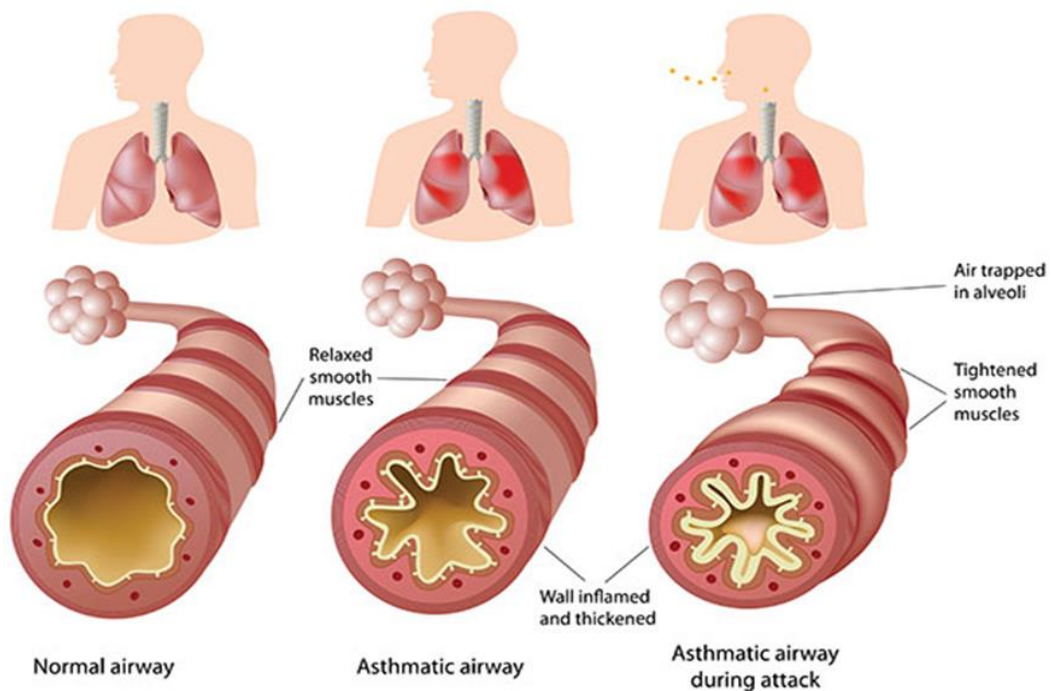


Federation Asthma Policy

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 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 and we aim to support children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- an asthma policy
- an asthma lead
- all pupils have an up-to-date health care plan
- an emergency salbutamol inhaler
- ensure all staff have regular asthma training,

Asthma Register

We have an asthma register of children, which we update termly. During the induction process we ask parents if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- a medical health care plan
- their reliever (salbutamol/terbutaline) inhaler in Nursery,
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost

Asthma Lead

The Federation Asthma Lead is Wendy Binder

It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in Schools, March 2015) and ensure measures are in place so that children have immediate access to their inhalers.

Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. Due to the age of our pupils inhalers are kept securely in each room for staff to access when required. Each child's inhaler and spacer is kept in a Medi-bag clearly labelled with the child's name and photograph so it can be easily accessed by any member of staff in an emergency. 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 School as it should be taken regularly as prescribed by their doctor/nurse at home. (Source: Asthma UK).

Due to the age of our pupils they require assistance to administer asthma medicines to prevent poor inhaler technique. Failure to receive their medication could end in hospitalisation or even death.

School Environment

The schools do all that they can to ensure the Nursery environment is favourable to pupils with asthma. The schools have a definitive no-smoking/vaping policy. Pupil's

asthma triggers will be recorded as part of their medical health care plan and the schools will try to ensure that pupil's contact with their triggers are minimised or mitigated, 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 the Nursery grounds and on trips, 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.

Exercise and activity

Taking part in physical activities is an essential part of Nursery life for all pupils. All staff will know which children have asthma and pupils with asthma are encouraged to participate fully in all activities.

When asthma is effecting a pupil's education

The schools are aware that the aim of asthma medication is to allow people with asthma to live a normal life. If we recognise that asthma is impacting on a child's ability to take part in activities or have increased absence due to asthma, we will seek parents' consent to discuss this with the Health Visiting Team and suggest parents make an appointment with their GP for an asthma review

Emergency Salbutamol Inhaler in School

We are aware of the guidance 'The use of emergency salbutamol inhalers in Schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in Maintained Nursery Schools (March, 2015).

We have emergency kit(s), which are kept in the main reception office

Each kit contains:

- A salbutamol metered dose inhaler;

- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instruction on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with termly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers;
- A list of children permitted to use the emergency inhaler;
- A record of administration

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

The asthma lead and team will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary. Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air

The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

The emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler **AND** for whom written parental consent for use of the emergency inhaler has been given.

The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

Common 'day to day' symptoms of asthma

As a Nursery we require that children with asthma have a medical health care plan. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis.

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).

Asthma Attacks

We recognise that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition, guidance will be displayed in the staff room (*see appendix 2*).

The department of health Guidance on the use of emergency salbutamol inhalers in Schools (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If the child is showing these symptoms we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call

an ambulance immediately and commence the asthma attack procedure without delay if the child:

*Appears exhausted

*Has a blue/white tinge around lips

*is going blue

*has collapsed

It goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

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

This policy was reviewed and adopted by the Governing Board on 10th November 23

Appendix 1

CONSENT FORM

USE OF EMERGENCY SALBUTAMOL INHALER

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My Child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to Nursery every day/that will be left at Nursery (delete as appropriate)
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the Nursery for such emergencies

Signed Date.....

Name

Relationship to child.....

Child's Name.....

Appendix 2

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

Appendix 3

Administering reliever inhaled therapy through a spacer

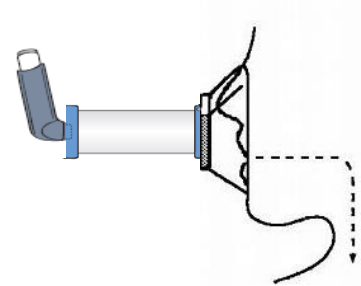
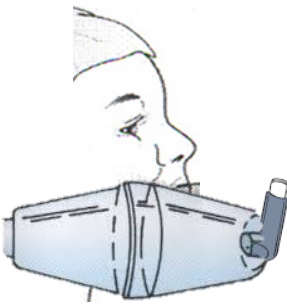
A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks then press the inhaler twice into the air to clear it.**

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.**