

Asthma

Asthma is a chronic, treatable health condition that affects approximately one in 10 Australian children and is the most common reason for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children.

It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance. With this in mind, a service must recognise the need to educate staff and parents/guardians about asthma and promote responsible asthma management strategies.

In order to meet the legal obligations outlined in the *Education and Care Services National Regulations 2011*, and to ensure the health and wellbeing of all children attending at Acacia's centres (Acacia Children's Centre- Richmond, St Albans and Acacia Fitzroy Crèche) recognises the importance of staff education, implementation of best practice policy and the involvement, engagement and understanding of parents and carers of children attending the centre.

Key points and obligations within the *Education and Care Services National Regulations 2011*, relevant to an asthma management policy, state that children's services must:

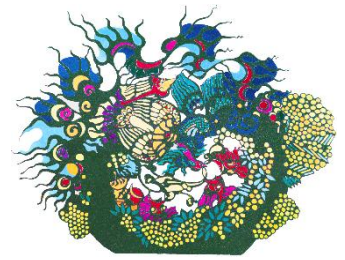
- Implement a health conditions policy and ensure that all educators and staff, parents and other relevant stakeholders of the children's service are provided with a copy of the policy
- Obtain health information for each child enrolled at the service, including a detailed Asthma Plan and Risk Minimisation Plan for children enrolled with asthma
- Keep a detailed record of medication administered to any child
- Ensure that at least one member of educator or staff is on duty at all times with current and approved Emergency Asthma Management training
- Ensure adequate provision and maintenance of first aid kits

OBJECTIVES

- To ensure all stakeholders (directors, management, educators, staff, parents/carers) are aware of their obligations and best practice management of asthma at the centre
- To provide necessary information for the effective management of children with asthma attending the centre

THE DIRECTOR and MANAGEMENT WILL:

- Provide educators and staff with a copy of the service's asthma policy and ensure educator and staff are aware of asthma management strategies upon employment at the service
- Provide Emergency Asthma Management training to educators and staff as required

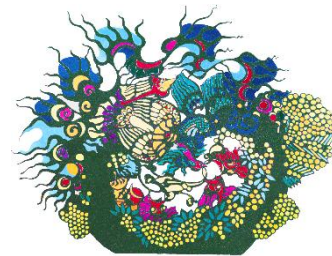


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- Ensure at least one educator or staff member is on duty at all times who has completed Emergency Asthma Management training
- Provide parents/guardians with a copy of the centre's asthma policy upon enrolment of their child
- Identify children with asthma during the enrolment process and provide parents/guardians with an Asthma Plan to be completed in consultation with a medical practitioner
- Develop a Risk Minimisation Plan for every child with asthma, in consultation with the parents/guardians
- Ensure that all children with asthma have an Asthma Plan and a Risk Minimisation Plan kept with their enrolment record, and ensure that both Plans are updated at least yearly
- Ensure parents/guardians of all children with asthma provide reliever medication and a spacer (including a child's face mask if required) at all times their child is attending the centre
- Implement an asthma first aid procedure consistent with current national recommendations
- Ensure that all educators and staff are aware of the asthma first aid procedure
- Ensure adequate provision and maintenance of asthma first aid kits
- Ensure that each asthma first aid kit contains reliever medication (a blue/grey metered dose inhaler containing salbutamol), a spacer device, a children's face mask, instructions for the first aid procedure and a record form
- Ensure that reliever medications within the asthma first aid kits are regularly replaced and have not expired, and that spacers and face masks are replaced after each use
- Facilitate communication between management, staff and parents/carers regarding the service's asthma policy and strategies
- Promptly communicate with parents and carers any concerns regarding the management of children with asthma attending the service
- Identify and minimise, where possible, asthma triggers for children attending the service
- Ensure that children with asthma are not discriminated against in any way
- Ensure that children with asthma can participate in all activities safely and to their fullest abilities

EDUCATORS & STAFF WILL:

- Ensure they are aware of the service's asthma policy



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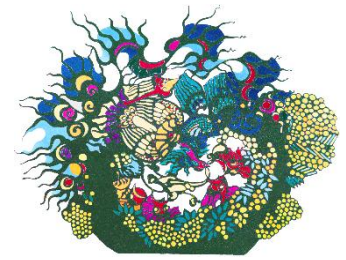
- Ensure they are aware of the asthma first aid procedure
- Ensure that they can identify children in their care with asthma and are able to locate where medication and personal spacers (and face masks) are stored
- Ensure they maintain current Emergency Asthma Management training and qualifications if required
- Ensure they are aware where Asthma Plans and asthma first aid kits are stored
- Develop a Risk Minimisation Plan for every child with asthma, in consultation with the parents/guardians
- Identify and minimise, where possible, asthma triggers for children attending the centre
- Ensure that children with asthma are not discriminated against in any way
- Ensure that children with asthma can participate in activities safely and to their fullest abilities
- Promptly communicate to management, parents/guardians any concerns regarding the management of children with asthma enrolled in the centre

PARENTS/GUARDIANS WILL:

- Inform educators and staff if their child has asthma upon enrolment at the centre
- Read the centre's asthma policy
- Provide a copy of the child's Asthma Plan to the centre, ensuring it has been signed by a medical practitioner. The Asthma Plan should be reviewed and updated at least yearly.
- Work with educators and staff to develop a Risk Minimisation Plan for the child
- Provide the service with the child's reliever medication along with a spacer (and child's face mask if required) at all times the child is attending the centre
- Communicate all medical and health information, relevant to their child, to management and staff of the centre
- Promptly communicate any changes to their child's asthma or any concerns about the current health of the child
- Where possible and depending on ability, encourage the child to learn about their asthma and communicate to centre's educators and staff if they are unwell or experiencing asthma symptoms

Asthma Emergency Kits

- Asthma Emergency Kits should contain: -
- Reliever medication –
- X2 small volume spacer device –



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- X2 compatible children's face mask –
- Record form –
- Asthma First Aid instruction card

Please note that spacers and face masks are single-person use only. It is essential to have at least two spacers and two face masks contained in each first aid kit and that spacers and face masks are replaced each time they are used. Face masks are to be used by children unable to coordinate correct breathing through the mouthpiece of the spacer.

ASTHMA FIRST AID PROCEDURE

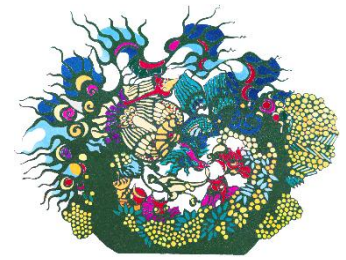
- Follow the written first aid instructions on the child's Asthma Action Plan. If no specific and signed instructions are available, the instructions are unclear, or the child does not have an Asthma Action Plan, begin the first aid procedure outlined below (as authorised by the education and Care Service National Regulation 2011)
- Reliever medication is safe to administer to children, even if they do not have asthma, however if there is no Asthma Action Plan you must also call emergency assistance to attend (000) and notify the parent/guardian of the child as soon as possible

Call emergency assistance immediately (Dial 000)

- the child's asthma symptoms are severe –
- the child suddenly stops breathing –
- the child's asthma symptoms continue to worsen –
- there is no Asthma Action/Care Plan for the child
- blue/grey reliever medication is not available –
- you are unsure what is causing the breathing difficulty

Recognising an asthma attack

Mild	Moderate	Severe
Talk in sentences	Shortened sentences	Few words per breath
Cough	Persistent cough	Persistent cough
Soft wheeze	Loud wheeze	Wheeze may be absent
Minor difficulty breathing	Difficulty breathing	Gasping for breath/distress
Tightness in chest		Pale, sweaty, blue lips
Young children may complain of a "sore tummy"		Muscle exertion



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➤ **Step 1. Sit the child upright**

- Be calm and reassuring
- Do not leave them alone

(Send someone else to get the asthma first aid kit)

(Sitting the child in an upright position will make it easier for them to breathe)

➤ **Step 2. Give 4 puffs of blue reliever puffer medication**

- Use a spacer if there is one
- Shake the puffer
- Put 1 puff into the spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken

Remember: Shake, 1 puff, 4 breaths

(This medication is safe to administer and may be lifesaving)

➤ **Step 3. Wait 4 minutes**

If there is no improvement, give 4 more puffs as above

➤ **Step 4. If there is still no improvement call emergency assistance (000)**

- Say ambulance and that someone is having an asthma attack
- Keep giving 4 puffs every 4 minutes until emergency assistance arrives

If calling Triple Zero (000) may not work on mobile phone, try 112

Further Reading and Resources

Forms and plans mentioned in this policy are available to download free of charge from the Resources section of The Asthma Foundation of Victoria website at www.asthma.org.au.

References:

Related Legislation & Policy Australian Children's Education and Care Quality Authority (2011), Education and Care Services National Regulations, www.legislation.nsw.gov.au/sessionalview/sessional/subordleg/2011-653.pdf.

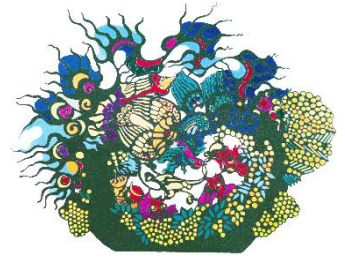
Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010), National Health and Medical Research Council, www.nhmrc.gov.au/files/nhmrc/publications/attachments/cd33_infection_control_healthcare_0.pdf.

Australian Children's Education and Care Quality Framework (ACECQA), <http://www.acecqa.gov.au/>

Asthma Foundation of Victoria

- *Asthma & the Child in Care Model Policy*, Version 6.4, 2012
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**Acacia Indochinese Community Support Assoc.
Policy and Procedures**



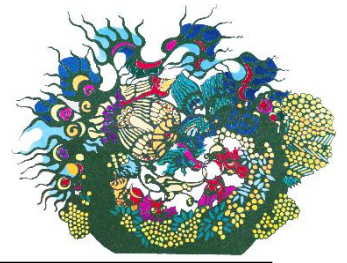
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Version 4	Endorsed By: CoM	Approved Date: 2008	Reviewed: May 2015
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**Acacia's Centre
Asthma Risk Minimisation Plan**

This Plan is to be completed by the Director or nominee on the basis of information from the child's medical practitioner provided by the parent/guardian

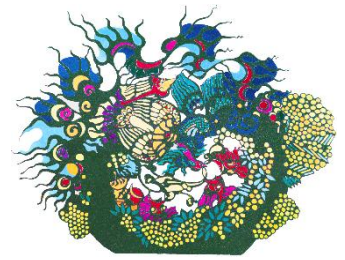
Child's name:	
Date of birth: ____/____/20	Room:
Asthma Action Plan provided by parent/guardian (please circle): YES / NO	
Asthma Triggers:	
Other health conditions:	
Medication at centre:	
Parent/guardian contact:	
Parent/guardian (1)	Parent/guardian (2)
Name:	Name:
Relationship:	Relationship:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:
Address:	Address:
Other emergency contacts (if parent/guardian not available):	
Medical practitioner contact:	
Emergency care to be provided at the centre:	
Medication storage:	
The following Asthma Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on ____/____/201	
_____ Signature of parent/guardian:	Date: ____/____/201
_____ Signature of director	Date: ____/____/201



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Strategies to Avoid Asthma Triggers

Child's name:		
Date of birth:		
Predominant Asthma Trigger/s:		
Other Asthma Triggers:		
Risk (suggested risks listed in Appendix)	Strategy	Who is Responsible?



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Appendix Examples of Risks, Situations, Concepts to consider when completing the Asthma Risk Minimisation Plan

- Who are the children and what are their asthma triggers (is information provided on their Asthma Action Plan)?
- What are the potential sources of exposure to their asthma triggers?
- Where will the potential source of exposure to their asthma triggers occur?
- Are all staff (including relief staff, visitors and parent/guardian volunteers) aware of which children have asthma?
- Does the bullying policy include health related bullying?
- Is there age appropriate asthma education for children at the centre and are children actively encouraged to seek help if they feel unwell?
- Do the asthma information available at the centre for parents/guardians?
- What are the lines of communication in the centre?
- What is the process for enrolment at the centre, including the collection of medical information and Action Plans for medical conditions?
- Who is responsible for the health conditions policy, the medications policy, Asthma Action Plans and Risk Minimisation plans?
- Does the child have an Asthma Action Plan and where is it kept?
- Do all centre's staff know how to interpret and implement Asthma Action Plans in an emergency?
- Do all children with asthma attend with their blue/grey reliever puffer and a spacer? (a children's face mask is recommended for children unable to use a spacer correctly, consider face mask use in children under 5 year-old)
- Where are the Asthma Emergency Kits kept?
- Do all staff and visitors to the centre know where Asthma Emergency Kits are kept?
- Who is responsible for the contents of Asthma Emergency Kits? (checking reliever medication expiry dates, replacing spacers and face masks as needed)
- Does the centre have one staff member on duty at all times who has current and approved Emergency Asthma Management training?
- Who else needs training in the use of asthma emergency equipment?
- Do you have a second Asthma Emergency Kit for excursions?
- What happens if a child's reliever medication and spacer are not brought to the service?
- Does the child have any other health conditions, such as allergies or anaphylaxis?
- Do they have an Action Plan and Risk Minimisation plan for each health condition?
- Do plants around the service attract bees, wasps or ants?
- Have you considered planting a low-allergen garden?
- Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by all staff and visitors)
- Could traces of food allergens be present on craft materials used by the children? (e.g. egg cartons, cereal boxes, milk cartons)
- Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the centre when children are present?
- Do your staff use heavy perfumes or spray aerosol deodorants while at work?
- Are you in a bushfire-prone area where controlled burning may occur?
- What special activities do you have planned that may introduce children to asthma triggers?