

ASTHMA POLICY



Version 1.1

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ORCHYD is an inclusive community that aims to support and welcome children with complex medical conditions.

It is important for ORCHYD to have an asthma policy so that all children with asthma can be given the same opportunities to achieve their full potential and enjoy the same level of participation as their peers.

ORCHYD understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

ORCHYD will ensure staff understand asthma management and should feel confident and competent in knowing what to do in the event an emergency.

ORCHYD has clear guidance about record keeping including the recording of all the medical details of children with asthma and keeping parents updated with any issues it feels may affect their child.

ORCHYD will work together with children, parents, volunteers and health professionals to ensure this policy is successfully implemented and maintained.

The asthma policy will be regularly reviewed, evaluated and updated.

Please also refer to the Medication Management Policy.

WHAT IS ASTHMA

Asthma is a long-term medical condition that affects the airways – the small tubes that carry air in and out of the lungs, Children and young people with asthma have airways that are almost always red and sensitive (inflamed). Asthma triggers then irritate these airways, causing them to react. When a child or young person with asthma come into contact with an as asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. These reactions lead to the symptoms of asthma.

Asthma is viewed as a part of a young person's medical needs and young people with asthma must not be unnecessarily excluded from any activity or event at ORCHYD.

Specific volunteers who come into contact with children and young people with asthma will be identified by the Lead HCP. Additional training will be offered know what to do in the event of an asthma attack. Minor asthma 'attacks' should not interrupt a young person's involvement in the

day or for activities planned in the evenings. There may be activities that a young person cannot join but this will be known and agreed with parents.

Parents are required to provide ORCHYD with one reliever inhaler and are responsible for ensuring they are not out of date.

The ORCHYD's policies support volunteers in administering medication for asthma.

The HCP will discuss the young person's individual management plan with parents including the usual triggers.

PROCEDURES FOR CHILDREN WITH ASTHMA

The Usual Symptoms of Asthma Are:

- Coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children will express feeling tight in the chest as a tummy ache.

Asthma varies in severity from person to person. While some children and young people will experience an occasional cough or wheeze, others will have severe symptoms. Some children may experience symptoms from time to time (maybe after exercise, or during the hay fever season), but feel fine the rest of the time.

Medication for asthma:

- Relievers

These usually come in blue-coloured inhalers and must be used with the spacer device. A young person should be assisted take his/her reliever as soon as symptoms of an asthma 'attack' appear. Immediate access to the prescribed inhaler is vital. An inhaler will be kept with the young person at all times. It will be stored in the medication cupboard while the young person is in the hall or on the back of their chair/with their helper if they are away from the hall.

Instruction as to when the reliever should be used will be available from the Lead HCP/HCP on shift.

- Preventers

These are usually brown in colour (but could also be beige, orange, red or white) and are used to protect the lining of the airways and reduce the risk of asthma 'attacks' and these are usually given in the morning and evening and will therefore not be required on outings.

ORCHYD will have a medication consent form for any child with medication for the prevention of Asthma. Procedures for the administration of medication must be followed and the administration of the inhaler will be recorded on the medication record form.

Parents will be informed at the end of the holiday if their child has required their inhalers, unless a severe attack occurs requiring medical intervention. In this case the parents should be contacted by the Lead HCP, an experienced helper or member of the committee as soon as possible.

Emergency procedures

ORCHYD Asthma Policy– Reviewed and updated July 2024 by D Parish and R Cummins

1. Keep calm
2. Encourage the child to sit up and slightly forward – do not hug them or lie them down. Ensure tight clothing is loosened
3. Helper with young person will administer reliever inhaler (usually blue) immediately – preferably through a spacer
4. Reassure the child and call for the HCP on duty or a First Aider when an inhaler has been administered.
5. If no or minimal effect give up to 10 puffs (every 30-60 seconds) of reliever via spacer device.
6. Call for an ambulance if:
 - the reliever has little or no effect and the child's symptoms do not improve in 5–10 minutes
 - the child is too breathless or exhausted to talk
 - the child's lips are blue
 - you have any doubts whatsoever about the young person's condition.
7. Continue to administer the reliever/inhaler via the spacer device, one puff per minute, until the ambulance arrives.

Reliever medicine is very safe. During an asthma attack do not worry about a child overdosing

Never hesitate to call 999 for an ambulance if you are concerned – do this before you call a member of staff if necessary.

OTHER SOURCES OF INFORMATION

Asthma UK

<http://www.asthma.org.uk/>

Asthma UK Adviceline

Ask for help and advice from an asthma nurse specialist

08457 01 02 03, 9am – 5pm, Monday – Friday



ORCHYD Emergency Asthma care plan

Name: _____

Date of Birth: ___/___/_____

Known triggers: _____ Other information _____

Early Symptoms:-

Coughing

Shortness of Breath

Wheezing

Tightness in chest

unusually quiet

Tummy ache



Action

1. Sit up and slightly forward
2. Reassure them
3. Loosen clothing
4. Give puffs of reliever (blue) inhaler, preferably through a spacer.

Name of medication: _____

If there is some improvement after 5 minutes to the above measures but the child still has mild/moderate symptoms repeat as above.

NB If symptoms reoccur less than three-four hours after inhaler has been given or more than four times in 24 hours; the child will need to be reviewed in Urgent Care/A&E.

Worsening Symptoms

Symptoms do not improve in 5-10 minutes

Too breathless to talk

Lips or fingernails grey/blue colour



Action;

- Call **999** for an ambulance
- HCP to give 1 puff of reliever (blue) inhaler, through a spacer, every minute until ambulance arrives.

I agree to the following care plan

Name _____ Signature _____