

Wolverhampton City



Primary Care Trust

# POLICY FOR ASTHMA CARE

Updated : 2004

# **MANAGEMENT OF ASTHMA IN WOLVERHAMPTON SCHOOLS**

## **GUIDANCE NOTES FOR TEACHERS**

“The health of our young people is vital – asthma affects 1 in 7 school children, and can prevent them from joining in some of the fundamental social activities that most of us take for granted. So much more needs to be done to promote awareness of asthma in schools, for teaching professionals, parents and children”.

All-Party Group on Asthma: Parliamentary Statement 1994.

This document was drawn up in October 1995 in consultation with Dr Derso, Consultant Community Paediatrician, Dr Kalra, Consultant Paediatrician, Edith Heap, School Nurse Co-ordinator and Jayne Hayes, Advisory Teacher for Health Education. It has been approved by the conditions of Service Working Party.

## **INTRODUCTION**

Asthma is a physical condition in which the air passages in the lungs become narrowed, making it difficult to breath. In the UK, asthma affects over one million school children and every school in the country can expect to have a significant number of children with asthma. Asthma is the commonest reason for children to take medication at school and causes more absence from school than any other condition.

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. Some children need treatment all the time, with an increased dose when they have an asthma attack, while other children only need treatment for an attack and the rest of the time do not need inhalers. Well controlled asthma causes no problems at home or at school.

## **ASTHMA POLICY**

### **Policy Statement**

This school

- Recognises the needs of pupils with asthma.
- Recognises that immediate access to the pupils inhalers is vital.
- Will encourage and help children with asthma to participate fully in all aspects of school life.
- Will do all it can to ensure that the school environment is favourable to all children with asthma.

In order to achieve the above, the following guidance is recommended:

- That all staff are given basic awareness about asthma and the use of inhalers.
- That all staff have a clear understanding of what procedures to follow if a child has an asthma attack.
- That all pupils with asthma have clear understanding of what to do when they have an attack.
- That inhalers for pupils in K.S.1 are kept accessible at all times, and in general inhalers for pupils in K.S.2 upwards are carried by the individual pupil.
- That the school maintains a register of pupils with asthma and individual pupil asthma cards with emergency treatment detailed. Cards in primary schools to be kept centrally and individuals in secondary schools to carry their own cards, with a copy kept in school. Asthma cards can be obtained from the school nurse.

## **MANAGEMENT OF ASTHMA IN SCHOOLS**

Early administration of the correct reliever treatment will cause the majority of attacks to resolve completely.

Pupils should generally be responsible for their own treatment.

When this is not the case, parents/carers to supply a labelled inhaler, and if needed a spacer device. This is to be stored according to the school policy statement.

Carers to provide written details (on the school asthma card) of a child's dose of dry powder inhaler to be taken in the event of an attack.

Information to be dated and signed by carer. Carers to notify school in the event of any changes.

In the event of an asthma attack:

- Keep calm – Do not fuss.
- Whenever possible allow medication to be taken where attack has occurred.
- Medication to be started as soon as possible.
- Encourage child to breathe slowly and as deeply as is possible.
- Stay with child until attack has resolved.
- If child requires repeat medication within three hours, notify carer.

### **ALWAYS SEEK MEDICAL ASSISTANCE IF:**

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

After an attack offer a child a drink and allow to return to lessons.

Details of medication to be entered on asthma card by member of staff, i.e.

- Medication
- Dose taken
- Time
- Date
- Signature

### **ASTHMA CARE**

## Emergency Reliever Inhaler

Dear Parent/Carer

There will be a .....(Inhaler type) Metered Dose Inhaler kept in ..... (School Name). This may be used when a pupil with asthma has an attack and their own reliever inhaler is not available.

The ..... (inhaler type) Inhaler has been made available from New Cross Hospital on the advice of the Consultant Paediatricians Dr K Ross and Dr D S Kalra and in conjunction with the Consultant Community Paediatricians Dr A Derso and Dr C A Moore.

If you wish your child to have the ..... (Inhaler type) Inhaler available to him/her please will you complete the consent form and return it to School.

\_\_\_\_\_ (School Nurse) Date \_\_\_\_\_

### EMERGENCY METERED DOSE INHALER

In the event of \_\_\_\_\_ having an asthma attack, I agree to the ..... (Inhaler type) Metered Dose Inhaler being made available to him/her.

CHILD'S NAME \_\_\_\_\_ (School)

DOB \_\_\_\_\_

Signed \_\_\_\_\_ Parent/Carer. Date \_\_\_\_\_

Replacement Inhalers required for the following Schools

School	MDI	School Nurse	Qualification

Signatures:

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Dr Kalra  
Consultant Paediatrician  
New Cross Hospital

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Dr C A Moore  
Consultant Paediatrician  
Red Hill Street H.C

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Hazel Hawkins-Dady  
School Nurse Manager  
Red Hill Street H.C



## **EMERGENCY INHALER/SPACER**

One relief aerosol inhaler and spacer will be supplied to your school. This is intended to be an emergency, spare, or back up inhaler, to be used for an asthmatic child where there isn't access to his/her own relief inhaler.

- If the child needs treatment, up to 1 puff per year of age (e.g. up to 5 puffs in a 5 year old, up to 8 puffs in an 8 year old), can be taken.
- If fewer puffs than the number for the age relieves the wheeze, then the full amount need not be taken.
- If asthma recurs, 1 puff per year may be repeated after 3 hours of the first dose.
- The parents should be informed that this has been necessary.
- After use, the spacer (or inhaler mouthpiece, if used without the spacer) should be washed in warm, slightly soapy water, left to dry and stored.
- **DO NOT IMMERSE THE METAL CANISTER IN WATER.**
- Emergency inhaler to be kept in a safe place accessible to all teachers.

### Safety and Hygiene (of emergency inhaler)

- The drug for relief for asthma (in blue inhalers) is very safe. Someone determined to take an over-dose will not harm themselves 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 relief (blue) inhaler, or an asthmatic child takes doses when not needed, this 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.

## **PRIMARY SCHOOL**

### **EMERGENCY INHALER TREATMENT USING A LARGE VOLUME SPACER**

(Nebuhaler/Bricanyl) (Volumatic/Ventolin)

1. Shake the inhaler to mix the contents and fit into the end of the spacer.
2. The mouthpiece must be in the child's mouth, between the teeth with the lips sealed around it.
3. Ask the child to breathe in and out (or blow and suck) slowly through the mouthpiece, this will make a clicking sound as the valve opens and close.
4. When the child has started breathing through the spacer, press the inhaler once to give one dose, keeping the spacer in the same position as the child continues to breath in and out 5 times, "one puff of the inhaler to 5 clicks of the valve to ensure the spacer has been emptied".
5. Repeat steps 2,3 and 4 for further doses if required.
6. Remove the spacer from the child's mouth and give a drink to rinse out any drug left in the mouth.
7. If used regularly the spacer should be cleaned weekly. Separate the spacer and wash in warm soapy water. Allow to dry in air. Do not rinse or dry/polish with a cloth.

### **ALWAYS ASK YOUR NURSE/DOCTOR TO DEMONSTRATE THIS DEVICE**

As advised by Childrens Asthma Nurses, New Cross Hospital

**TRAINING RECOMMENDATIONS**

1. That all staff receive regular updating on asthma awareness and inhaler technique.
2. That new staff receive basic awareness as soon as possible after appointment.  
  
Training linked to points 1 and 2 to be requested by schools by contacting Jane Hayes, Jennie Lee Centre, Tel: 555911.
3. That at least two members of staff volunteer to attend a more in depth study session on asthma i.e. half –day session.

This training to be provided periodically as part of the central training programme for schools.

**TRIGGER FACTORS WHICH MAY CAUSE AN ASTHMA ATTACK**

- Dust and fumes
- Exercise
- House dust mite
- Sudden changes in temperature
- Pollens/spores/mould
- Chemicals
- Stress/anxiety/fright
- Damp, cold air
- Colds and viral infections

## THE INHALERS

There are many types and colours.

Reliever inhalers are invariably blue in colour and are the ones usually seen in school.

### **Aerosol Inhalers**

Known as puffers or MDI's (metered dose inhalers). Usually seen in conjunction with a spacer device (clear plastic chamber) named volumatic or nebuhaler.

Aerosols used without a spacer device are difficult to co-ordinate and are usually given to older children.

### **Dry Powder Inhalers**

Turbohaler, Diskhaler, Rotahaler, Accuhaler.

Require greater co-ordination than the spacer device and may make the child cough. Usually given to children over five years of age.

## GUIDANCE ON USE OF INHALERS

### **Aerosol inhaler using spacer device**

- 1 puff of aerosol into spacer
- 5 breaths – slow, deep in and out of mouth piece.
- Repeat again.
- Allow 1-2 minutes to elapse, if no significant relief, repeat above procedure. (Up to 4 puffs of the inhaler).
- If after 5-10 minutes still no improvement, take further puffs of inhaler (as described above to a maximum of 1 puff per year of age e.g. 6 puffs for a 6 year old)

## **Dry Powder Inhaler**

- Devices are primed in different ways.
- Child breathes in then out fully as possible.
- Put inhaler to lips
- Breathe in deeply.
- Hold inhalation for 10 seconds.
- Second breath in may be needed if child can only inhale in a shallow way.
- If no significant improvement has been noted, allow 1-2 minutes to elapse, then repeat the dose.

**WOLVERHAMPTON SCHOOL ASTHMA CARD**

Name: .....

Date of Birth: .....

Address: .....

.....

School : .....

Tel: .....

Emergency Tel: .....

Hospital Consultant: .....

Hospital: .....

Tel: .....

**PLEASE REMEMBER TO KEEP THIS  
CARD UPDATED**

Name & how taken	Dose	When to Deliver

**Permission given for School Emergency  
Inhaler to be given    Yes                       No**

Date card written: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_

**WOLVERHAMPTON SCHOOL ASTHMA CARD**

Name: .....

Date of Birth: .....

Address: .....

.....

School : .....

Tel: .....

Emergency Tel: .....

Hospital Consultant: .....

Hospital: .....

Tel: .....

**PLEASE REMEMBER TO KEEP THIS  
CARD UPDATED**

Name & how taken	Dose	When to Deliver

**Permission given for School Emergency  
Inhaler to be given    Yes                       No**

Date card written: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_

DATE CARD RECEIVED BY SCHOOL: .....

**REGULAR MEDICATION**

Type of medication	Dose	Time Given

**Record of Emergency Treatment given**

Date	Medication	Dose	Time	Signature

DATE CARD RECEIVED BY SCHOOL: .....

**REGULAR MEDICATION**

Type of medication	Dose	Time Given

**Record of Emergency Treatment given**

Date	Medication	Dose	Time	Signature



**EMERGENCY SPACER/INHALER**

Collection/Delivery Form

School Nurse \_\_\_\_\_ Base \_\_\_\_\_

School \_\_\_\_\_

Device taken (Please delete if not taken)

Nebuhaler                      Bricanyl                      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