Safeguarding and Welfare Requirement: Health

3.53 Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child’s needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist

EYFS (2021)

Asthma Policy

**Aims and objectives**

The pre-school welcomes all children and adults with asthma and encourages and helps them to participate fully in activities

**In order to do this we will:**

* Work with parents of children with asthma to ensure their children are in a safe, caring environment. Give parents a copy of this policy.
* Provide guidance and training for staff on what to do if a child/adult has an asthma attack to ensure their welfare in the event of an emergency.
* Ensure members of staff have immediate access to reliever inhalers and emergency inhaler.
* Ensure the group environment is favourable to children/adults with asthma

**Roles and responsibilities**

Parents/carers/adults should provide written information detailing:

* what asthma medicines the child/adult takes and when
* what triggers the asthma and what to do if the asthma gets worse
* emergency contact details
* ensure any spare medicines stored by the group are labelled and have not passed their expiry date
* complete and sign the pre-school’s medication sheet (children only)
* complete the emergency inhaler consent form

Keyperson/significant other needs to:

* have the knowledge, ability and confidence to care for children with asthma
* liaise with parents/carers of children about planning for and controlling their children’s asthma
* know what triggers a particular child’s asthma
* know where the child’s asthma records are kept
* know where young children’s asthma medicines are kept and how they should be administered
* after administering the child’s medicine, complete and sign the medication record sheet.,
* know how to recognise if a child’s asthma symptoms are getting worse and what to do if a child has an asthma attack or in the event of an emergency
* involve children who have asthma in sport and other activities

Managers/officers need to

* work in partnership with parents/carers and healthcare professionals to identify the needs of children with asthma and work with their personal asthma action plans to ensure that their asthma is effectively controlled
* inform all parents/carers about the asthma policy of the group and their responsibilities
* ensure that staff receive training about asthma and how to deal with asthma attacks
* ensure that clear written records are kept for children with asthma, detailing information from the parent/carer on
* what medicine is to be taken
* when it is to be taken
* how it is to be taken
* how to tell when the child’s asthma is getting worse and what to do if it gets worse
* ensure the child’s/adult’s asthma medicines are labelled with full name
* ensure that a record is kept and signed by the keyperson each time a child takes their medicine
* make sure that the person collecting the child is informed if the child has had to take their medicine
* ask parents/carers to bring a spare inhaler marked with the child’s full name to be kept in case of emergency
* ensure that inhalers are always taken on group trips
* ensure keypersons are confident to administer medicine and decide who should administer the medicine when the keyperson is not available
* ensure the group environment is as safe as possible for children/adults with asthma by providing training for staff, ensuring inhalers are accessible, adopt a no smoking policy and avoid keeping furry or feathery pets as they can trigger asthma symptoms. Parents will be advised by letter if animals are being brought in to visit.

Administration of the emergency inhaler

* As recommended by the Department of Health (Guidance on the use of emergency salbutamol inhalers in school-2014) the use of an emergency inhaler will be available for those children and staff diagnosed with Asthma when own prescribed inhaler is unavailable.
* The use of the emergency inhaler must only be done so with written consent from the parents/guardians.
* The use of the emergency inhaler must only be used when deemed necessary and by the appropriately trained member of staff.
* The emergency inhaler must be stored correctly, disposed of correctly and replaced when expired. This is the responsibility of the nominated staff member Tori Pattison.

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* A copy of the named children whose parents have consented to the use of the emergency inhaler must be kept with the inhaler.
* A spacer will also be available with the emergency inhaler if it is required. Once the spacer has been used it will be disposed of correctly and replaced.
* If the emergency inhaler has been administered to a child a record must be given to the parent/guardian. Records should include where, when, how much medicine was administered and by whom.
* A list of items that will be kept with the emergency inhaler are attached as Appendix 2

This policy was adopted at a meeting by T Pattison (Preschool Manager)

**APPENDIX 1**

**Common ‘day to day’ symptoms of asthma are:**

\* Cough and wheeze (a ‘whistle’ heard on breathing out) when exercising

\* Shortness of breath when exercising

\* Intermittent cough

These symptoms are usually responsive to use of their own 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.

**Signs of an asthma attack include:**

\* Persistent cough (when at rest)

\* A wheezing sound coming from the chest (when at rest)

\* Being unusually quiet

\* The child complains of shortness of breath at rest, feeling tight in the chest

(younger children may express this feeling as a tummy ache)

\* Difficulty in breathing (fast and deep respiration)

\* Nasal flaring

\* Being unable to complete sentences

\* Appearing exhausted

\* A blue / white tinge around the lips

\* Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

**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

**Responding to signs 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 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.

**APPENDIX 2**

**The emergency kit**

An emergency asthma inhaler kit should include:

\* a salbutamol metered dose inhaler;

\* at least two single-use plastic spacers compatible with the inhaler;

\* instructions on using the inhaler and spacer/plastic chamber;

\* instructions on cleaning and storing the inhaler;

\* manufacturer’s information;

\* a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;

\* a note of the arrangements for replacing the inhaler and spacers (see below);

\* a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans;

\* a record of administration (i.e. when the inhaler has been used).

**APPENDIX 3**

Storage and care of the inhaler

A school’s asthma policy should include staff responsibilities for maintaining the emergency inhaler kit. It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

\* on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;

\* that 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.