**The Willow Tree Children’s Centre**

**Asthma Policy**

Our setting keeps a register of all children with asthma on Child Paths. Key workers are expected to know which children in their group have asthma and be familiar with their individual care plans. All staff are trained in PHECC First Aid Responder and should have an excellent knowledge of the asthmas policy and procedures in case of an emergency.

Our service:

* recognises that asthma is a condition that can be serious and affects many children
* encourages and helps children with asthma to participate fully in activities
* ensures children have immediate access to reliever inhalers
* ensures that the environment is favourable to children with asthma and that all staff are aware of potential triggers and warning signs
* ensures that other children in the group understand that asthma can be serious
* provides training for staff on how to administer reliever inhalers and what to do if a child has an asthma attack
* ensures that all staff are trained on the procedures to follow in the event of an emergency
* obtains written permission from parents to administer reliever inhalers
* works closely with parents of children with asthma to ensure continuity of care
* works with parents and healthcare professionals to develop an individual healthcare plan if appropriate
* always informs parents if a child has an asthma attack or needs their inhaler while at the provision
* informs parents of procedures that will be followed when there’s a trip or outing
* reviews the asthma policy on a regular basis.

**Storage, Consent and Recording of use of Inhalers**

See Administration of Medication Policy

**What is asthma?**

Asthma is a common chronic disease which inflames the airways.

The airways are the small tubes that carry air in and out of the lungs. Asthma causes the airways to become over-sensitive and react to things they wouldn’t normally react to, such as cold air or dust mites – even family pets. These are called triggers.

When asthma symptoms are triggered the muscles around the wall of the airways tighten, making them narrow. The lining of the airways also swells and sticky mucus is produced, clogging up the already narrowed airways. With the airways narrow and clogged with mucus, it becomes difficult to breathe.

**What are the symptoms of asthma?**

The symptoms of asthma are one OR any combination of:

• Shortness of breath

• Wheezing

• Chest tightness

• Coughing

**What causes asthma?**

The exact causes of asthma are still unknown. Asthma usually starts in early childhood, but sometimes it develops at later stages in life. Asthma can run in families and children are more likely to have asthma if they have a parent or parents with asthma. Asthma is linked to other allergic diseases and people with asthma often suffer from conditions such as eczema and hay fever.

**Asthma triggers**

Everyone’s asthma is different so it is important that all early years’ staff are aware of the triggers for each individual child at the provision. Providers must ensure that they obtain all relevant information from parents regarding their child’s asthma triggers so that they can take steps to avoid them wherever possible. Common asthma triggers in children include:

• Cigarette smoke

• Colds and flu

• Pollen

• Mould & fungal spores

• Air pollution

• Dust mites

• Weather changes

• Animal fur or feathers

• Exercise

• Stress/anxiety/excitement

• Chemical fumes/detergents

• Perfumes

• Aerosols

• Chalk dust

**Asthma Treatments**

It is important to be aware of the different medication that each child is taking, and how often they need to take them.

There are two main types of treatments for asthma. Relievers work to relieve symptoms when they happen, while controllers help to control symptoms and stop them happening.

**Relievers**

When reliever medication is breathed in, it relaxes the muscles around the airways, allowing them to widen and making it easier to breathe. Reliever inhalers are used when symptoms get worse or during an asthma attack. Everyone with asthma should have a reliever inhaler and should keep it with them at all times.

**Facts about relievers**

• Reliever inhalers are usually blue.

• Reliever inhalers are used in an emergency.

• Reliever inhalers are sometimes referred to as ‘rescue medication’.

• They work very quickly to ease symptoms.

• Relievers can be taken in advance of coming in contact with an asthma trigger e.g. before exercise.

• Reliever medication is safe and has few side effects. Some relievers may slightly increase heart rate, or cause mild tremors but these side effects are temporary and should not cause concern.

**Controllers**

Controller inhalers are used every day, even when someone is feeling well. Controller medication contains a steroid called a corticosteroid, this builds up over a period of time to reduce swelling in the airways and stop symptoms developing. Its action starts almost immediately but it only reaches its full effect over a period of time and it is therefore important to take it every day.

A child’s treatment plan may change from time to time, so it is important to be up to date with their personal asthma action plan.

**Facts about controllers**

• Controller inhalers vary in colour but are usually brown.

• Controller inhalers should be taken everyday, even when someone is feeling well.

• The effect of controller inhalers builds up over time to reduce symptoms.

• Controllers are usually taken in the morning and evening so are less likely to be taken during school hours than relievers.

• The steroids in controller inhalers are similar to those found naturally in the body and should not be confused with anabolic steroids, which are sometimes used illegally in sport.

• Sometimes using controller medication can cause hoarseness or a mouth infection called thrush so it is important that children rinse their mouths after use.

Top Tip: If an inhaler has not been used for some time, it may need to be ‘primed’- spray two puffs into the air before administering. 9

**Combination inhalers**

Some people may be prescribed a combination inhaler. Combination inhalers give a dose of long-acting reliever medication and a dose of controller medication at the same time. It is important that children rinse their mouths after use.

**Asthma tablets**

Tablets are prescribed as well as inhalers in certain circumstances but it is rare that children would need to take tablets for asthma during school hours.

**Inhalers and spacers**

There are a wide range of different inhalers and spacers available for the treatment of asthma. Using them correctly is a key step to good asthma control, so it is important that you familiarise yourself with the correct technique for the inhalers and spacers used by your children.

**What is an inhaler?**

Inhalers are the small devices that release medication which is breathed directly into the lungs. Inhalers can be used for both reliever and controller medication.

**What is a spacer?**

A spacer is a plastic container that is used with some inhalers to make them easier to use, more effective and reduce the risk of side effects such as oral thrush. A spacer has an opening at one end to insert the inhaler and a mouthpiece or mask at the other end to breathe in the medicine. Everyone using a metered dose inhaler should use a spacer with their inhaler, especially children.

**All inhalers and spacers should be labeled clearly with child’s name and dosage. Always check the device for the expiry date.**

**Asthma and Exercise**

Exercise is important for everyone, but especially for people with asthma. Exercise can be an asthma trigger, but children should be encouraged to take part in physical activities and PE.

Most children with asthma will be able to take part in PE and sports, once their asthma is well controlled.

**Before exercise**

• Know which children in your class have asthma and what their triggers are.

• If exercise is a trigger, children should take their reliever inhaler 15 minutes before exercise.

• Always start with warm-up exercises.

• Make sure you know what to do during an asthma attack and carry an asthma attack card with you.

• Speak to parents if children have asthma symptoms (e.g. cough, chest pain or wheeze) during exercise but have not been diagnosed with asthma.

**During exercise**

• Make sure children have their reliever inhaler with them at all times.

• Avoid asthma triggers such as dust, pollution or pollen.

• If a child needs their reliever inhaler, they should stop exercising until their symptoms subside.

• If a child needs to take a break because of asthma, involve them in less strenuous activities such as refereeing, coaching or keeping score.

**After exercise**

• Always finish with cool-down exercises.

**Procedure for an Asthma Attack**

Asthma attacks can be frightening and dangerous experiences. They can happen when symptoms get worse over a number of days or hours or can happen suddenly, even when someone is taking their medication and avoiding triggers.

If a child has an asthma attack or you suspect they are having an attack, you should take immediate action.

If someone is having an asthma attack they will have one OR a combination of the symptoms below:

• Cough

• Wheeze

• Shortness of breath

• Chest tightness

• Too breathless to finish a sentence

• Too breathless to walk, sleep or eat

• Lips turning blue.

In an asthma attack immediately follow the 5 step rule

1. Take two puffs of reliever inhaler (usually blue), one puff at a time

2. Sit up and stay calm

3. Take slow steady breaths

4. If there is no improvement, take one puff of reliever inhaler every minute:

• Adults and children over six years can take up to ten puffs in ten minutes

• Children under six years can take up to six puffs in ten minutes

**5. Call 999 or 112 if symptoms do not improve after ten minutes or you are worried. Repeat step 4 if an ambulance does not arrive within ten minutes.**

**If a child is having an asthma attack:**

• make sure they take slow, steady breaths and take two puffs of their reliever inhaler immediately, one at a time, preferably through a spacer device, Extra puffs of reliever are safe

• ensure tight clothing is loosened

• encourage the child to sit up and slightly forwards, don’t lie the child down or put your arm around them

• Keep calm, reassure the child and never leave the child on their own

• You should not take children to hospital in your own car if possible; however, if it is necessary another adult should accompany you.

**Communication of Policy**

All parents/guardians are to be informed of this policy. Staff members will check with parents/guardians that they have read and understood the policy and provide any assistance needed.

A summary of this policy will be included in the Parent/Guardian Handbook and the full policy is available on the website www.blennerville.playschool.com

This policy will also be reviewed with staff at induction and annual staff training.

A copy of all policies will be available during all hours of operation to staff members and parents/guardians upon request.

Parents/guardians may receive a copy of the policy at any time upon request.

Parents/guardians and the staff team will receive written notification of any updates.

This policy is underwritten by the Child Care Act 1991 (Early Years Services) Regulations 2016 and the Child Care Act 1991 (Early Years Services) (Registration of Pre-school and school-age Services) Regulations 2018.

This policy was adopted by The Willow Tree Children’s Centre on 01st of January 2024.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of Management

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**Person in Charge:** Laura MacKenna

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**Appendix A – The Willow Tree Children Centre’s Individual Care Plan**

**Child’s Name:**

**Date of Birth:**

**Name of Parent/Legal Guardian(s):**

**Emergency Contact Details:**

1. **Name: Telephone Number:**
2. **Name: Telephone Number:**
3. **Name: Telephone Number:**

**Medical diagnosis or condition:**

**Is the child receiving medical care from any outside agencies?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Contact name** | **Telephone number** |
| **Doctor/GP** |  |  |  |  |
| **Health Visitor** |  |  |  |  |
| **Physiotherapist** |  |  |  |  |
| **Speech and Language Therapist** |  |  |  |  |
| **Asthma Nurse** |  |  |  |  |
| **Other, please specify:** |  |  |  |  |

**Please give details of child’s medical/care needs (daily care requirements):**

|  |
| --- |
|  |

**Signs and symptoms to be aware of:**

**What constitutes an emergency for the child?**

**Agreed procedure to be followed:** (Details of the treatment to be given, when medication is to be given? (Medication must be in original package with child’s name and dosage stated clearly).Name of Medication, Type, Dosage, Storage, Who administer? See medication authorisation form. What is the usual reaction to medication? Can a second dose be given? If so when? Action required if condition continues). **OR Strategies required to meet the child’s additional need.** (Daily care requirements, special precautions e.g. evacuation procedures).

**Follow up care required for the child:**

**Training required of staff for care of child:**

**Have staff been trained by a qualified medical professional to administer treatment/procedures? Yes No**

**If no what is the action plan?**

**The information on this Care Plan has been agreed with:**

**Parent/Legal Guardian (Name): Signature: Date:**

**Provider (Name): Signature: Date:**

**Medical professional e.g. GP (Name): Signature: Date:**

**Planned review date of Individual Care Plan:**