

Grassroots
Day Nursery

Your child's gateway to great things ahead

ASTHMA

Policy and Procedure

- For all children diagnosed with asthma to receive appropriate attention as required.
- To respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack at the setting.

Grassroots is committed to:

- Raising awareness about asthma among the management, staff, parents/carers of children attending the setting and any others dealing with children at the setting.
- Providing a safe and healthy environment for all children enrolled at the setting.
- Providing an environment in which all children with asthma can participate in order to realise their full potential.
- Providing 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):

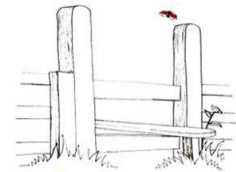
Common delivery device used to administer reliever medication.

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.



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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:

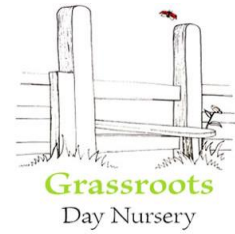
A plastic device used to increase the efficiency of delivery of asthma medication from an inhaler. It may be used in conjunction with a facemask.

Procedures for management:

- Where appropriate, organise Emergency Asthma Management training for staff.
- 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 Registration form/All about me.
- Provide families whose child has asthma with an Asthma Care Plan to complete. On completion, this will be kept in the child's file and a copy will be available in the room they attend.
- 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.



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- 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 Medication Policy.
- Discuss with the parent/guardian the requirements of the Medication & Accident Book and what is needed for their child.

Parents/carers of a child should:

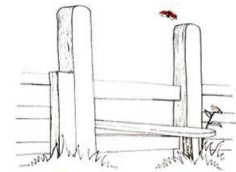
- Inform staff, either on enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the Asthma Action Plan.
- Notify the staff, in writing, of any changes to the information they entered on the Asthma Action Plan during 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.
- 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.



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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.

Step 2: Without delay shake a blue reliever inhaler (puffer) 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 4 minutes. If there is no improvement repeat step 2.

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

Continuously repeat steps 2 and 3 whilst waiting for the ambulance.

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

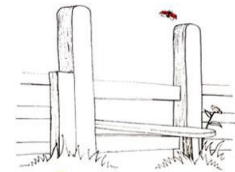
In this situation, staff will:

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.

Contact parents to inform them of the situation.

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|---|------------------------------------|
| Policy/Procedure name: Asthma Policy and Procedure | |
| Publication Date: April 2024 | Date for Review: April 2025 |
| Signed: (Proprietor/Manager) | |
| Signed: (Deputy Manager) | |



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Individual Asthma Plan



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Child's Name: _____ Date: _____

My daily asthma medicines

- My preventer inhaler is called:

- and its colour is: _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night.
- I do this every day even if I feel well.
- I only do this if I feel unwell

Here are some reasons why I might need my inhaler:

- I use a spacer: yes no
Circle as appropriate

Other asthma medicines I take every day:

- My reliever inhaler is called:

- and its colour is: _____
- I take _____ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe

When my asthma gets worse

Please tick all that apply

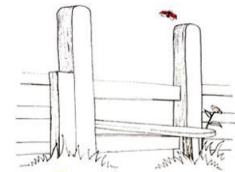
If my asthma gets worse, I should:

- Keep taking my preventer medicines as normal.
- I also take _____ puff/s of my reliever inhaler (usually blue) every four hours.
- If I'm not getting any better doing this, I should see my doctor or asthma nurse today, so please call my mummy or daddy.

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week.

My doctor or Asthma nurse contact details are:



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Individual Asthma Plan



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I'm having an asthma attack if:

- My reliever inhaler (usually blue) isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot

When I have an asthma attack, I should:

Sit up — don't lie down. Try to be calm.
Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs or...

Even if I start to feel better, I don't want this to happen again, so I need you to call my mummy or daddy so that I can see my doctor or asthma nurse today.

If I still don't feel better and I've taken ten puffs, I need you to **call 999** straight away.
If I am waiting longer than 15 minutes for an ambulance I should take another puff/s of my reliever inhaler (usually blue) every 30 to 60 seconds (up to 10 puffs).
Even if I start to feel better, I don't want this to happen again, so I need you to call my mummy or daddy so that I can see my doctor or asthma nurse today.

My asthma triggers (things that make my asthma worse)

Make sure I have my reliever inhaler (usually blue) with me. I might need it if I come into contact with things that make my asthma worse.

My known triggers are: _____

