

Asthma Policy

This is a bi-annual policy.

Policy Agreed April 2019. To be reviewed in April 2021.



Everton Nursery School and Family Centre welcomes all children and adults with asthma. We encourage and help all children and adults to participate fully in all aspects of school/centre life.

We recognise that asthma is an important condition affecting many children and adults and can occur at any time of their life. The staff responsible for administration of medication have been trained by Alder Hey Children's Hospital (last trained 17th October 2018) in pre-school asthma and allergy workshop.

Explanation of the long term condition:

People with asthma have sensitive air passages, which are quick to respond to anything that irritates them (triggers).

This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out.

Narrowing of air passages produces ONE or ALL of the following: - coughing, breathlessness, wheezing.

SUDDEN SEVERE narrowing of air passages may result in an 'Asthma Attack'.

Identification of children affected:

Children are identified through the initial application form, discussion with parents/carers on first school/centre visit or home visit. All parents/carers of children on roll must notify the school/centre of current treatment details. Treatment details should be accessible at all times. A record of this will be kept in the child's admission file (kept in room/wing with Family Worker). A register of admission forms of all children with asthma will be kept in the Site Manager's/Finance Officer's office in an accessible filing cabinet. Staff responsible for children with asthma will be made aware of their medication and dose required.

Treatment: consists of two main forms

- Reliever inhalers (usually blue) and preventer inhalers (usually brown).
- It is encouraged that blue inhalers only should be in the school/centre. Young children should also have access to a volumiser (spacer) with their inhaler. Children under three years of age should use their spacer with the additional

mask. If parent/carer requests that the brown inhaler be in the school/centre, please speak to the Leadership Team. All children requiring medication for asthma must have their medical needs confirmed by their family doctor (this will be attached to the admission form and passed to the Headteacher/Head of Centre).

- Children should have access to their relief inhalers at all times (including local walks around the school and centre). All inhalers are stored in the Site Manager's/Business Manager's office if parents/carers wish to have two inhalers/volumisers (spacers) on the premises. Parents/carers should inform the school/centre of any changes to their child's medication. This note of change must be altered on all appropriate forms, signed and dated. Staff to inform the Headteacher/Head of Centre of all changes of medication.

Prevention

It is important to be aware that many factors provoke narrowing of the air passages. Some of these factors **are avoidable** within the school/centre environment; therefore appropriate steps should be taken. Trigger factors include: - coughs and colds, cigarette smoke (all Liverpool schools and public buildings have a no smoking policy and is strictly adhered to), furry animals (parents/carers will be informed if any visit the school/centre or we undertake educational visits that involve animals. Due to the increase in children with asthma there are no animals kept in the classrooms), cold damp weather, chemical paints - sprays and vapours (aerosols will not be used in front of children) grass pollens and spores, extreme emotion and exercise. If we find that any child is allergic to anything in the school/centre we will endeavour to find a solution to minimise the risk of an attack.

Children with asthma can participate in physical activities and are encouraged to do so. In preparation for a physical activity a child (if appropriate and taken on medical advice) would take the stated dose of medication before exercise, this can help to prevent exercise induced asthmatic attacks.

Inhalers should be available during outdoor play and on educational visits.

Treating worsening symptoms of asthma:

A reliever inhaler (blue) should be given:

- If requested by the child
- If the child is coughing, wheezing or breathless

If this is effective the child can return to normal room/wing activity.

What to do In the case of an 'asthma attack':

The main symptoms of an asthma attack are coughing continuously, wheezing or shortness of breath. In the case of a child having an asthma attack we would administer the inhaler that had been supplied for the child and follow procedure:

1. Always use the spacer. Support the child to inhale the blue inhaler with 1puff, wait 30 seconds, second puff wait 30 seconds

Wait for 5 minutes - the inhaler should have been effective. Using the inhaler with a spacer device should always be used.

If no improvement repeat above procedure.

Stay calm - it is treatable

Sit the child comfortably - do not let the child lie down

Child can keep the dummy in when using the spacer/volumiser. This may also help to calm the child

Do not crowd the child

Speak quietly and calmly to the child - encourage slow deep breaths

Do not put your arms around the child's shoulders - this restricts breathing

If no improvement give 1 puff every 30 seconds.

2. If this does not work, then the child may be having a severe asthma attack.

This constitutes an emergency situation.

An emergency situation is recognisable when:

Blue Inhaler does not work

or

The child has difficulty speaking - e.g. can only say 2 or 3 words before taking a breath

or

The child is quickly breathing

or

The child can look pale -lips can turn blue

Plan of Action:

1. Inform a member of the Leadership Team immediately.
2. Senior Leader will dial 999 for an ambulance and contact parents/carers

(Please make sure at least three emergency contact numbers are available for each child. It is the family worker responsibility to keep the child's file upto date and inform the office of any changes of contact numbers/address).

3. In the meantime, a blue inhaler can be given - 1 puff every 30 seconds.

You cannot overdose the child by doing this.

Do inform the paramedic how much inhaler has been used.

Policy Review

This policy was agreed by the Curriculum Committee on 30/4/2019 and agreed at the main Governing Body on 9/05/2019.