

Hill Avenue Academy

In Association with:

Manor Multi-Academy Trust



Asthma Policy

The Royal Wolverhampton 
NHS Trust



Asthma Policy

Introduction

Asthma is a physical condition in which the air passages in the lungs become narrowed, making it difficult to breathe. In the UK, one in 11 children (1.1 million) have asthma.

It is the most common long-term medical condition and the predominant reason for children to take medication at school. Asthma causes more absence from school than any other condition. In the UK on average there are two children with asthma in every classroom. The UK has among the highest prevalence rates of asthma symptoms in children worldwide. Every 20 minutes a child is admitted to hospital in the UK because of their asthma.

All children have a right to manage their own asthma as best they can and be educated in an environment sensitive to their needs and supported by people who understand their condition. Well-controlled asthma does not usually cause problems at home or at school.

Emergency treatment may be required in ANY child with asthma when they are having an exacerbation (Asthma UK).

Accountabilities

At Hill Avenue Academy, we work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

The school nurse (Jackie Grady):

- offers asthma training to staff in schools on an annual basis.
- receives a bi-annual update on developments in asthma.
- assists in the completion of additional planning forms for asthma where appropriate.
- audits the asthma process in school.

Hill Avenue Academy:

- will supply the school with an emergency salbutamol inhaler and at least one Volumatic spacer device from a pharmacy and complete appropriate documentation and replace the emergency salbutamol inhaler prior to the inhaler expiry date.



- recognises the needs of pupils with asthma and the need for immediate access to the pupil's inhalers.
- will encourage and help children with asthma to participate fully in all aspects of school life and ensure that the school environment is favourable to all children with asthma.
- will encourage all children with asthma to have their own inhaler in school including a spacer device. In exceptional circumstances the child may have access to the emergency inhaler and spacer following this guidance and procedure.
- will take responsibility for the safekeeping of the emergency salbutamol inhaler. If the emergency salbutamol inhaler is misplaced it is the responsibility of the school to purchase a replacement from a pharmacy.
- All staff to have a clear understanding of what procedures to follow if a child has an exacerbation of their asthma including the use of the emergency salbutamol inhaler with spacer.
- All pupils with asthma have clear understanding of what they need to do if they are symptomatic including exacerbations.
- Emergency Inhalers for all pupils kept accessible at all times, and where appropriate e.g. pupils in K.S.2 upwards, are carried by the individual pupil.
- The school maintains a register of pupils with asthma and individual pupil health care plans (where appropriate) with emergency treatment detailed.

Staff training

All school staff will receive an annual update on asthma awareness and correct inhaler technique. Any new school staff will receive training on asthma awareness and correct inhaler technique as soon as possible after appointment. School nurses on request will deliver additional asthma training to school staff.

Management of asthma

Early administration of the correct reliever treatment will cause the majority of exacerbations to resolve completely. Pupils should generally be responsible for their own treatment with support as required.



Parents/Carers

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.

Parents/carers need to supply a labelled inhaler, and an Aerochamber/Volumatic spacer device. This is to be stored according to the school policy. Parents/carers need to provide the school with a copy of the asthma action plan provided by the GP/Consultant/Practice Nurse. Information is to be dated and signed by the parent/carer. Parent/carers must notify school in the event of any changes as soon as possible.

Hill Avenue Academy

Three salbutamol aerosol inhalers and disposable spacers will be supplied by the school. **This is intended to be emergency spare inhalers**, to be used for a child with asthma where there isn't access to his/her own salbutamol inhaler.

Once the spacer has been used, it is advised that the school ask the parent of the pupil to obtain a replacement from their own GP. The spacer may be washed and left to air dry whilst awaiting replacement.

Inhalers

There are many types and colours. Reliever inhalers are usually blue in colour and contain salbutamol. These are the inhalers normally seen at Hill Avenue Academy.

Aerosol Inhalers (Metered Dose Inhaler – MDI)

Aerosol inhalers or MDI's should ALWAYS be administered using an Aerochamber/Volumatic spacer device (clear plastic chamber). The emergency inhaler in school is supplied with an Aerochamber/Volumatic spacer device.

An inhaler should be primed when first used or used after a period of non-use (e.g spray two puffs)

Use without a spacer should not be encouraged in ANY person as the delivery of the medication to the lungs is poor. This has even demonstrated in adults assessed with 'good technique'.



Dry Powder Inhalers (Turbohaler, Accuhaler)

These require greater co-ordination than the Aerochamber/Volumatic spacer device and may make the child cough. These devices should usually only be given to children over 8 years of age where the technique has been assessed prior to prescription.

Asthma exacerbation

Signs:

- A wheezing (whistling noise on breathing out) sound coming from the chest
- The child complains of shortness of breath,
- The child may complain of feeling tight in the chest (younger children may express it as tummy ache)
- Difficulty breathing (fast and deep respiration including nasal flare)
- Unable to talk or complete sentences
- Persistent cough (when at rest and known to have asthma)
- Being unusually quiet

In the event of an asthma exacerbation

- Keep calm and reassure the child or young person.
- Whenever possible have the emergency medication brought to you. Do not move the child or young person. (own medication where possible, emergency medication when not).
- Sit the child up and encourage the child to breathe slow and steady breaths.
- Give the child/young person 1 puff at a time of their reliever medication (usually salbutamol) via a spacer device. With each puff get them to breathe normally for 5 breaths. Repeat the inhalation up to 10 puffs until symptom improvement. Remove MDI from spacer between each alternate puff, shake and replace.
- Stay with the child/young person until the symptoms have resolved.
- Always inform school staff involved with the child during the school day regarding the need for emergency treatment.
- If the child has had an emergency treatment in school, school staff to notify the parent/carer.

ALWAYS SEEK MEDICAL ASSISTANCE IF:



- There is no significant improvement 5 – 10 minutes after taking the medication.
- There are any doubts about child's condition.
- The child has difficulty in speaking.
- The child is getting exhausted.
- The child is pale, sweaty and has blueness around the lips.
- The child is drowsy.
- The child is distressed and gasping.

If an ambulance does not arrive within 10 minutes repeat administration of the medication (2 puffs every 2 minutes up to 10 puffs).

Details of the medication administered must be documented in school by the member of staff who treated the child.

Information to be documented:

- Child's Name
- Date of Birth
- Medication
- Dose taken
- Time
- Date
- Signature

A letter will be sent home informing the parent of the use of the emergency inhaler.

Safety and hygiene (of emergency inhaler)

- The drug for relief for asthma in blue inhalers is very safe. If too much of the relief inhaler is taken, the worst that will happen is trembling – this will wear off in a short period.
- If a non-asthmatic child takes a few doses from a reliever (blue) inhaler, or an asthmatic child takes doses when not needed, they will not harm themselves in any way.
- Whilst asthma drugs are not dangerous, the school should take reasonable care to store the emergency inhaler in a safe place, accessible to teachers, but not normally accessed by children. The inhaler should be stored at the



appropriate temperature (in line with manufacturer's guidelines), usually below 30°C, protected from direct sunlight and extremes of temperature.

- Following use, the plastic inhaler housing (which holds the canister) and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry and the cap replaced, and then the inhaler returned to the designated storage space. Once the spacer has been used it is advised that the school ask the parent of the user of the emergency inhaler to replace the spacer via the GP. Whilst awaiting the replacement spacer, the spacer may be washed and left to air dry.
- **DO NOT IMMERSE THE AEROSOL INHALER IN WATER**

This policy will be reviewed annually by the Health and Safety Officer, School Nurse (Jackie Grady) and the Governors.