



Little Swans Day Nursery Asthma/Inhaler Use Policy

Reviewed by: Elaine Boulton
Reviewed: May 2020

Policy Statement

- Little Swans Day Nursery welcomes all children with asthma/inhaler users and recognises their individual needs.
- Expects and encourages parents/carers to give us appropriate information on their child's condition and to provide a prescribed reliever (blue) inhaler and spacer device; **which must** be prescribed by the GP with your child's name clearly printed on the prescription label.
- Will encourage and help children with asthma/inhaler users to participate fully in activities.

On Admission

- 1.1. Parents/carers will be asked to complete an admission form giving full details of their child's condition, regular medication, emergency contact numbers, family GP and any relevant hospital details.
- 1.2. All children diagnosed with Asthma or those who use inhalers will be required to have a reliever (blue) inhaler and spacer device to be kept at the setting at all times.
- 1.3. If staff feel that the requests made by parents/carers regarding the administration of asthma/inhaler medication are **not in line with the advice received during training**, they may request parents/carers to obtain clear written guidance from their child's **GP/Consultant or Asthma nurse**.
- 1.4. Parents/carers will be required to complete an Asthma/Inhaler Alert card with the support of staff at the nursery and Health Visitor; if appropriate. Where appropriate support can also be requested from a specialist nurse and/or Nurse Educator as appropriate.

The Asthma/Inhaler Alert Card will provide details of:

- Emergency contacts
- The child's prescribed medication; name, dose, when and how to use it
- What triggers the child's asthma/breathing difficulties (where known)
- Individual signs and symptoms
- What to do if the child's asthma/breathing gets worse

➤ Special requests from parents/carers

Your child's asthma awareness card along with their photo will be displayed in their area with parental consent; to ensure all staff, students and volunteers working with your child are aware of their medical needs.

Storage and Disposal of Medication

2.1. All reliever (blue) inhalers and spacer devices must be clearly labelled with the child's name and have the prescribed label attached and intact from the pharmacist or doctor.

2.2. Reliever (blue) inhalers will be kept unlocked (where possible this will be in the same room as the child) to ensure immediate access.

2.3. If the child leaves nursery premises for any activity their reliever (blue) inhaler and spacer device will be taken with them. **This will be the joint responsibility of staff and parent/carers.**

2.4. Reliever (blue) inhalers should not be stored where there is excessive heat or cold.

2.5. **It is parents/carers responsibility** to check all reliever (blue) inhalers/spacer devices regularly, confirming that the inhaler is in date and that it contains sufficient medication. It is parents/carers responsibility to dispose of unused/expired medication.

Exercise and Activity

3.1. All children are encouraged to participate in exercise/daily activities.

3.2. Some children may need to use their reliever (blue) inhaler before exercising.

3.3 Reliever (blue) inhalers **must be readily available at all times.**

Asthma Attack

4.1. Where the child has a reliever (blue) inhaler it is important that all staff know how to manage an asthma attack/breathing difficulties.

Staff at the nursery update their awareness and training annually online as a refresher course with noodle now. They have also taken part in Millie Mark a special award for settings that go above and beyond expected basic training. Full training is refreshed as part of staff full paediatric first aid training which is reviewed every three years, in accordance with good practice. In the event of a child having an attack staff must follow the guidance in the training they have received and follow the procedure outlined in the '**Asthma Attack Flow Chart**'.

4.2. Most children will not need to use their reliever (blue) inhaler on a daily basis. Parents/carers will be informed if the reliever (blue) has been used during the day and will need to sign the nursery's medication records to acknowledge this.

4.3. If the child needs to repeat the use of the reliever (blue) inhaler within four hours we will allow them to do so but will **always notify** parents/carers immediately as the child needs to be seen by their GP that day.

Training

5.1. All staff must access asthma awareness training and receive regular updates so that they recognise and know how to manage a child having an asthma attack, when and how to call an ambulance and what to do whilst waiting for the ambulance to arrive.

This policy has been written with reference to the following guidance:

1. "Managing Medicines in Schools and Early Years Settings". DFES 2005 (REVISED November 2007)
2. "Statutory Framework for the Early Years Foundation stage". (DCFS September 2017)

This policy will be reviewed annually and/or when changes in practice and guidance requires.

To be reviewed August 2020

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Asthma is a serious and potentially life threatening illness that affects many children. Fortunately, there are many medications that can help control and prevent asthma attacks.

The symptoms of asthma for most children include coughing, wheezing and difficulty breathing, and they may be brought on or triggered by having a cold, changes in the weather, exercise or exposure to cigarette smoke, pollen, mould, animals, and pollution.

If you can learn the things that trigger your child's asthma problems, it can help to avoid them, although finding asthma triggers is often difficult.

Asthma is usually easy to diagnose in a child who is wheezing and having trouble breathing, but it becomes more difficult if the child only has a cough, or cough variant asthma. You should suspect that your child may have asthma if he has a chronic cough that is worse at night or when he is running and playing, even if he never seems to wheeze.

Asthma Treatments

The main treatment when your child is coughing or wheezing and having trouble with his asthma is to use a bronchodilator, such as Albuterol, Proventil, Ventolin or Xopenex (a newer medication). These are also called 'quick relief' or 'reliever' medications. These medications are available for use with a nebulizer, metered dose inhaler, or syrup (rarely used). Younger children may be able to use these asthma inhalers with a spacer or a spacer and mask.

These quick relief medications are usually used on an as needed basis. If you are using them regularly, on a weekly or daily basis, then your child's asthma is likely being poorly controlled and he would benefit from a preventative medication.

During an asthma attack many children also have to take an oral steroid, such as prednisone or prednisolone.

Asthma Prevention

The goal of treating asthma is that your child be symptom free and able to perform his normal activities. Asthma should not usually limit your child's activities, unless he is having an asthma attack at the time.

In addition to avoiding triggers, asthma can often be prevented by taking a daily preventative medication. These include inhaled steroids, such as Flovent, Pulmicort, Qvar, Alvesco, Aerospan, and Asmanex, which are used every day, even when your child is not having any asthma symptoms. These are available as metered dose inhalers and newer dry powder inhalers. Pulmicort is also available in a form (Pulmicort Respules) that can be given with a nebulizer, which is convenient for younger children.

Other preventative medications combine a steroid with a long-acting bronchodilator. They are used in children with moderate to severe asthma who aren't controlled with an inhaled steroid and can include Advair HFA, Advair Diskus, Dulera, and Symbicort.

The other main type of preventative medication is the leukotriene modifiers, such as singulars (Monteleukast), available as granules and as a chewable tablet for younger children.

If your child is already on a preventative medication and continues to need to use a 'reliever' medication on a regular basis, then your child likely needs to take another preventative medication or a higher dosage of his current medications. For example, if he is already taking Advair 100/50, then he may need to be increased to a higher dose, such as the 250/50 form of Advair, and/or Singulars might be added to his treatment plan.

Asthma Monitoring

The easiest way to monitor how well your child's asthma is being treated is to see if he is having any symptoms. If your child is not coughing or having trouble breathing and is rarely using a reliever medicine, then he is likely under very good control. If he frequently has a cough, especially at night or with activities, or if he is using a reliever medicine on a daily or even weekly basis, then his asthma is probably under poor control.

Peak flows can help you monitor your child's asthma once he is 5-6 years old. A peak flow meter is a small device that your child blows into and based on the number he gets, it can sometimes help you know if he is having trouble with his asthma or if he is under good control.

Pulmonary function tests are another tool that can help to determine how well your child's asthma is under control, but can usually only be done in the office of an allergist or pulmonologist. Most paediatricians do not do this test in their office.

Asthma Treatment Plans

A treatment or action plan is a handy reference that your doctor should provide you with to help you know which medicines you should be using at different times. An asthma treatment plan usually outlines your child's daily medications and which ones to take when his peak flows are dropping or he is developing asthma symptoms.

Asthma Education

If your child's asthma is poorly controlled or if you still do not understand how to best manage his asthma, a referral to a Paediatric Pulmonologist might be helpful. You might also look into taking an asthma education class if they are available in your area. There are also many helpful books, including the American Academy of Paediatrics Guide to Your Child's Allergy and Asthma, and websites that can help you learn more about asthma.

Among the basic things about asthma that you should know include:

- What medications you should be giving your child and when to use them. Having an asthma treatment plan can help you understand what you need to do.
- How to manage an asthma attack.
- How to use a nebulizer (if you have one) and/or a metered dose inhaler (MDI) with or without a spacer.
- How to use a peak flow meter and how to interpret the results.
- How to prevent your child from having an asthma attack, including understanding the proper use of preventative medications and avoiding triggers.

Uncontrolled Asthma

What do you do if your child's asthma is not under good control? Learning more about asthma is a good start, but you will likely need a follow-up visit with your doctor or get a referral to a specialist for more help. One big reason for a child's asthma to be under poor control is because he is not taking his medications or he is not taking them correctly. Bringing all of his medications to your next office visit and demonstrating how he uses them can help your Paediatrician decide if he is using them properly.

You might also consider that your child has allergies, especially if he also has a stuffy or runny nose when he gets his asthma problems. Many children with allergies also have asthma, and uncontrolled or untreated allergies can make it difficult to effectively treat a child's asthma. Allergy testing might also be helpful if you can't figure out what triggers your child's asthma.

Gastroesophageal reflux can also complicate and trigger asthma in some children, even in those that don't obviously spit up.