

# **Asthma**

This guideline aims to promote a working partnership between all concerned, resulting in the development and successful implementation of an asthma policy. One in every eight children in the UK is currently being treated for asthma and several are likely to have the condition in each pre-school group. There is nothing to stop the vast majority of children with asthma leading a full and active life. This information will help you to understand how children can control their condition, know what can be done to build the child's confidence, and create a safe environment for children with asthma where they can reach their full educational potential.

**What Is Asthma?** Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. Asthma symptoms include coughing, wheezing, a tight chest, and getting short of breath – but not every child will get all these symptoms. Children with asthma have airways that are almost always inflamed and sensitive. These airways can react badly when someone with asthma has a cold or other viral infection or comes into contact with an asthma trigger.

**What is a trigger?** A trigger is anything that irritates the airways and causes the symptoms of asthma to appear. There are many asthma triggers. Common ones include colds, viral infections, house-dust mites, pollen, cigarette smoke, furry or feathery pets, exercise, outdoor air pollution, laughter and stress. Everybody's asthma is different and everyone will have their own triggers. Most people have several. It's important that children with asthma get to know their own triggers and try to stay away from them or take precautions.

**What happens to the airways?** When someone with asthma comes into contact with a trigger that affects their asthma, the airways do three things. The airway lining starts to swell, it secretes mucus, and the muscles that surround the airway start to get tighter. These three effects combine to make the tubes very narrow, which makes it hard to breathe in and out normally. When this happens, asthma symptoms appear (cough, wheeze, a tight chest, and shortness of breath). This is called an asthma attack. It's at this point that the person with asthma will need to take a dose of their reliever medication.

**Asthma is a variable condition** Asthma varies in severity. Some children will experience an occasional cough or wheeze, whereas for others, the symptoms will be much more severe. Avoiding known triggers where appropriate and taking the correct medication can usually control asthma effectively. However, some children with asthma may have to take time off nursery or have disturbed sleep due to asthma symptoms or poor control of symptoms.

If you are worried about a child who appears to have 'severe' asthma, it may be helpful to consult a doctor, or the child's own GP through their parents / carers. If the child is taking time off nursery or is tired in class – which could be because of asthma symptoms during the night disturbing sleep – the Nursery Manager / Deputy or Key Worker should firstly talk to the parents / carers, and then a doctor.

**Asthma medication** Asthma medication is usually given by inhalers.

**Reliever inhalers** are usually blue. This is the inhaler that children need to take immediately when asthma symptoms appear. Relievers work quickly to relax the muscles around the airways. As these muscles relax, the airways open wider and it gets easier to breathe again.

Children with asthma need to keep their relievers with them, or close at hand, at all times. **You never know when they may be needed.**

Some children's asthma is so mild that they only get asthma symptoms once or twice a week (usually after exercise). The rest of the time their asthma causes them no problem whatsoever.

They will probably just have a reliever inhaler. However, if they are using it more than once or twice a day, or three or four times a week, then they should tell their doctor or nurse, as their asthma is not under control and they'll probably need a preventer as well.

**Preventer inhalers** are usually in autumn colours (often brown) and sometimes white. These steroid-based medicines are very low dose and extremely safe. The preventer is the inhaler that should be taken every day (usually first thing in the morning and last thing at night), even when asthma seems well controlled. That's because preventer inhalers work over a period of time to help the airways calm down and stop them being so twitchy. This means they're less likely to react badly when someone with asthma has a cold or chest infection or encounters one of their triggers. Normally, children should not need preventer inhalers in nursery hours. If they are needed, children may need to be reminded to take them.

**Preventer tablets** may be prescribed daily if the child's asthma symptoms are not controlled by a regular inhaled preventer and a reliever as required. These are not steroids and are usually taken alongside inhaled preventers.

**Steroid tablets** are very rarely found in the pre-school environment. These give a much higher dose of steroid than a steroid preventer inhaler. If asthma symptoms get severe, the doctor might prescribe steroid tablets for between three and 14 days until the asthma is under control again. Steroid tablets are essential emergency treatment for some children who need to take them in a crisis. Some children's asthma is severe all the time. Their doctor might suggest they take steroid tablets for a longer period but this is very unusual in children.

**Asthma Devices (Spacers / Nebulisers)** **Spacers** are large plastic devices; shaped a bit like a plastic bottle, which make sure the medicine reaches the lungs rather than landing in the throat or the mouth. They are used with metered dose inhalers (spray inhalers) and make them easier to use and more effective, as they allow more of the medication to be breathed straight down into the lungs where it's needed. Because of the co-ordination needed, children (and some adults) often find it difficult to use the spray inhalers properly without a spacer. Spacers will always be used in pre-school children with spray inhalers. Normally children should not need to use a nebuliser in . There is new evidence to indicate that, for the vast majority of people with asthma, inhaled therapy is best delivered by inhalers or inhalers with spacers. If a doctor or nurse does advise that a child needs to use a nebuliser in nursery, the staff involved will need training by a health professional.

#### **When a child with asthma joins Eversley Nursery School our staff will**

- Make sure they are familiar with the asthma policy.
- Ask the parents / carers about the child's asthma and current treatment. This Information can be recorded on an IHCP
- Some children need a discreet reminder to take medication, especially before exercise. Remember some children are shy about taking medication in front of others. Developing positive class attitudes towards pupils with medical conditions will help.
- Remember to include medication on all trips out of the premises and you provide this information on circulars and in advice to parents / carers.
- Always inform the parents / carers if the child has had an asthma attack and used their reliever medication.
- As the children are too young to give themselves medication, it should be kept in the nursery in an easily accessible place out of reach from children.
- **Reliever inhalers should not be locked away.**
- Staff will make sure the other children in the nursery are aware of the children who suffer from asthma to enable them to support their condition so that children with asthma can avoid the stigma sometimes attached to this long-term condition.

**How to involve children who have asthma in sport and other activities** Children with asthma can suffer socially because many people mistakenly think that their asthma prohibits them from

joining in. Full participation should be the goal for all. Even the most severely affected children should be encouraged to participate, with support. However, young children with asthma can become wheezy during exercise and strenuous activity. Taking a puff of reliever before exercising can help prevent this. **Reliever inhalers should always be immediately accessible to children when they are participating in sports and other activities.**

## **Roles and Responsibilities**

### **Parents / carers need to:**

1. Provide written information detailing:
  - what asthma medication the child takes and when
  - what triggers the child's asthma and what to do if the child's asthma gets worse
  - who to contact in the case of an emergency and where to contact them

**INFORMATION SHOULD BE COLLATED IN IHCP AND IN THE LONG TERM  
PERSCRIBED MEDICATION BOOK.**

2. Ensure any spare medication stored by the Nursery is labelled and has not passed its expiry date.

### **Local authorities need to:**

1. Ensure that adults working with children under five have had appropriate training about asthma. This involves working with the NHS Board, which has responsibility for meeting the health needs of the local population. This needs reviewing on a yearly basis.
2. Check that all Groups have appropriate asthma policies when they are inspected.

### **The Nursery Manager / Deputy needs to:**

1. Work in partnership with parents / carers and health care workers to identify the needs of children with asthma and use their asthma management plans to ensure that asthma is effectively controlled. An Individual Health Care Plan must be written and maintained.
2. Inform all parents / carers about the asthma policy of the Nursery and their responsibilities.
3. Ensure that staffs receive training about asthma and how to deal with asthma attacks. Staff should receive annual updates.
4. Ensure children have immediate access to their reliever inhalers. Decide on the best place for the inhaler to be kept and make sure that all the relevant people, especially the child, know where to find it. **Do not cause delay by locking it up.**
5. Ensure that clear written records are kept for children with asthma, detailing information from the parent / carer on: (IHCP)
  - what medication 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
  - what to do if their asthma gets worse
6. Ensure the child's asthma medication is labelled with their full name.
7. Ensure that a record is kept each time a child takes medication.
8. Make sure that the person collecting the child is informed if the child has had to take medication.
9. Ask parents / carers to bring a spare inhaler to be kept at the Nursery in case of emergency.
10. Keep spare reliever inhalers marked with the child's full name in an agreed and readily accessible place.
11. Make sure the inhalers are always taken on Nursery trips.
12. Ensure each key worker is confident to help the child with their medication and decide who should administer the medication when the key worker is not available.
13. Ensure the Nursery environment is as safe as possible for children with asthma. For example, adopt a no smoking policy. Do not keep furry or feathery pets as they can trigger asthma symptoms.

**Key workers need to:**

1. Have the knowledge, ability and confidence to care for children with asthma.
2. Liase with parents / carers of children about planning for and controlling their children's asthma.
3. Know what sets off a child's asthma.
4. Know where the children's asthma records are kept (kept with the medication).
5. Know where asthma medication is kept and how it should be administered.
6. Know what to do if a child has an asthma attack or in the event of an emergency.
7. Involve children who have asthma in sport and other activities.
8. Involve all children in learning more about asthma and what to do in an emergency.

The local asthma nurse can be contacted for advice.

**Children's Respiratory at Arrowe Park Hospital: 0151 678 5111**

The Asthma UK Advice line: 0300 222 5800. Monday to Friday 9am-5pm.

[www.asthma.org.uk](http://www.asthma.org.uk)

**This policy was revised & updated on the 15<sup>th</sup> August 2022  
Eversley Nursery School**