

Beat Asthma Friendly Hub/Centre/Organisations

Asthma is a common childhood condition that affects 1 in 11 children, with over 20,000 Hospital admission a year. All children with a diagnosis of asthma require an annual review and should have Personalised asthma action plan (PAAP).

We promise to:

- Comply with the Local authority guidance on managing medical conditions.
- Follow and display the asthma inclusive statement (Appendix 1).
- Identify a person /Asthma lead/Champion in the Family Centre /Hub.
- Ensure easy access to the child's own inhaler when in the Family Centre /Hub.
- Have an awareness of potential triggers/ Outdoor/Indoor pollution within the Hub/Centre.
- Be a Smoke/ Vape free site.
- Have evidence of a Communication platform with Parent / Carer used to share important information.
- Complete the Asthma training Tier 1 to be completed by staff members see link at least 75 % of staff trained.

[Asthma \(Children and young people\) - elearning for healthcare](#)

Signed

Date

References

[Asthma \(Children and young people\) - elearning for healthcare Home - Beat Asthma](#)
[Clean Air Knowledge Hub for the Health Sector Air pollution and childrens health checklist.pdf](#)

Logos needed

Asthma Inclusive Statement (Appendix 1).

As a Centre/Hub we have an inclusive approach and we welcome all children/young people who have asthma. We are committed to make adjustments where possible to our sessions /environment so that we can ensure the safety of all children attending our centre.

It is understood that



- Feeling included and participating in activities for children with asthma is important.
- Children require access to their rescue inhalers at all times and should bring them to each session clearly labelled.
- Open communication with parent/carer will promote confidence in managing asthma.



HOW TO RECOGNISE AN ASTHMA ATTACK

It is important to recognize the signs and symptoms of an asthma attack in a Child/Young person (CYP). The onset of an asthma attack can gradually appear over days. Early recognition can reduce the risk of a hospital admission.

A CYP may have one or more of these symptoms during an asthma attack:



BREATHING HARD AND FAST

You may notice faster breathing or pulling in of muscles in between the ribs or underneath the ribs. (recession)



WHEEZING

This is typically a high-pitched whistling noise heard on breathing in and out, a sound produced by inflamed and narrowed airways that occur in asthma.



COUGHING

A cough may become worse , particularly at night preventing your child from having restful sleep and making them seem more tired in class.



BREATHLESSNESS

A child may become less active and reluctant to join in activities . Lack of interest in food or restlessness can be a sign that the child is too breathless to exercise or eat.



TUMMY OR CHEST ACHE

Be aware that younger children often complain of tummy ache when it is actually their chest that is causing them discomfort.



INCREASED USE OF THE RELIEVER INHALER

If the CYP is old enough, he/she may ask for the reliever inhaler more frequently during an attack. It is important that you follow the asthma action plan and recognize that if the reliever inhaler is not helping that it is time to seek medical help.



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HOW TO RECOGNISE AN ASTHMA ATTACK

It is important that you recognise the signs and symptoms of an asthma attack in children and young people. Be aware that the onset of an asthma attack can gradually appear over days. Early recognition will help prevent a child or young person from getting worse and needing to go into hospital.

A child or young person may have one or more of these symptoms during an asthma attack:



BREATHING HARD AND FAST

You may notice they breathe faster or have shorter breaths.

WHEEZING

This is typically a high-pitched whistling noise heard on breathing in and out, a sound produced by inflamed and narrowed airways that occur in asthma.



COUGHING

They may have a worsening cough, particularly at night preventing them from having restful sleep and making them seem more tired in class.



BREATHLESSNESS

They may appear to be less active or may seem reluctant to join in activities. Breathlessness can also cause lack of interest in food or restlessness.

CHEST TIGHTNESS

They may describe a tight feeling or squeezing within their chest



INCREASED USE OF THE RELIEVER INHALER

The child or young person will use their reliever inhaler more frequently during an attack. It is important that their asthma action plan is followed, and that medical help is called if they are not improving.

How do I Manage a Child/Young Person Having an Asthma Attack



What are you seeing?

Mild/Moderate Symptoms

- ◆ Cough
- ◆ Wheeze
- ◆ Shortness of breath
- ◆ Chest tightness/pain
- ◆ Sore tummy
- ◆ Not as active /quiet

Severe/life threatening Symptoms

- ◆ Rapid breathing rate
- ◆ Heaving upper body
- ◆ Inability to talk in full sentences
- ◆ Colour change in skin or lips
- ◆ Distress/confusion

Actions

- ◆ Be calm and reassuring
- ◆ Encourage CYP to sit down and loosen clothing if needed
- ◆ Administer 2 puffs of the blue inhaler through a spacer 1 puff at a time. Make sure you shake the inhaler before each puff.
- ◆ Keep doing every 10 minutes if there are still symptoms up to a total of 6 puffs.
- ◆ OR if a child has a combined inhaler (MART) give 1 dose wait 10 mins if there are still symptoms an extra 4 doses may be given.
- ◆ Encourage a normal breathing rate if they are able.

Severe/life threatening Symptoms

- ◆ Ask a colleague to DIAL 999 (ambulance) and then contact parent/guardian
- ◆ Be calm, confident, reassuring
- ◆ Administer 1 puff reliever (blue) inhaler every 30 seconds through a spacer
- ◆ Shake before each puff, 1 puff at a time, 4-5 breaths for each puff
- ◆ Follow actions above until the ambulance arrives

If losing consciousness (rare) follow emergency first aid procedures

Is the CYP responding?

NO

YES

Actions

- ◆ Allow to sit for 10-15 mins observed by a member of staff
- ◆ Allow to return to class
- ◆ Inform parent/carer
- ◆ If symptoms return after 4 hours, repeat and ask parent/carer to collect

Asthma/Triggers Through the Seasons

WINTER TRIGGERS

COLD WEATHER.

HALLOWEEN TREATS/EXCITEMENT/SMOKE.

HOLIDAY/SEASON TRIGGERS- SMOKE ON BONFIRE/FIREWORKS NIGHT.

REAL CHRISTMAS TREES MAY TRIGGER ALLERGIES.

ARTIFICIAL TREES/DECORATIONS ARE DUSTY.

CANDLES/ROOM SCENTS ARE MORE COMMONLY USED AT THIS TIME.

AVOID STRONG SMELLS/ SPRAYS/CANDLES/AEROSOLS.



SPRING TRIGGERS

TREE POLLEN/GRASS POLLEN/NETTLES/OIL SEED RAPE.

KEEP WINDOWS AND DOORS CLOSED.

IF YOU TAKE HAYFEVER MEDICATION IN SPRING OR SUMMER START IT 4 WEEKS BEFORE SYMPTOMS USUALLY START.

CHECK THE POLLEN COUNT/WEAR SUNGLASSES ON HIGH POLLEN COUNT DAYS.



AUTUMN TRIGGERS

LEAVES FALL AND MOULDS GROW ON THEM- AVOID PLAYING IN FALLEN LEAVES.

WEATHER BEGINS TO COOL/WINDOWS AND DOORS ARE CLOSED AND CENTRAL HEATING IS TURNED ON - LESS AIR CIRCULATES IN THE HOME.

IN WARM HUMID HOMES THE HOUSE DUST MITE NUMBERS INCREASE- COMMON TRIGGER FOR ASTHMA, TRY NOT TO OVERHEAT THE HOUSE AND WASH BED LINEN OVER 60 DEGREES.

RETURN OF VIRAL TRIGGERS- COUGHS AND COLDS



SUMMER TRIGGERS

GRASS POLLEN/ NETTLE POLLEN/ MOULD SPORE RISES- CHECK THE POLLEN COUNT. TAKE ALL REGULAR MEDICATIONS EVEN ON HOLIDAY AND IN SCHOOL HOLIDAYS.

EXAMS CAN CAUSE STRESS WHICH CAN INCREASE SYMPTOMS.

CARRY A RESCUE INHALER AT ALL TIMES PARTICULARLY WHEN EXERCISING.



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SEASONAL ASTHMA