



Asthma Policy

Policy Statement

Play Inclusion Project recognises that asthma is a widespread, serious, but controllable condition. We welcome all children with asthma and aim to ensure that children and young people are able to safely participate in all activities. This policy outlines how we support children with asthma and manage asthma-related situations effectively.

Definition

Asthma is a condition affecting the airways—the small tubes that carry air in and out of the lungs. When a person with asthma encounters an irritant (asthma trigger), the muscles around the airways tighten, narrowing the air passages and making breathing difficult.

Roles and Responsibilities

Parents/Carers

Parents/carers must inform Play Inclusion Project if their child is diagnosed with Asthma, and clarify the following:

- Any known triggers
- Steps to be taken should an asthma attack occur
- Any Medical Treatment Plan, from the hospital or doctor
- Details of any treatment/medication prescribed to help alleviate symptoms
- Any changes to prescribed medication
- If prescribed medication is administered from a Metered Dose Inhaler (puffer) it will be necessary to provide a Volumatic Flask (spacer) to ensure that the correct dose is delivered effectively

Play Inclusion Project

Play Inclusion Project will ensure:

- An up-to-date list of children with an asthmatic condition is maintained
- All asthma related information is recorded in the child's care plan
- Parents are notified of any treatment administered during a session.
- Children requiring hospital care will be accompanied by staff until they have been handed back to their parent/carer
- Area Managers check the expiry date and functionality of inhalers. If medication is missing, parents will be
- Information relating to a child's asthma will be shared on a need to know basis.

Medication

Prevention inhalers

- Generally brown in colour
- Administered at home, typically twice daily
- Rarely needed during sessions

Relief inhalers

- Usually blue in colour
- Must be readily accessible at all times
- Can be kept in the child's bag or handed to the Area Manager
- Children will be encouraged to self-administer under supervision of two staff members
- If a child cannot self-administer, trained staff will follow the Administration of Medication Policy

Record Keeping

- At the home visit a medication form must be completed detailing the name, dose, and timing of medication
- Details of how to respond to an attack should be recorded in the child's care plan
- When inhalers are brought to a session a Handover of Medication form must be completed
- Following inhaler use, a medication form is to be completed
- Children capable of signing their own record must do so;

Common day to day symptoms of asthma are:

- Cough and wheeze (a whistle heard when breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of the child's own inhaler and rest. They would not usually require the child to be sent home or require urgent medical attention.

How to recognise an asthma attack

The signs of an asthma attack are:

- Persistent cough at rest
- Reliever inhaler not helping
- Wheezing when at rest
- Difficulty breathing or nasal flaring
- Unable to talk in full sentences
- Chest tightness (sometimes described as tummy ache in young children)

Call an ambulance immediately and commence the asthma attack procedure immediately if the child:

- appears exhausted
- Has blue/white lips or they are turning blue
- Collapses
- Does not have inhaler Appears exhausted

Asthma attack procedure

In the event of an asthma attack staff should:

- Stay calm
- Allow the child to sit comfortably (do not lie down)
- Administer 2–10 puffs of the relief (blue) inhaler via Volumatic or preferred device
- Encourage slow, deep breathing
- Wait 5–10 minutes
- If symptoms resolve, child may return to activities under observation
- If symptoms improve but do not fully resolve, contact parents and administer another dose
- If inhaler is unavailable or dose insufficient, contact parents and, if necessary, take child to hospital

Procedure for Dealing with a Severe Asthma Attack

A severe asthma attack is indicated by the following signs:-

- normal relief medication has had no effect after two administrations
- pulse rate is 120 per minute or more
- the child is breathing rapidly at the rate of 30 breaths a minute or more
- the child is too breathless to talk normally
- the child shows signs of becoming exhausted

Procedure:

- Call an ambulance
- Contact parents or emergency contacts
- Continue relief inhaler every 5–10 minutes until ambulance arrives

Indemnity

- Trained staff administering medication are provided with indemnity
- In emergencies, staff should act as any prudent parent would, including administering medication
- Inhalers must be within date, labelled with the child's name, and prescribed by a pharmacy

