐ After exercise
- ☐ When there is high pollen
- ☐ During cold weather
- ☐ Other (describe below):

_____

_____

Parent/guardian name: _____

Relationship to child: _____ Contact no.: _____

Parent/guardian signature: _____ Date: _____

Child's signature: _____

Important: *This is a generic asthma plan for school-aged children. If your child has a more detailed asthma plan, it is essential that the school is informed so they can keep your child safe.*

TIME
In an emergency, see poster overleaf

28th August 2015 V1

Appendix 6

PARENTAL CONSENT FORM: **(OPT IN)**USE OF EMERGENCY SALBUTAMOL INHALER
[Insert school name]

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma ☐

2. I can confirm my child has been prescribed an inhaler ☐

3. My child has a working, in-date inhaler, and Spacer clearly labelled with their name, which they will bring with them to school every day. ☐

4. If my child shows symptoms of asthma, or if their own inhaler is not available or is unusable…

   I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies. ☐

Signed: Date: ……

Name (print)……

Child's name: …….

Class: ……

Please note everyone with asthma should use a spacer with their inhaler to ensure delivery to the lungs. If your child does not have a spacer or has not had an asthma review in the past 12 months please book an appointment with you GP.as soon as possible.

Appendix 7

Where to find more information –

http://www.asthma.org.uk

School Nurse Contact details:
Highbury Grange Medical Practice
1-5 Highbury Grange
Islington
London
N5 2QB
Telephone: 020 7226 2462

Asthma clinical Nurse Specialist:
Laura Hale/Ashley O'Donell
Asthma/Allergy Paediatric Clinical Nurse Specialist
Whittington Hospital
07770704082

Children's Community Nurses Team
Northern Health Centre
580 Holloway Road,
London
N7 6LB
Telephone: 0203 316 1800

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Appendix 8 – Audit Checklist

Asthma Friendly School Criteria		
School ……	**Name of contact** …….	**Borough** ……..
Standard 1 **Policy** Schools policy should be available to view, all staff should be aware of where it is kept.	**Details** Amended the Template policy to reflect internal procedures. All staff and parents are aware of the policy. (please note evidence source) Date for review Named contact that has responsibility for review of policy**.**	**Criteria Met** **Yes** **No** **Action**
Standard 2 **Asthma Register**	Register Should clearly state name and DOB of student. Consent to administer emergency medication should also be recorded. If prevalence was low (less than 10%) at initial audit a sweep of whole school should have been undertaken and register updated with newly identified students. Consent for use of emergency inhaler recorded on register Must be displayed in School office and	**Yes** **No** **Action**

	staffroom/common room with Emergency poster.	
Standard 3 **Emergency Kits/Procedures**	Emergency Kits (minimum of 2 in any school) conveniently located at key points throughout the school. Staff aware of where these are and have easy access to them. Emergency Kit for off - site activities/evacuation of building. Contains Checklist and clear procedures on monitoring use and contents. Parents are informed promptly if emergency kit is required and advised to bring child for review. Asthma Champion/ Leads are easily identified by staff members	**Yes** **No** **Action**
Standard 4 **Individual Health Care Plan (IHCP)** **Recording use of students medications**	Students have a care plan and know where it is kept – usually school office. IHCP signed by a Dr or Nurse. Records kept of medication usage and parents informed promptly of any	**Yes** **No** **Action**

Students who self-Manage **Storage of Inhalers/spacers**	incidents/usage outside of the IHCP. Check that if recording takes place in more than one location i.e. classroom and office – the record is amalgamated to clearly reflect frequency of use. Ideally there should be 1 record. Students should be encouraged to self-manage their condition where appropriate. Where students self-manage a spare inhaler and spacer ***mus***t be kept in school. Asthma medication and spacer is clearly labelled and stored in a cool Location Expiry dates are checked regularly by staff and Replaced when required. Inhaler is administered via a spacer Spacers are single person use	
Standard 5 **Whole School Training**	Asthma training should be taken up by the whole school – a minimum of 85% is required to achieve Kite Mark status.	**Yes** **No** **Action**

Appendix 9

Specimen Opt out letter

Dear Parent/Guardian

Due to a change in the law (Sept 2014), we are pleased to inform you that schools are now permitted to hold *emergency* Salbutamol inhalers.

At *St Luke's Primary School* we have reviewed our asthma procedures and will have an Emergency inhaler on site. This is a precautionary measure. You still need to provide your child with their own inhaler and spacer as prescribed.

We would like to notify you that if you have previously informed us that your child has asthma or has been prescribed a blue inhaler we will use the Schools Emergency inhaler in the unlikely event their regular inhaler fails to work or is missing.

If you **do not** wish for us to use the schools inhaler in an emergency please fill in the details below and return to school as soon as possible.

Child's name:
……
……
Class: ……
Date: ……

I **DO NOT** consent to my child using the schools emergency inhaler

Parent/Guardian Signature

_____

Please can you ensure your child brings in a working in-date inhaler and spacer for use in schoolthat has their name and date of birth on it.

Yours sincerely,

Appendix 10

The Emergency Kit - Checklist

An emergency asthma inhaler kit should include:	**Yes**	**No**	**Checked by/date**
A salbutamol metered dose inhaler			
At least two single-use plastic spacers compatible with the inhaler; ***Once used the plastic spacer should be sent home with the child who has used it. It cannot be used for another child***			
Instructions on using the inhaler and spacer/plastic chamber;			
Instructions on cleaning and storing the inhaler			
Manufacturer's information;			
A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;			
A note of the arrangements for replacing the inhaler and spacers			
A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans (asthma register with consent recorded)			
A record of administration (i.e. when the inhaler has been used).			
Pen			
Asthma Champions Details 1. 2.			

Appendix 11

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

SCHOOL NAME HERE

Child's name:
……

Class: ……

Date: ……

Dear……,

This letter is to formally notify you that……has had problems with their breathing today.

This happened when…….

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …… puffs.

Although they soon felt better, we would strongly advise that your child is seen by their own doctor as soon as possible.
Please provide a new unopened replacement spacer as soon as possible

Please can you ensure your child brings in a working in-date inhaler and spacer for use in school both should be clearly labelled with your child's name and date of birth.

Yours sincerely,

Repeat steps one to five for each puff. The doctor, nurse or pharmacist will tell you how many puffs are needed and how often you need to give it. Always check with them if you are not sure and ask them to write it down.

Remember, only put one puff of medicine into the spacer at a time. If you put in more than one puff, the droplets of spray stick together and coat the sides of the spacer which means your child won't breathe them in.

Top tips for babies

Giving babies their inhalers can be challenging. If you are finding it difficult to use a spacer and mask you can try the following:

- Play with the spacer before you need to use it, so that she/he gets used to the feel of it.
- Be positive and smile. Your baby will know if you are anxious.
- Try to avoid giving inhalers to your baby if they are crying as they won't get very much medicine.
- If your baby is wiggly, cuddle your baby on your knee or cradle them in your arms. You can tuck one of their arms out of the way, with your spare hand you can gently hold their other hand to stop them knocking the mask away.
- If you are using a volumatic spacer, hold the spacer at a 45 degree angle to keep the 'clicking' valve within the mouth piece open.
- Count out loud to 10 for each puff so they learn how long they need to tolerate it on their face for.
- At ten remove the mask from their face, congratulate them & make them feel very clever.
- Inhalers can be given to your baby when they are asleep.

Important contact details

The Whittington paediatric asthma nurse can be contacted directly on 020 7288 5676 or by calling the 020 7272 3070 and asking for bleep 2729. You can call the paediatric unit on 020 7288 5442

If you are under the care of community children's nursing team they can be contacted for advice:
Islington: 0203 316 1950 8.00 am-6.00pm
Haringey: 0208 887 4301 9.00 am – 5.00 pm

If you would like more information you can contact Asthma UK on 020 7786 4900 or 0800 121 6255 www.asthma.org.uk

Whittington Health
Magdala Avenue
London
N19 5NF
Phone: 020 7272 3070
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Review date: 01/12/2013
Ref: Pae/USD/1
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Please recycle

Whittington Health NHS

Using a spacer device with your child



A patient's guide

…. caring for you

Whittington Health NHS

Child having an asthma attack?

NHS Islington Clinical Commissioning Group

T – Think ?

Any of these signs:

- Coughing
- Wheezing
- Hard to breathe
- Tight chest
- Cannot walk/talk

Send someone to get inhaler and spacer

Stay with the child

Is this an emergency?

I – Intervene +

- Keep calm
- Reassure child
- Sit them up and slightly forward
- Is someone getting inhaler and spacer?
- Administer inhaler
- Note time of using inhaler

Is this an emergency?

M – Medicine



- Use blue inhaler
- Shake inhaler
- Place in spacer
- Spray one puff
- Take five breaths
- Repeat the above up to 10 times if needed
- If no improvement, call an ambulance

Is this an emergency?

E – Emergency 999

- If no improvement, or if you are worried or unsure, call 999
- If ambulance takes longer than 10 mins, repeat Medicine steps
- Note time of calling 999

School's postcode

Has child taken their inhaler?

When asthma strikes, it's TIME to act.

28 August 2015 V1

This leaflet will help you understand a spacer device, the benefits of using one, and how to use a spacer with your child.

What is a spacer?
A spacer is a plastic chamber, which helps to deliver medicine to the lungs. When inhalers and spacers are used together they make the medicine more effective.

An aerochamber plus
An aerochamber plus is a small colourful spacer. The orange and yellow ones have a mask. The flap in the mask should move when your child breathes in and out.

If it doesn't, reposition the mask to create a seal around their nose and mouth. When using the blue aerochamber with a mouth piece, if your child is breathing in correctly you should not hear a musical noise.



A volumatic
A volumatic is a large clear spacer and comes in two parts, it needs to be put together before use. Children under three years will need the mask to be attached onto the mouth piece.

Older children using the mouth piece should make the valve click each time they breathe in and out.



Why spacers are important?
Spacers are very important because

- Regardless of your child's age aerosol inhalers are not effective when used on their own, the spacer makes them more effective.

- If your child is prescribed a steroid inhaler (preventer medicine), spacers help to reduce the risk of oral thrush by reducing the number of large droplets that reach the mouth.

The risk of oral thrush can be further reduced by cleaning your child's teeth or wiping their face if using the mask after their preventer.

How to look after your spacer
When you first get the spacer, using a soft cloth, bowl of warm water & washing up liquid wash it inside and out (the aerochamber plus needs to be left in the soapy water for 15 minutes).

After cleaning remove the spacer from the soapy water. Rinse the mask / mouth piece in fresh water but do not rinse the inside of the spacer. Instead leave it to drip-dry. Washing spacers in this way stops the medicine from sticking to the sides. When the spacer is clean and dry allow your child to play with it.

Aerochamber plus spacers - need to be washed once a week following the guidance above. They should be replaced at least every two years if you use them every day.

Volumatic spacers - need to be washed once a month following the guidance above. They should be replaced at least every six months if you use them every day.

How do I use a spacer with my child?
- Shake the inhaler well.
- Fit the inhaler into the hole at the end of the spacer.
- If your child is three years old or above place the mouth piece between your child's teeth and get them to close their lips. For children under three years place the mask over their face to create a seal around the nose and mouth.
- Press the inhaler once and allow your child to take five breaths in and out of the spacer if your child is using the mouth piece. If your child is using a mask, count out loud to 10.
- Remove the spacer from your child's mouth / face.