SANDCASTLES POLICY

*SAFEGUARDING & PROMOTING CHILDREN’S WELFARE*

ASTHMA POLICY & PROCEDURES

*Within Sandcastles children with Asthma are welcomed and supported to be safe and healthy. Children are unique and may suffer differently. Our registration form encourages parents to share any health conditions which their child suffers, children who develop asthma after starting nursery will have this recorded on their registration form. Within Sandcastles all staff are made aware of every child’s asthma verbally and on a health summary form in the kitchen. Any children requiring a more detailed care plan will have these details shared across our team. Whilst parents are asked to keep us up to date with the progress of their child’s health conditions Sandcastles will also remind parents annually.*

Sandcastles welcomes all children and recognises that asthma is an important condition affecting many children. We encourage and help children with asthma to participate fully in activities and maintain a ‘clean’ low dust environment with lots of access to outdoors, with staff aware of the need to ‘warm up’ before exercise and to be vigilant to the signs of an attack.

At Sandcastles children’s reliever inhalers are stored out of reach of children but our team’s vigilance ensures immediate access.

We support children to recognise their symptoms and become aware of the need for treatment. We include all children in our health awareness activities – talking about our bodies and what we each do to stay healthy.

Sandcastles supports all staff to be informed of all children attending the setting’s medical needs and enable staff to feel confident in supporting children with asthma. A team member with current paediatric first aid certificate is always available to children.

Sandcastles works in partnership with parents/carers and other professionals to deliver the best care to each child. Sandcastles records and informs parents/carers of every use of an inhaler and of any change in their child’s health during the nursery day. Sandcastles takes guidance from parents/carers and medical professionals to inform our care of individual children’s asthma.

**What is Asthma?**

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not every child will get all these symptoms, and some children may only get symptoms from time to time. **In early years settings staff may not be able to rely on younger children being able to identify or verbalise** when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that early years staff, know how to identify when symptoms are getting worse and what to do for children when this happens.

**Medicine and Control**

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the nursery day. **Relievers (blue inhalers)** **are medicines taken to relieve asthma symptoms during an asthma attack. They are also sometimes taken before exercise**. Whilst **Preventers** (brown, red, orange inhalers, sometimes tablets) are usually used out of nursery hours.

**Children with asthma need to have immediate access to their reliever inhalers when they need them.**  A spacer device is used with most inhalers, early years children will need some help to do this. It is good practice to support children with asthma to begin to recognise symptoms and contribute to their use of their inhaler from an early age. Staff should make sure that it is **stored in a safe but readily accessible place, and clearly marked with the child’s name.** Inhalers should always be available during physical education, sports activities and educational visits. For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the nursery or setting.

The **signs of an asthma attack include**: coughing being short of breath wheezy breathing feeling of tight chest being unusually quiet. When a child has an attack they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if: the symptoms do not improve sufficiently in 5-10 minutes the child is too breathless to speak the child is becoming exhausted the child looks blue It is important to agree with parents of children with asthma how to recognise when their child’s asthma gets worse and what action will be taken. A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child’s management plan is available to the nursery or setting.

**Children with asthma should participate in all aspects of the setting ‘day’** including physical activities. They need to take their reliever inhaler with them on all off-site activities. **Physical activity benefits children with asthma** in the same way as other children. Some children may need to take their reliever asthma medicines before any physical exertion. **Warm-up activities are essential** before any sudden activity **especially in cold weather**. **Particular care may be necessary in cold or wet weather.** Reluctance to participate in physical activities should be discussed with parents, staff and the child. However children with asthma should not be forced to take part if they feel unwell. Children should be encouraged to recognise when their symptoms inhibit their ability to participate.

Children with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms. This may affect their concentration. Such issues should be discussed with the child’s parents or attendance officers as appropriate.

All nurseries should have policy on medicines and medical needs. The nursery environment should be asthma friendly, by removing as many potential triggers for children with asthma as possible. This should support them to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.

**The following guidelines are suitable for both children and adults and are the recommended steps to follow in an asthma attack:**

1. Take one to two puffs of your reliever inhaler (usually blue), immediately.
2. Sit down and try to take slow, steady breaths.
3. If you do not start to feel better, take two puffs of your reliever inhaler (one puff at a time) every two minutes. You can take up to ten puffs.
4. If you do not feel better after taking your inhaler as above, or if you are worried at any time, call 999.
5. If an ambulance does not arrive within 10 minutes and you are still feeling unwell, repeat step 3.
6. *Once immediate danger has passed phone child’s parents / emergency contact to ensure they are informed of the attack.*

If your symptoms improve and you do not need to call 999, you still need to see a doctor or asthma nurse within 24 hours.

**You're having an asthma attack if any of the following happens:**

* Your reliever inhaler does not help.
* Your symptoms are getting worse (cough, breathlessness, wheeze or tight chest).
* You are too breathless to speak, eat or sleep.

Do not be afraid of causing a fuss, even at night. If you go to A&E (accident and emergency) or are admitted to hospital, take details of your medicines with you if possible.

**After an emergency asthma attack:**

* Make an appointment with your doctor or asthma nurse for an asthma review, within 48 hours of your attack.
* You will also need another review within one or two weeks to review your current asthma treatment and ensure your asthma is well controlled.

**Do not ignore worsening symptoms**

Asthma attacks are the result of gradual worsening of symptoms over a few days that you may not have noticed. Needing to use your reliever inhaler more than three times a week may suggest that your asthma is not as well controlled as it could be. Think about it - if your asthma symptoms are getting worse or you're using your reliever inhaler more, don't ignore it. If your symptoms continue to get worse, make an urgent appointment to see your doctor or asthma nurse within 24 hours.

Helen O’Hagan, Tuesday, 29 May 2018, To be reviewed by May 2020