

# Supporting Asthma in Early Years settings

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## What is asthma?

Asthma is the most common long term medical condition among children and young people in the UK. It is the most common reason for urgent admissions to hospital in children and young people in England. Asthma affects tiny tubes in the lungs called airways which carry air in and out of the body. If a child has asthma then their airways are almost always red and swollen. When they come into contact with an asthma trigger, such as pet hair, cigarette smoke or pollen, their airways become narrower making it harder to breathe. The condition varies in severity and while some children will experience an occasional cough or wheeze, for others the symptoms will be much more severe. Children can usually control their asthma effectively by avoiding known triggers where possible and taking the correct medicines.

## How serious can asthma be?

On average, there are three children with asthma in every classroom in the UK and a child is admitted to hospital every 20 minutes due to an asthma attack.

- 1 million children in the UK are receiving treatment for asthma
- There were 24,744 emergency admissions for asthma in 2012
- 13 children under 14 years of age died from asthma in 2016
- Less than 25% of children with asthma have a Personalised Asthma Action Plan (PAAP)
- Nearly half have had an asthma attack in the previous year
- 30% have had daytime symptoms in the previous week

## Recognising an asthma attack

It is vital that early years staff know how to recognise when a child is suffering an asthma attack as young children can deteriorate very quickly. The following signs may indicate that a child is in difficulty.

- Coughing, wheezing or shortness of breath.
- The child might go quiet — if a young sufferer is quieter than normal it is worth checking to see if everything is fine.
- The child may complain that their tummy hurts because they are unable to explain that their chest feels tight.
- The child may be breathing faster than normal, so much so that they are unable to speak in complete sentences or eat or drink anything.
- The child is using their neck or tummy muscles to breathe, or appear to be going slightly blue around their lips.

Each child's asthma will present itself in different ways, so it is vital that practitioners ask parents to tell them how they recognise an attack and that this is noted down so that it can be referred to in an emergency.

In the event of an asthma attack, staff should:

- keep calm
- encourage the child to sit up and slightly forwards; do not hug them or lay them down

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- 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
- ensure tight clothing is loosened
- reassure the child
- if there is no immediate improvement, continue to make sure they take two puffs of reliever inhaler, one at a time, every two minutes for up to 10 minutes or until their symptoms improve
- call an ambulance.

### What potential issues can arise from a child having an asthma attack in my care?

The worst case scenario is death. Early Years Settings can expect to have approximately 10 per cent of children attending with a current diagnosis of asthma. They can also expect that at some time a child will have their first asthma attack while in their care. Settings must therefore be prepared.

Ensure that any child at your setting that you are told has an asthma diagnosis has their reliever inhaler kept on site. The inhaler must be labelled clearly with the child's name, it must be in date and it must be easily accessible but out of the reach of children.

It is your responsibility to remove any known allergens that could be a potential trigger for the child.

### Essential strategies

- Settings must refer to the DfE publication [Supporting children at school with medical conditions](#)
- Your setting must be asthma friendly. Know which children have asthma and talk with them and their parents to find out which inhalers they have to take and when. If a child has an asthma attack or needs their inhaler while in your care, always inform the person collecting the child.
- Staff must be trained in Asthma Emergency First Aid.
- Plan for an asthma attack
- Early years practitioners need to work with parents to ensure that the way they manage and speak about asthma in their setting is the same as at the child's home, to give them consistency.
- Request written health information from the parents.
- Ask parents to demonstrate how their child uses their inhaler; some may sing a particular nursery rhyme when they administer the medicine, and knowing tips like that can make it easier for you to assist the child at your setting.
- Complete an Asthma Action Plan for each child with a diagnosis
- Ensure asthma pumps and spacers are clearly labelled with the child's name, easily accessible but out of the reach of children, and a written log is made every time the child has had to use it.
- It is good practice to develop an asthma policy which sets out the provision's commitment to meeting the needs of children with asthma. An asthma policy can be a

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stand-alone policy or incorporated into a health and safety policy, first-aid or general health policy. Key points to cover in an asthma policy include the following.

### The early years provision:

- welcomes all children with asthma
- keeps a register of all children with asthma
- 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 inform 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.

### Desirable strategies

- The Healthy London Partnership has produced an [asthma toolkit](#) which has a video and valuable resources for schools that should be shared with staff. It would be desirable for settings to explore the toolkit with staff to ensure that all staff are familiar with expected protocol.
- Encourage children to recognise when their condition is changing and they may need a reliever inhaler and they are confident to request help

### Useful resources

- [Asthma factsheet](#) produced by Allergy UK
- [Paediatric Asthma Action Plan](#)
- [Guidance on the use of emergency inhalers in schools](#)
- [Asthma e-learning module](#)