

Date Reviewed:	February 2024
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Agreed by Health and Safety Committee

Date: 20/03/24

Name: David Goldsmith

Signature:



Asthma Policy – February 2024

Rationale

Within our centre we adhere to the following principles:

- We welcome all children, including those who may suffer from asthma, recognising that asthma is a condition affecting many children
- We will encourage and help children with asthma to participate fully in all aspects of centre life
- We will be sensitive to the feelings of asthma sufferers, who may feel awkward about their condition and about taking medication
- We recognise that immediate access to reliever inhalers is vital
- We will do all we can to make sure that the centre's environments are favourable to children with asthma
- We will ensure that other children understand asthma so that they can support their friends, and so that sufferers can avoid the stigma sometimes attached to this condition
- We believe we encourage all staff, and especially our first aiders, to have a clear understanding of what to do in the event of a child having an asthma attack
- We aim to work in partnership with parents, governors, health professionals, school staff and children to ensure the successful implementation of this Policy
- We will keep a register of all children with asthma. Information is added to our long term medication forms which parents/carers complete and which are kept in the medical file in each room, and accessible to all staff and supply staff, and is updated regularly
- Parents/carers with children who suffer with asthma will be given a copy of this Policy

What is asthma?

We understand asthma to be a condition which causes the airways in the lungs to narrow, making it difficult to breathe. Sudden narrowing produces an asthma attack.

Asthma sufferers have almost continuously inflamed airways and are therefore particularly sensitive to a variety of triggers or irritants. These include:

- Viral infections (especially colds)
- Allergies (eg grass pollen, furry or feathery animals)
- Exercise
- Cold weather, strong winds or sudden changes in temperature
- Excitement or prolonged laughing
- Numerous fumes, eg from glue, paint, tobacco smoke

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We are aware that psychological stress may sometimes make symptoms worse.

How are children affected?

We are aware that children with asthma may have episodes of breathlessness and coughing during which wheezing or whistling noises can be heard coming from the chest. They feel a “tightness” inside their chest which can be frightening and may cause them great difficulty in breathing. We understand that different children have different levels of asthma and therefore may react differently.

Precautions to help prevention of asthma attacks within our setting

We believe in the principle of “prevention rather than cure”, so in school/daycare

- We ensure that parents of asthma sufferers recognise the importance of informing a member of staff at the start of their session about any prior symptoms or treatment. Together with the parent, a decision will be made regarding the attendance of that child.
- We have white boards instead of blackboards to avoid the use of chalk
- We operate a no-smoking policy
- We think carefully before allowing furry pets into classrooms
- We have gentle warm-up sessions at the beginning of physical sessions
- We are aware of the dangers of glues, spirit pens, etc and of the need for correct use and ventilation
- We will obtain knowledge of any trigger foods and display this on their care plans.

Treatment of asthma in our setting

We understand that treatment takes two forms – relievers and preventers. The former is taken when needed and the latter regularly as a prevention. We are aware also that relievers need to be taken promptly.

To ensure speedy and correct action, we undertake

- To store medication, labelled with the child’s name, in an accessible place in the classrooms/daycare office.
- To ensure that medication is taken on all trips and outings.
- To administer, or supervise self-administration, of medication

We also undertake to inform parents/carers if we believe a child is having problems taking their medication correctly. We will also discuss with parents/carers if we feel that there are signs of poorly controlled asthma.

Parent/Carer responsibilities

We believe in a partnership with parents and carers. We ask them

- To inform us if a child suffers from or develops asthma
- To provide written information detailing what asthma medicines their child takes and when, what triggers the child’s asthma and what to do if the child’s asthma gets worse. This may be in the form of an Asthma Plan.
- To ensure that the child is provided with appropriate medication, notifying us of the appropriate action for its use
- To notify us of any change in medication or condition
- To inform us if sleepless nights have occurred because of asthma
- To ensure that any medicines left at the setting are within expiry date and labelled
- To take inhalers/spacers/nebulizers home regularly for cleaning and checking
- To provide us with emergency contact details

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We request that parents of children who need to use an inhaler regularly in our setting should obtain a second one from their doctor so that one may be left at here

What a key worker/member of staff will do

- Have the knowledge, ability and confidence to care for children with asthma
- Liaise with parents/carers of children about planning for and controlling their child's asthma
- Know what triggers a particular child's asthma
- Know where the child's asthma records are kept
- Know where the child's asthma medicines are kept and how they should be administered
- Know how to recognise if a child's asthma symptoms are getting worse and what to do if a child has an asthma attack or in the event of an emergency
- Involve children who have asthma in sport and other activities
- Involve all children in learning more about asthma and what to do in an emergency

What senior staff will do

- Work in partnership with parents/carers and healthcare professionals to identify the needs of children with asthma and work with their personal asthma action plans to ensure that their asthma is effectively controlled
- Inform all parents/carers about the asthma policy and their responsibilities
- Ensure that staff receive training about asthma and how to deal with asthma attacks, including having annual updates
- Ensure children have immediate access to their reliever inhaler
- Ensure that clear written records are kept for children with asthma, detailing information from the parent/carer about what medicine is to be taken, when and how it should be taken, how to tell and what to do if a child's asthma is getting worse
- Ensure the child's asthma medicines are labelled with the child's full name
- Ensure that a record is kept each time a child takes their medicines
- Make sure that the person collecting the child is informed if the child has had to take their medicines
- Ask parents/carers to bring a spare inhaler to be kept at school in case of emergency
- Keep spare reliever inhalers marked with the child's full name in an agreed and readily accessible place
- Make sure that inhalers are always taken on outing/ trips

We will call the Ambulance if:

- The reliever has no effect after five to ten minutes
- The child is either distressed, unable to talk or very pale
- The child is getting exhausted
- The condition is deteriorating
- We have any doubts at all about the child's condition

At this point we will also notify the parent/carer or contact the emergency number if the parent/carer is unavailable. If a doctor is unobtainable we will call an ambulance. We will repeat doses of reliever as needed while awaiting help, being aware of the possibility of overdosing.

Asthma and exercise in our setting

Full participation in all physical activities for all asthma sufferers is our aim, unless the pupil is a very severe sufferer and we are notified as such by the parents/carers.

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With asthma sufferers in mind, we consider the following when planning

- If a child has exercise induced asthma, they may take a dose of medication before exercise
- Inhalers need to be speedily available when the child is out of the school building
- Any child complaining of being too wheezy to continue will be encouraged to take reliever medication and to rest until they feel better
- We realise that we can help identify undiagnosed asthma by spotting children who cough or wheeze a lot after exercising
- We realize that long spells of exercise are more likely to induce asthma than short bursts and that exercise with arms and legs alone is less likely to trigger an attack than exercise using both

Some implications of implementing our Policy

We are aware that, if medication is to be readily available in classrooms, there is always the possibility of another child, perhaps a non-sufferer, taking a dose. Since the medication simply dilates the airways we understand this would not be harmful, though we would discourage the practice.

This Policy was formulated by the following combination of methods:

- Reference to National Asthma Campaign literature
- Consultation with staff, especially trained first aiders in school
- Individual evaluation and adoption by staff of Policy
- Ratification by Governing Body