

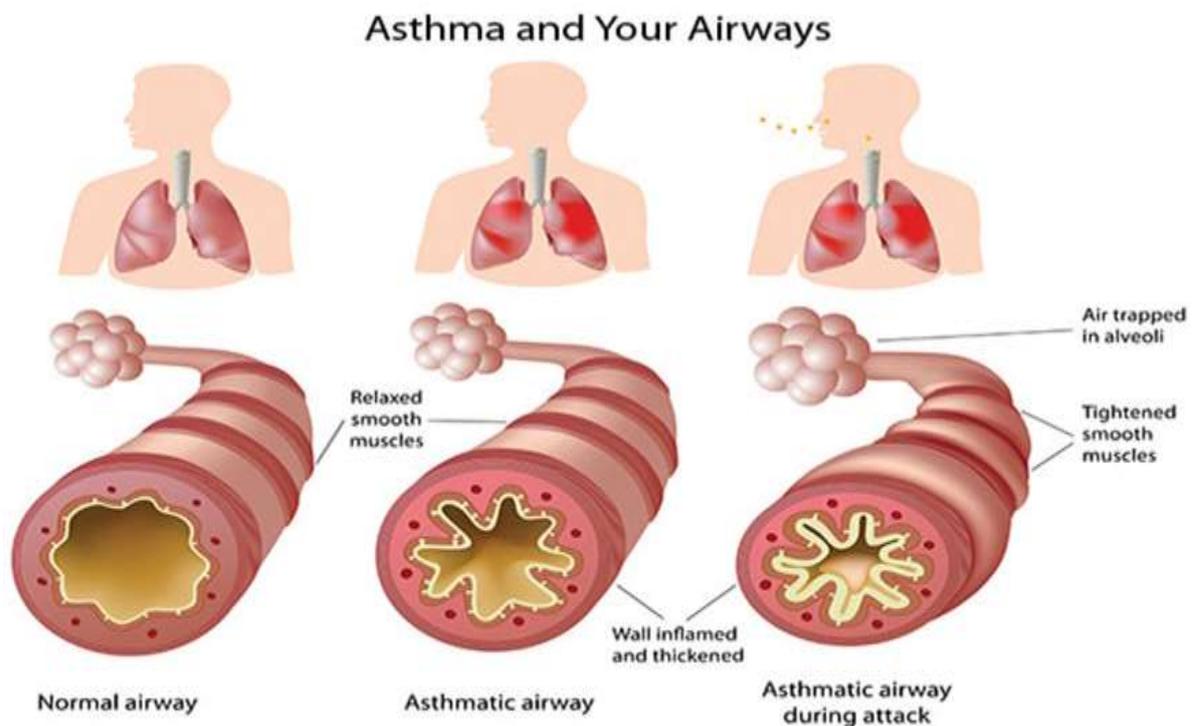
East Prescott Road Nursery School

Asthma Policy



Introduction

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).



We recognise that asthma is a widespread, serious, but controllable condition. We welcome all children with asthma and aim to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- ✓ an asthma register
- ✓ up-to-date asthma policy
- ✓ immediate access to children's reliever inhaler at all times
- ✓ all children have an up-to-date asthma action plan

Asthma Register

We have an asthma register of children within the nursery school which we update at each intake. We do this by asking parents/carers during induction visits if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the child has been added to the asthma register and has:

- an up-to-date medical form for asthma

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- their reliever inhaler is in date labelled with name and dosage and easily accessible

Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK).

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to nursery as it should be taken regularly as prescribed by their doctor/nurse at home.

Reliever inhalers are kept in Rowan, Birch and Hazel and Nurture Base class medical cupboards.

Staff are not required to administer asthma medicines to children. However, many children have poor inhaler technique, or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler we will advise parents/carers to arrange a review with their GP/nurse.

Environment

We will do all that we can to ensure the nursery environment is favourable to children with asthma. We have a definitive no-smoking policy. A child's asthma triggers will be recorded as part of their asthma action plans and we will ensure that the child will not come into contact with their triggers, where possible. We are aware that triggers can include:

- *Colds and infection*
- *Dust and house dust mite*
- *Pollen, spores and moulds*
- *Feathers*
- *Furry animals*
- *Exercise, laughing*
- *Stress*
- *Cold air, change in the weather*
- *Chemicals, glue, paint, aerosols*
- *Food allergies*
- *Fumes and cigarette smoke (Source: Asthma UK)*

As part of our responsibility to ensure all children are kept safe within our grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

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Exercise and activity

Taking part in sports, games and activities is an essential part of nursery life for all children. Children with asthma are encouraged to participate fully in all activities. If a child needs to use their inhaler during exercise they will be able to do so. (Source: Asthma UK)

When asthma is affecting a child's life in the nursery school

We are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their life, and a child is unable to take part in activities or tired during the day, we will discuss this with parents/carers, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the child needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, we recognise that children with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Common 'day to day' symptoms of asthma

We require that children with asthma have a personal medical form. This information informs us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. We will also send home our own information and consent form for every child with asthma year and for new starters. This needs to be returned immediately.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks

We recognise that if all of the above is in place, we should be able to support children with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur. In the event of an asthma attack, staff will follow the procedures set out on the child's medical form. This will usually result in school dialling 999 and following procedures for medical emergency.

Approved: February 2024

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Symptoms of an asthma attack

- Not all symptoms listed have to be present for this to be an asthma attack
- Symptoms can get worse very quickly
- If in doubt, give emergency treatment.
- Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky, or stating that the heart is beating faster.

Cough

A dry persistent cough may be a sign of an asthma attack.

Chest tightness or pain

This may be described by a child in many ways including a 'tight chest', 'chest pain', tummy ache

Shortness of breath

A child may say that it feels like it's difficult to breathe, or that their breath has 'gone away'

Wheeze

A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may, or may not be wheezing.

Increased effort of breathing

This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger children, the stomach may be obviously moving in and out. Nasal flaring.

Difficulty in speaking

The child may not be able to speak in full sentences

Struggling to breathe

The child may be gasping for air or exhausted from the effort of breathing

CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD

- Appears exhausted
- Has blue/white tinge around the lips
- Is going blue
- Has collapsed

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Administering reliever inhaled therapy through a spacer

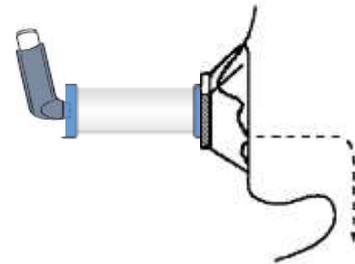
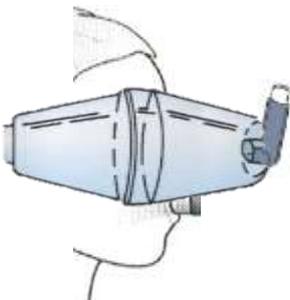
A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks then press the inhaler twice into the air to clear it.**

A Spacer might be

- Orange
- Yellow
- Blue
- Clear

A spacer may have

- A mask
- A mouthpiece



1. Keep calm and reassure the child
 2. Encourage the child to sit up
 3. Remove cap from inhaler
 4. Shake inhaler and place it in the back of the spacer
 5. Place mouthpiece in mouth with a good seal, (or if using the mask place securely over the mouth and nose)
 6. Encourage the child to breathe in and out slowly and gently
 7. Depress the canister encouraging the child to continue to breathe in and out for 5 breaths
 8. Remove the spacer
 9. Wait 30 seconds and repeat steps 2-6
 10. Assess for improvement in symptoms
- Dependent on response steps 2-7 can be repeated according to response up to 10 puffs.
 - If there is no improvement **CALL 999.**
 - If help does not arrive in 10 minutes give another 10 puffs in the same way.
 - If the child does not feel better or you are worried **ANYTIME** before you have reached 10 puffs, **call 999 for an ambulance and continue to treat as above.**