



Holy Trinity Catholic Primary School  
*Aspire not to have more but to be more*  
ROYAL WOLVERHAMPTON NHS TRUST

# Asthma Policy

Holy Trinity is a Catholic Primary School where Core Values, underpin every aspect of school life. Our Mission Statement is:

**Inspired by Christ and His teaching,  
Holy Trinity Catholic Primary School educates, nurtures and celebrates  
the unique nature and worth of every member of its diverse family.**

The Mission Statement is summed up in our school motto: **'Aspire not to have more, but to be more'**

The aims for all of our school family are:

- *to promote excellence in all aspects of school life, developing each person's ability to recognize and strive for this;*
- *place Christ at the centre of our daily lives, so that our school family may be the leaven of the Gospel values promoted in our mission*
- *to recognize that all members of the community are life-long learners, prepared to accept challenges with confidence and determination*
- *to promote self-discipline and respect, never accepting bullying of any kind and to communicate this belief in a positive and proactive manner.*

These aims are revisited regularly to ensure their relevance and we work to ensure our statement on equality of opportunity and values are understood by all.

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# 1 Policy Statement

1.1 To provide a framework for the management of asthma in schools

## 2 Definitions

- 2.1 Asthma is a physical condition in which the air passages in the lungs become narrowed, making it difficult to breathe.
- 2.2 In the UK, one in 11 children (1.1 million) has 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.
- 2.3 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. In 2014 (latest figures available) 1216 people died from asthma. ([www.asthma.org.uk/asthma-facts-and-statistics](http://www.asthma.org.uk/asthma-facts-and-statistics) (accessed 20/5/16)).
- 2.4 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.

## 3 Accountabilities

### 3.1 THE SCHOOL NURSE WILL

- Supply each named school with an emergency salbutamol inhaler and one Aerochamber/ Volumatic spacer device and complete appropriate documentation (Appendix 1).
- Replace the emergency salbutamol inhaler prior to the inhaler expiry date.
- Offer asthma training to staff in schools on an annual basis.
- Audit the asthma process in schools.
- Receive a bi-annual update on developments in asthma.
- Assist in the completion of health care plans where appropriate.

### 3.2 THE SCHOOL

- Recognises the needs of pupils with asthma.
- Recognises that immediate access to the pupil's inhalers is vital.
- Encourages and helps children with asthma to participate fully in all aspects of school life.
- Does all it can to ensure that the school environment is favourable to all children with asthma.
- Encourages all children with asthma to have their own inhaler in school including a spacer device. In exceptional circumstances the child will have access to the emergency inhaler and spacer following this guidance and procedure. (Appendix 2A)
- Takes 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.

3.3 In order to achieve the above, the following is done:

- All school staff receive training on the basic awareness of asthma and the correct use of inhalers.

- All staff 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 children with asthma have a clear understanding of what they need to do if they are symptomatic including exacerbations.
- Emergency Inhalers for all pupils are kept accessible at all times, and where appropriate e.g. children in KS 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 (appendix 2)

### 3.3 TRAINING RECOMMENDATIONS

- All school staff receive an annual update on asthma awareness and correct inhaler technique (Appendix 3).
- New school staff receive training on asthma awareness and correct inhaler technique as soon as possible after appointment.
- Additional asthma training is delivered to school staff by school nurses on request.

## 4 Policy Detail

### MANAGEMENT OF ASTHMA IN OUR SCHOOL

- 4.1 Early administration of the correct reliever treatment will cause the majority of exacerbations to resolve completely.
- 4.2 Our children are generally be responsible for their own treatment with support as required.
- 4.3 When this is not the case, parents/carers need to supply a labelled inhaler, and an Aerochamber/ Volumatic spacer device. This is stored according to the school policy.
- 4.4 Parents/carers need to provide the school with a copy of the asthma action plan provided by the GP/Consultant/Practice Nurse. (Appendix 2).
- 4.5 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.
- 4.6 One salbutamol aerosol inhaler and one spacer is purchased by our school. This is intended to be an emergency spare inhaler, 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 our school will ask the parent of the child to obtain a replacement from their own GP.*

The spacer may be washed and left to air dry whilst awaiting replacement.

### 4.7 INHALERS

There are many types and colours:

- Reliever inhalers are usually blue in colour and contain salbutamol. These are the inhalers normally seen in schools.
- 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 is not 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 e.g. 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.

#### **4.8 HOW TO RECOGNISE 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

#### **4.9 IN THE EVENT OF AN ASTHMA EXACERBATION**

*(Copy of appendix 4 to be kept with emergency inhaler)*

- 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 10 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.

#### **4.10 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. (Appendix 5).

The information which is 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 (Appendix 6).
- (Adapted from Asthma UK guidance 2014)

#### **4.11 SAFETY AND HYGIENE (OF EMERGENCY INHALER)**

The drug for asthma relief in blue inhalers is very safe. Someone determined to take an over-dose will not harm him/herself if they tried. 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, our school takes reasonable care to store the emergency inhaler in a safe place, accessible to staff 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. (Appendix 6)

#### **4.11 DO NOT IMMERSE THE AEROSOL INHALER IN WATER**

### **5 REFERENCES**

- Wolverhampton City PCT (2011) Supporting Medical needs in Schools. PCT.LEA. Unpublished.
- Asthma UK (2014) Asthma UK website.
- Royal Wolverhampton NHS Trust (2011) CP06 Consent to Patient to Examination or Treatment. RWT. Unpublished.
- Department of Health (2014) Guidance on the use of emergency salbutamol inhalers in schools. London :DH.
- ([www.asthma.org.uk/asthma-facts-and-statistics](http://www.asthma.org.uk/asthma-facts-and-statistics) (accessed 20/5/16).

## Appendix 1

### Emergency Spacer/Inhaler Collection/Checking Form

School Nurse	
School	
Base	

Device taken (please tick):

Spacer e.g. Aerochamber/Volumatic

Salbutamol

Emergency Spacer/Inhaler Guidelines in Spacer Box:

Yes  No

School Name on Box:

Yes  No

Expiry date on inhaler:

Signature of Nurse:

Date:

Signature of Education Personnel:

Date:

Copy to be kept in school.

Copy to be kept with School Nursing Service Asthma Records.

**Appendix 2**  
**Additional Planning for a Pupil with Asthma**

*Please send in a copy of your child's asthma action plan with this form*

This pupil has asthma

Name	
Date of Birth	
Class/Year Group	

See General Healthcare Plan for contact details.

In case of a severe attack of Asthma

Typical symptoms for this pupil (completed with parents/carers)

Medication required and treatment procedure:  
  
Quantity needed:

Usual response to medication (include approximate response times)

Procedure in case of failure to respond to medication

Signed ..... Date ..... **Emergency Reliever Inhaler**

In the event of my child, \_\_\_\_\_ (name of child) having symptoms of asthma and if their 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.

Name \_\_\_\_\_ Parent / Carer (print)

Signed \_\_\_\_\_ Parent / Carer

Date \_\_\_\_\_







**Appendix 4**  
**IN THE EVENT OF AN ASTHMA EXACERBATION**  
(Copy of appendix 4 to be kept with emergency inhaler)

1. Keep calm and reassure the child or young person.
2. 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).
3. Sit the child up and encourage the child to breathe slow and steady breaths.
4. 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 10 breaths.
5. Repeat the inhalation up to 10 puffs until symptom improvement (the full amount is not required if adequate improvement). Remove MDI from spacer between each alternate puff, shake and replace.
6. Stay with the child/young person until the symptoms have resolved.
7. Always inform school staff involved with the child during the school day regarding the need for emergency treatment.
8. If the child has had an emergency treatment in school, school staff to notify the parent/carer.
9. Following administration of the medication offer the child/young person a drink to rinse out any drug left in the mouth.

**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)



**Appendix 6**  
**LETTER TO INFORM PARENTS OF EMERGENCY INHALER USE**  
**(adapted from Guidance in the use of emergency salbutamol inhalers in schools)**

Child's Name \_\_\_\_\_

Class \_\_\_\_\_

Date \_\_\_\_\_

Dear \_\_\_\_\_,

*(Delete sentence as appropriate)*

This letter is to formally notify you that \_\_\_\_\_ has had problems with his/her breathing today. This happened when \_\_\_\_\_

a member of staff helped them to use their asthma inhaler.

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

their own asthma inhaler was not working, so a member of staff helped them to use the emergency inhaler containing salbutamol. They were given \_\_\_\_\_ puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

As your child has used the school spacer we would be very grateful when you see your doctor if you would ask if he/she could prescribe another spacer to replace the one in the school.

Yours sincerely,