

Meppershall Pre-school

Asthma Policy

Statement of intent

All children diagnosed with asthma should receive appropriate attention as required.

The setting must be able to respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack at the setting.

Aims

- Raise awareness about asthma among the management, staff, parents/carers of children attending the setting and any others dealing with children at the setting.
- Provide a safe and healthy environment for all children enrolled at the setting.
- Provide an environment in which all children with asthma can participate in order to realise their full potential.
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

Background and Relevant Legislation

Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. Community education and correct management will assist in minimising the impact of asthma.

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, the management recognises the need to educate the staff and parents/guardians about asthma and to promote responsible asthma management strategies.

Definitions

Metered Dose Inhaler (puffer): Common delivery device used to administer reliever medication.

Asthma Emergency: The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

Asthma Action Plan: A record of information on the child's asthma and how to manage it, including contact details, what to do when the child's asthma worsens and emergency treatment.

Asthma triggers: Things that may induce asthma symptoms e.g. pollens, colds/viruses, dust mites, smoke, exercise, etc. Asthma triggers will vary from child to child.

Puffer: Common name for a metered dose inhaler.

Reliever Medication: This comes in a blue container and is used to relax the muscles around the airways to relieve asthma symptoms e.g. *Airomir, Asmol, Epaq or Ventolin.*

Spacer device: A plastic device used to increase the efficiency of delivery of asthma medication from a puffer. It may be used in conjunction with a facemask.

Method

- Where appropriate, organise Emergency Asthma Management training for staff.
- Where appropriate, organise asthma management information sessions for parents/guardians of children enrolled at the setting.
- Encourage open communication between parents/guardians and staff regarding the status and impact of a child's asthma.

The staff should:

- Ask all parents/carers as part of the enrolment procedure, prior to their child's attendance at the setting, whether the child has diagnosed asthma and document this information on the child's enrolment record.
- Provide families whose child has asthma with an Asthma Action Plan to complete. On completion, this will be attached to the child's enrolment record.
- Compile a list of children with asthma and place it in a secure but readily accessible location, which is known to all staff.
- Ensure that asthma components are included in the First Aid Kit taken on any activities outside the setting.
- Consult with the parent/guardians of children with asthma, in relation to the health and safety of their child and the supervised management of the child's asthma.
- Identify and, where possible, minimise asthma triggers as defined in the definition section of the policy or in children's Asthma Action Plans.
- Promptly communicate any concerns to parents if it is considered that a child's asthma is limiting his/her ability to participate fully in all activities.
- Where necessary, modify activities for the child with asthma in accordance with their current needs and abilities.
- Administer all regular prescribed asthma medication in accordance with the Asthma Action Plan and Medication Consent form.
- Discuss with the parent/guardian the requirements of the Medication, Accident and Incident forms and what is needed for their child.

Parents/carers of a child should:

- Inform staff, either on enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the Asthma Action Plan.
- Notify the staff, in writing, of any changes to the information they entered on the Asthma Action Plan during the year, if this occurs.
- Provide an adequate supply of appropriate asthma medication and equipment (e.g. blue reliever medication and spacer) for their child at all times.
- Enter the required information on the Medication consent form and/or Asthma Action Plan at the beginning of each term or when necessary.
- Communicate all relevant information and concerns to staff as the need arises (e.g. if asthma symptoms were present the previous night).
- Consult with the staff, in relation to the health and safety of their child and the supervised management of the child's asthma.

Plan of action for a child with diagnosed asthma

The staff, together with the parents/carers of a child with asthma, will discuss and agree on a plan of action for the emergency management of an asthma attack.

This plan should include action to be taken where the parent/carer has provided asthma medication, and in situations where this medication may not be available.

As part of developing a particular plan of action, it may be appropriate to consider staff receiving Emergency Asthma Management training.

Action to be taken if a child suddenly collapses or has difficulty breathing with a possible asthma attack

Children with a known asthma condition: Staff will follow the agreed plan of action for the child for the emergency treatment of an asthma attack as detailed in the Asthma Action Plan. If the child's Asthma Action Plan is **NOT** available, staff should immediately commence the **standard asthma emergency protocol** detailed below:

Step 1: Sit the child upright and remain calm to reassure them. Do not lie them down.

Step 2: Without delay shake the child's own blue reliever puffer (inhaler) and give 4 separate puffs through a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.

Step 3: Wait 2 minutes. If there is no improvement repeat step 2.

Step 4: If still no improvement after a further 2 minutes - call an ambulance immediately and state clearly that the child is "having an asthma attack."

Children should not receive more than 10 puffs in a four hour period. Take advice from emergency services about giving further puffs from the inhaler at this time.

Children who staff are not aware have pre-existing asthma:

In this situation, staff will:

Step 1: Call an ambulance and state that the child is having breathing difficulties.

Step 2: Sit the child upright and calm them to reassure them

Related documents

- Accident, medication and illness policy

Evaluation

In order to assess whether the policy has achieved the values and purposes the management will:

- Obtain feedback from the staff regarding the effectiveness of the policy.
- Assess whether any issues/concerns, raised in relation to children with asthma or the policy, were resolved.
- If appropriate, conduct annual surveys of parents/carer of children with identified asthma, to gauge their satisfaction with the asthma policy in relation to their child.

Date approved by Pre-school committee	
Signed by Pre-school leader	
Signed by Pre-school chair	
Signed by Pre-school staff	