



Asthma Management Policy

Purpose

This policy will outline the procedures to:

- Ensure that all children with asthma enrolled at **St. Kevin's OHSC Centre** receive appropriate attention as required
- Respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the Centre.

Refer to Quality Improvement and Accreditation System (QIAS), Quality Practices Guide 2005, Principle 7.2.

Policy statement

1. Values

St. Kevin's OHSC Centre is committed to:

- Educating and raising awareness about asthma among the staff, parents/guardians and any other person(s) dealing with children attending the centre
- Providing a safe and healthy environment for all children enrolled at the centre
- Providing an environment in which all children with asthma can participate in order to realise their full potential
- Providing a clear set of guidelines and expectations to be followed with regard to the management of asthma.

2. Scope

This policy applies to children, parents/guardians, staff, volunteers and students on placement at **St. Kevin's OHSC Centre**.

3. Background and legislation

Asthma is a chronic health condition that affects approximately 15 per cent of children. It is one of the most common reasons for childhood admission to hospital. While an average of two people die in Victoria each week from asthma, many of these deaths are thought to be preventable. Community education and correct management will assist in minimising the impact of asthma.

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, the Centre recognises the need to educate the staff and parents/guardians about asthma and to promote responsible asthma management strategies.

Relevant legislation may include but is not limited to:

- *Education and Care Services National Regulations 2011 (ECSNR)*
- *Health Act 1958*
- *Health Records Act 2001 (Vic.)*
- *Privacy Act 2000 (Vic.).*

4. Definitions

Metered dose inhaler (puffer): Common delivery device used to administer reliever medication.

Emergency Asthma Management (EAM) Accreditation: Successful completion of a course in EAM. This course is valid for three years.

Asthma emergency: The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

Asthma action plan: A record of information on the child's asthma and how to manage it, including contact details, what to do when the child's asthma worsens and emergency treatment.

Asthma triggers: Things that may induce asthma symptoms; for example, pollens, colds/viruses, dust mites, smoke and exercise. Asthma triggers will vary from child to child.

Bronchodilator Accreditation Number (BAN): This can only be acquired after successfully completing an EAM course. This number, which belongs to an individual staff member, allows the centre to purchase, hold and administer a blue reliever puffer for first-aid purposes. At least one staff member must hold a BAN to purchase reliever medication for that Centre.

Department of Education and Employee workplace relations (DEEWR): federal government responsible for the licensing and regulation of out of hours school care.

Medication book: A book used for recording detailed information on medication for administration to a child (ECSNR).

Puffer: Common name for a metered dose inhaler.

Reliever medication: This comes in a blue/grey container and is used to relax the muscles around the airways to relieve asthma symptoms, such as Airomir, Asmol, Epaq or Ventolin. This medication is always used in an asthma emergency.

Spacer device: A plastic device used to increase the efficiency of delivery of asthma medication from a puffer. It should always be used in conjunction with a puffer device and may be used in conjunction with a face mask.

Sources and related centre policies

Source

- National Health and Medical Research Council, Infection Control Guidelines
- The Asthma Foundation of Victoria plays a major role in the provision of training, advice and resources for centres in relation to asthma. The Asthma Foundation of Victoria can be contacted on (03) 9326 7088 or 1800 645 130 (toll free), via email at advice@asthma.org.au or on the web at www.asthma.org.au.

Centre policies

- Incident and medical emergency management
- Administration of medication
- Anaphylaxis
- Illness
- Privacy

Procedures

The committee is responsible for:

- Organising accredited EAM training for staff employed to work directly with the children in the centre
- Where appropriate, organising asthma management information sessions for parents/guardians of children enrolled at the centre
- Encouraging open communication between parents/guardians and staff regarding the status and impact of a child's asthma
- Providing asthma reliever medication, a spacer device and alcohol swabs for the first-aid kit at the centre

- Appointing the supervisor to check the asthma medication and devices in the first-aid cabinet every term and to order replacement items
- Ensuring that the details of each staff member's BAN are recorded on personnel files
- Ensuring that the Centre meets the requirements for being an Asthma Friendly Centre with the Asthma Foundation of Victoria
- Ensuring that induction procedures for relief staff include promoting awareness of children diagnosed with asthma enrolled in the centre and the location of their medication and management plans.

The staff are responsible for:

- Implementing this policy on a daily basis and undertaking accredited EAM training (required every three years) at the request of the committee
- Asking all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the centre, whether the child has diagnosed asthma and documenting this information on the child's enrolment record
- Providing families whose child has asthma with an asthma action plan to complete in consultation with their doctor (on completion, this will be attached to the child's enrolment record)
- Compiling a list of children with asthma and placing it in a secure but readily accessible location and known to all staff
- Informing relief staff of the location of the list and asthma action plans
- Displaying the Asthma Foundation of Victoria's Asthma First Aid posters in key locations at the centre, such as in the children's room, bathroom and kitchen
- Regularly maintaining all asthma components of the first-aid kit to ensure that all medications are current and any asthma devices are clean and ready for use
- Ensuring that asthma components included in the first-aid kit are taken on any activities outside the Centre
- Ensuring that children's asthma medication, devices and plans are taken on any activities outside the Centre
- Consulting with the parents/guardians of children with asthma, in relation to the health and safety of their child and the supervised management of the child's asthma
- Identifying and, where possible, minimising asthma triggers as defined in the definition section of the policy or in the children's asthma action plans
- Promptly communicating any concerns to parents/guardians if it is considered that a child's asthma is limiting his/her ability to participate fully in all activities
- Programming activities that take into consideration the individual needs of all children; for the child with asthma, this will consider their current needs and abilities
- Administering all regular prescribed asthma medication in accordance with the medication book (ECSN regulations)
- Discussing with the parents/guardians the requirements for completing the medication book and what is needed for their child
- Following the guidelines set out in [Attachment 1](#), 'Management of asthma at the Centre'.

The parents/guardians are responsible for:

- Informing staff, on either enrolment or initial diagnosis, that their child has a history of asthma
- Providing all relevant information regarding the child's asthma via the asthma action plan, which has been prepared in consultation with the child's doctor and signed by that doctor
- Notifying the staff, in writing, of any changes to the information they entered on the asthma action plan during the year (if this occurs)

- Providing an adequate supply of appropriate asthma medication and equipment for their child at all times; for example, blue reliever medication and spacer
- Entering the required information in the Centre's medication book at the beginning of each term, or when necessary
- Communicating all relevant information and concerns to staff as the need arises; for example, if asthma symptoms were present the previous night
- Consulting with the staff, in relation to the health and safety of their child and the supervised management of the child's asthma.

Evaluation

To assess whether the policy has achieved the values and purposes, the committee will:

- Obtain feedback from the staff regarding the effectiveness of the policy
- Assess whether any issues/concerns raised in relation to children with asthma or the policy were resolved
- If appropriate, conduct annual surveys of parents/guardians of children with identified asthma to gauge their satisfaction with the asthma policy in relation to their child
- The committee will consult with relevant bodies or organisations, such as the Asthma Foundation of Victoria, when considering changes to this policy.

Attachments

[Attachment 1](#): Management of asthma at the centre

Authorisation

This policy was adopted by the **St. Kevin's OHSC Centre** committee of management at a committee meeting on **18th October 2016**.

Review date: **August 2018**

Acknowledgement

Kindergarten Parents Victoria acknowledges the contribution of the Asthma Foundation of Victoria in developing this policy. If your centre is considering changing any part of this model policy, please contact to discuss your proposed changes.

Attachment 1 - Management of Asthma at the Centre

These procedures will be implemented if a child suddenly collapses, or has difficulty breathing with a possible asthma attack.

1. Children with a known asthma condition

On enrolment or diagnosis of asthma, the staff, together with the parents/guardians of the child with asthma, will discuss and agree on a plan of action for the emergency management of an asthma attack based on the 4 Step Asthma First-Aid Plan. This plan will be attached to the child's asthma action plan and enrolment record.

In an emergency, when a child diagnosed with asthma has an asthma attack, staff will follow the agreed plan of action, which includes the action to be taken where the parents/guardians have provided asthma medication.

In emergency situations where the child's medication has not been provided, staff with EAM training may access and administer the blue reliever puffer from the Centre's first-aid kit.

If the child's asthma action plan is *not* available, staff will follow the standard asthma emergency protocol detailed below:

Step 1: Sit the child upright and remain calm to reassure them.

Step 2: Without delay, shake a blue reliever puffer (inhaler) and give four separate puffs through a spacer. Use one puff at a time and ask the child to take four breaths from the spacer after each puff.

Step 3: Wait four minutes. If there is no improvement, repeat step 2.

Step 4: If the child improves:

- Contact the parents/guardians to determine the appropriate follow up actions
- Continue to monitor the child closely
- Complete the medication and illness book/records
- Inform the committee as soon as practicable and complete required documentation for reporting to the DEEWR.

If still no improvement after a further four minutes:

- Call an ambulance immediately (dial 000) and state clearly that the child is 'having an asthma attack'
- Continuously repeat steps 2 and 3 while waiting for the ambulance
- Inform parents/guardians as soon as practicable and complete the medication and illness book/records
- Inform the committee as soon as practicable and complete required documentation for reporting to the DEEWR.

Children who staff are not aware have pre-existing asthma

Step 1: Call an ambulance immediately (dial 000) and state that the child is having 'breathing difficulty'.

Step 2: Sit the child upright and remain calm to reassure them.

Step 3: Staff with EAM training may access and administer the blue reliever puffer from the Centre's first-aid kit.

Step 4: Administer four separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take four breaths from the spacer after each puff.

Step 5: Keep giving four separate puffs of a blue reliever puffer every four minutes until the ambulance arrives.

Step 6: Inform parents/guardians as soon as practicable and complete the medication book and the accident/injury.

Step 7: Inform the committee as soon as practicable and complete required documentation for reporting to the DEEWR.

This treatment could be life saving for a child whose asthma has not been previously recognised, and it will not be harmful if the collapse or breathing difficulty was not due to asthma. Reliever medication is extremely safe, even if the child does not have asthma.

2. Cleaning of devices

Devices (puffers and spacers) from the first-aid kit must be thoroughly cleaned after each use to prevent cross infection. In most cases a child will use his/her own puffer and spacer. Devices can be easily cleaned by following these steps (NHMRC *Infection Control Guidelines 2003*):

- Step 1: Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into two parts.
- Step 2: Wash devices (spacer and puffer) thoroughly in hot water and kitchen detergent.
- Step 3: Do not rinse.
- Step 4: Allow devices to 'air dry'. Do not rub dry.
- Step 5: When dry, wipe the mouthpiece, inside and out of the device, with a 70 per cent alcohol swab; for example, a medi-swab available from pharmacies.
- Step 6: When completely dry, ensure that the canister is replaced into the puffer container and check that the device is working correctly by firing one or two 'puffs' into the air. A mist should be visible on firing.

If any device is contaminated by blood, dispose of it safely and replace the device.