

## **04.02a Asthma policy Including asthma disclaimer and inhaler record sheet**

### **Policy statement**

Pippins Preschool recognises that asthma is a wide spread, sometimes serious, but controllable condition that may affect children in our setting.

### **Procedure**

- If a child suffers from asthma and a parent or carer wish us to administer their child's inhaler, parents must:
  1. Complete a Healthcare Plan
  2. Complete a Prescribed Medicine Permission Form
  3. Read this policy
  4. Sign the Asthma DisclaimerThese must be completed before staff can administer an inhaler to the child.
- The inhaler should be provided in its original box with the child's prescription written on it, stating the child's name. Inhalers and spacers are kept in the healthcare box.
- It is the parent's responsibility to ensure the inhaler kept at Pippins remains in date. Any out of date medicine will not be administered by preschool staff.
- Staff will administer as on the Healthcare Plan or if the child is showing signs of coughing, shortness of breath or wheezing and if the parent has informed staff in the morning that their child might need their inhaler during the session.
- Staff will complete an Asthma Inhaler Record Sheet (included within Policy 04.02a Asthma) for each session that an inhaler is used.
- If no improvement has been made by the child within five minutes of the inhaler being used, staff will call the emergency contact numbers for further advice.
- If the child has their inhaler three times during a session, staff will call the emergency contact numbers for further advice.
- Once staff have administered the child's inhaler, they will complete the Prescribed Medicine form and give a copy to the parent at the end of the session.
- It is the parent's responsibility to inform preschool of any changes or development's to their child's asthma condition.

A copy of this policy will be given to parents who inform Pippins Preschool that their child has asthma.

### **Appendices:**

1. Asthma Inhalers and Spacers: Disclaimer
2. Asthma Inhaler Record Sheet

## Asthma Inhalers and Spacers: Disclaimer



Child's name:

I have read the Pippins Preschool Policy 04.02a Asthma policy  
I understand that preschool staff have not received any training to administer inhalers and spacers.  
I have demonstrated to staff how to administer my child's asthma inhaler (and spacer).  
I understand that it is my responsibility to ensure that prescribed medication in the Pippins Preschool healthcare box is within date, in good working order and that there is enough for the preschool sessions my child attends.  
I will not hold the preschool or preschool staff members responsible for any side effects or complications that arise from the medication being administered during preschool sessions.  
If my child becomes unwell whilst at Pippins as a result of their asthma, I will not hold the preschool or preschool staff members responsible unless the procedures in the policy have not been followed.

Signed:

Date:

Preschool Manager

Signed:

Date:

Deputy Manager

Signed:

Date:

Notes:

## Asthma Inhaler Record Sheet

Child's name: \_\_\_\_\_

Date: \_\_\_\_\_



### **To be completed by staff after each asthma medication has been given**

#### **Dose 1:**

Name of staff member (print name)	
I confirm I gave (child's name)	
Name of drug	
Method of administration	
Time given	
Signed	
Witness name – signed	
Witness print name	
Date	
Acknowledged by parent(s) – signed	
Acknowledged by parent(s) – print name	
Acknowledged by parent(s) – date	

### **To be completed by staff after each asthma medication has been given**

#### **Dose 2:**

Name of staff member (print name)	
I confirm I gave (child's name)	
Name of drug	
Method of administration	
Time given	
Signed	
Witness name – signed	
Witness print name	
Date	
Acknowledged by parent(s) – signed	
Acknowledged by parent(s) – print name	
Acknowledged by parent(s) – date	

## Asthma Inhaler Record Sheet continued

Please ensure name of child and date are written overleaf	
<b><u>To be completed by staff after each asthma medication has been given</u></b>	
<b>Dose 3:</b>	
Name of staff member (print name)	
I confirm I gave (child's name)	
Name of drug	
Method of administration	
Time given	
Signed	
Witness name – signed	
Witness print name	
Date	
Acknowledged by parent(s) – signed	
Acknowledged by parent(s) – print name	
Acknowledged by parent(s) – date	
<b><u>INHALER HAS BEEN USED 3 TIMES – CALL EMERGENCY CONTACTS</u></b>	
<b><u>To be completed by staff after each asthma medication has been given</u></b>	
<b>Dose 4:</b>	
Name of staff member (print name)	
I confirm I gave (child's name)	
Name of drug	
Method of administration	
Time given	
Signed	
Witness name – signed	
Witness print name	
Date	
Acknowledged by parent(s) – signed	
Acknowledged by parent(s) – print name	
Acknowledged by parent(s) – date	