



3.8 Asthma, Diabetes, Epilepsy and Eczema

Policy Statement

We welcome all children to our Playgroup and encourage, support and help children with any of these conditions to fully participate in Playgroup activities. We request that parents provide written information about their child's condition and inform us how best to manage and deal with it.

Please read this in conjunction with policy 3.1 Administering Medicines.

3.8.1 Asthma

The most common symptoms of childhood asthma are coughing and wheezing.

For children with the condition, immediate access to reliever inhalers is vital. It is the responsibility of the parent to provide Playgroup with an inhaler and label it with the child's name.

In the event of an Asthma attack, we will:

- Be calm and reassuring.
- Deal with the child wherever the attack occurs. Nb: a change of air can make the problem worse.
- Ensure the child's reliever inhaler is taken immediately - spacers can often help.
- Encourage the child to breathe slowly and deeply and loosen any tight clothing. Encourage breathing through the nose and out of the mouth, as this warms the air, which helps the airways to relax and for normal breathing to resume.
- Assist the child to sit in a position that is most comfortable. This can often be leaning forward with arms resting on the back of a chair.
- Not lay a child who is having an asthma attack down, as this can restrict the airways and make the attack much worse.

A mild asthma attack should ease within around 3 minutes. If it does not we will encourage the child to take their inhaler again.

If after 5 minutes there is little or no improvement, the asthma attack becomes worse, the child is struggling for breath or is becoming exhausted then call we will call for an ambulance.

Minor attacks should not interrupt a child's involvement in Playgroup and they can return to their play.

Parents will be informed of any attack during Playgroup hours.

3.8.2 Diabetes

Diabetes is a condition in which the amount of glucose in the blood cannot be controlled due to the auto immune destruction of special cells within the pancreas.

The aim of the treatment for diabetes is to keep the blood glucose levels close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia, also known as hypo).

Most children with diabetes will have Type 1 diabetes. Their pancreas does not produce insulin so they will need insulin injections to regulate their blood sugar levels.

Hypoglycaemia (Hypo)

This is the most common short-term condition and occurs when blood sugar levels fall too low. Hypos are most likely to happen before meals and during or after exercise.

Staff are aware that a hypo cannot be predicted but they will be required to support the child during this time. All staff are aware that a Hypo can also happen as a result of:

- Too much insulin
- Not enough food to fuel an activity
- Too little food at any stage of the day
- A missed meal, or delayed meal or snack
- Cold weather
- The child vomiting
- Hormonal development
- Growth
- Emotional changes

Most children will have warning signs that will alert them, or people around them, to a hypo. However some children will have no hypo awareness at all and can be completely unaware of their deteriorating state.

The warning signs can include:

- Hunger
- Sweating
- Drowsiness
- Glazed eyes
- Pallor
- Trembling or shakiness
- Headache
- Lack of concentration
- Mood changes, especially angry or aggressive behaviour

The symptoms can be different for every child and we ensure that we obtain information from the parent about the individual child. This information will be stored on file.

3.8.3 Epilepsy

The main symptoms of epilepsy are repeated seizures. There are many different types of seizure, depending on the area of the brain affected. Children with epilepsy can experience any type of seizure, although most will have a consistent pattern of symptoms.

When a seizure occurs we will always:

- Stay calm
- Protect the child from injury
- Protect the child's head if falling but do not restrain them
- Loosen any tight clothing around their neck
- Aid breathing by gently placing the child on their side in the recovery position if they have fallen
- Stay with the child until they come round and are fully recovered
- Be quietly reassuring

We will not:

- Try to restrain the child having the seizure
- Put anything in the child's mouth or force anything between their teeth
- Try to move the child unless they are in danger
- Give the child anything to drink until they are fully recovered

If a seizure takes place we will:

- Contact the parent once the child has recovered
- Call for an ambulance if necessary
- Record details of the seizure will be recorded using the Accident and Emergency form

3.8.4 Eczema

The term eczema refers to a number of different skin conditions in which the skin is red and irritated and sometimes has small, fluid-filled bumps that become moist and ooze.

The most common cause of eczema is atopic dermatitis (sometimes called infantile eczema), which affects older kids as well as infants.

We understand that eczema can cause constant itching and cause sleepless nights for children and daytime drowsiness. If the child has known triggers, then Playgroup must be informed so we can ensure the child does not come into contact with them.

We will apply emollients as required and provided for by the parent which will be labelled with the child's name.

This policy was adopted by	St. Cuthbert's Pre-School Play Group
On	<i>31st May 2018</i>
Date to be reviewed	<i>31st May 2020</i>
Signed on behalf of the provider	
Name of signatory	Mrs Rachel Sidwell - Mrs Selina Edwards
Role of signatory (e.g. chair, director or owner)	Manager - Chair