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ASTHMA MANAGEMENT POLICY

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

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National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Education and Care Services National Regulations

Children (Education and Care Services) National Law Act	
90	Medical conditions policy

90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication

Asthma is very common. About 1 out of every 8 or 9 Australian children has asthma. In children, asthma is the most common reason for trips to the emergency department and unplanned hospital stays. It is also one of the most common reasons for taking a child to the local doctor. ¹

Introduction

Woden Early Childhood Centre (WECC) works in partnership with families, following the recommendation of medical professionals in ensuring the management of childhood asthma within WECC by:

- raising awareness of asthma amongst those involved with WECC
- providing the necessary procedures to ensure the health and safety of all persons with asthma involved with WECC
- providing an environment in which children with asthma can participate in all activities to their full potential
- providing a clear set of guidelines and expectations to be followed with regard to the management of asthma

This policy supports inclusive practices at WECC. Please refer to the *Inclusion, diversity and anti-bias* policy.

It is generally accepted that children under the age of six do not have the skills or ability to recognise and manage their own asthma effectively. With this in mind, WECC recognises the need to inform its educators and family/carers about asthma and to promote responsible asthma management strategies.

Scope

This policy applies to children, families, staff, management and visitors of the Service.

Goals – What are we aiming to do?

WECC will:

- provide a clear set of guidelines and expectations for educators to follow in regard to the management of asthma in children attending WECC
- follow all recommended guidelines from relevant authorities regarding the prevention of infectious diseases

¹ <http://www.kidswithasthma.com.au>

Strategies– How will it be done?

- the wellbeing and asthma management of a child with asthma is the primary responsibility of the child's parent/guardian
- parents of diagnosed sufferers will be required to supply an Asthma Action Plan (Appendix 1) which has been completed by their child's GP or paediatrician
 - This should be done on enrolment i.e. prior to the child's first day of attendance or as soon as possible after the child has been diagnosed
 - The plan will be reviewed by educators and parents regularly, should any changes in the child's condition/treatment occur
- Parents/guardian must inform WECC of any significant changes in the child's asthma treatment
- WECC educators, although trained in first aid, do not have the training and expertise to diagnose and administer medication (other than that normally being received by the child)
- educators **will not** be responsible for attending to a child's peak flow meter readings or interpreting them
- in the event that a diagnosed sufferer develops serious asthma whilst in care, and their parents/guardians have failed to provide the appropriate medication, a Ventolin inhaler and spacer in the first aid cabinet will be used
 - In the event of a WECC spacer was used, the parent/guardian of the child will be required to reimburse WECC for the cost of the spacer as this equipment is single use only and must be replaced after use

Our shared commitment

Asthma management should be viewed as a shared responsibility. To this end, each of the key groups within this Service gives the following undertakings.

The Nominated Supervisor or Director will:

- identify children with asthma during the enrolment process
- provide families of children with Asthma with a copy of the *Asthma Management* policy upon enrolment,
- On appointment of new educators ensure they will be shown the Asthma Management policy, and be briefed on necessary procedures
- provide opportunities for educators to attend regular asthma training and ensure that at least one educator responsible for first aid who has completed certified asthma training (Emergency Asthma Management) is on duty whenever affected children are being cared for or educated including off-site excursions
- ensure that all educators approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law and National Regulations, and are approved by ACECQA
- ensure the details of approved EAM training are included on the staff record
- ensure that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, that emergency services are contacted to provide advice and that the parent/guardian of the child are notified as soon as is practicable
- ensure that all educators are informed of asthmatic children in their care
- ensure that all children with asthma have an Asthma Action Plan and Risk Minimisation and Communication Plan (Appendix 2) filed with their enrolment record
- formalise and document the internal procedures for asthma first aid, both for children with a diagnosis of asthma, and for those with no known diagnosis (first attack)
- ensure that at least one Asthma First Aid poster is displayed in a key location
- ensure that the asthma emergency kit contains a blue reliever inhaler (e.g. Airomir, Asmol, Epgg or Ventolin), a spacer device, child mask (if necessary) and concise written instructions on asthma first aid procedures

- provide a mobile asthma emergency kit for use during activities outside of WECC
- identify and where possible, minimise asthma triggers (Appendix 3)
- encourage open communication between families and educators regarding the status and impact of a child's asthma
- promptly communicate any concerns to families if a child's asthma is limiting his/her ability to participate fully in all activities

Educators will:

- ensure they are aware of this *Asthma Management* policy and asthma first aid procedures (i.e. ensure that they can identify children displaying the symptoms (Appendix 3) of an asthma attack and locate their personal medication and Asthma Action Plans)
- ensure they are aware of the children in their care with asthma
- ensure that a Risk Minimisation and Communication Plan is developed, in consultation with parents/guardians for every child with asthma in consultation with parents/guardians
- in consultation with the family, optimise the health and safety of each child through supervised management of the child's asthma
- ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's asthma record
- administer emergency asthma medication if required according to the child's asthma record. If no asthma record is available, the standard asthma first aid plan (Appendix 4) should be followed immediately
- promptly communicate, to management and families, if they are concerned about the child's asthma limiting his/her ability to participate fully in all activities
- provide families with the contact details of the Asthma Foundation if further asthma advice is needed
- ensure the Centre's expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use
- ensure that the asthma first aid kit, children's personal asthma medication and Asthma Action Plans are taken on excursions or other offsite events
- identify and where possible, minimise asthma triggers
- ensure that children with asthmas are not discriminated against in any way
- ensure that children with asthma can participate in all activities safely and to their full potential
- ensure the child's expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are cleaned after every use

Families will:

- inform staff, either upon enrolment or initial diagnosis, that their child has a history of asthma
- provide all relevant information regarding the child's asthma via the asthma record as provided by the child's doctor
- familiarise themselves with WECC's *Asthma Management* policy
- notify educators, in writing, of any changes to their child's asthma record during the year
- ensure that their child has an adequate supply of appropriate medication (reliever) and a spacer device, both clearly labelled with the child's name and expiry dates
- have the Asthma Action Plan reviewed and updated at least annually
- work with staff to develop a Risk Minimisation and Communication Plan for their child
- communicate all relevant information and concerns to staff as the need arises (e.g. if asthma symptoms were present during the night)
- encourage their child to learn about their asthma, and to communicate with educators if they are unwell or experiencing asthma symptoms

WECC expects that families and staff will work in partnership to ensure that asthma is kept under control.

Asthma first aid procedure if a child has an asthma attack within WECC

In the event where a child is having an asthma attack, educators should immediately administer asthma first aid according to either:

- The child's asthma record's first aid plan as signed by the family and doctor, and/or the doctor's written instructions

OR

- If an educator has had the appropriate training they should follow the asthma first aid plan on the poster

AND

- Call an ambulance (if appropriate) (dial 000) and notify the family in accordance with Education and Care Services National Regulations 2011

If a child has difficulty breathing and there is no notification or any written communication from the parents/guardians about their child having asthma, educators should call an ambulance immediately, follow the asthma first aid plan and contact the family immediately.

- Record any asthma incident and file the completed form with all incident reports.

As recommended by the Asthma Foundation of NSW², WECC has an asthma emergency kit containing a blue reliever inhaler (Aiomir, Asmol, Epaq or Ventolin) and a spare single use spacer in the event of:

- an emergency where a child has difficulty breathing
- a child's first attack of asthma (Appendix 5)
- a child's own asthma reliever inhaler being unavailable, expired or empty

Relevant educators are trained in how to deliver the asthma first aid plan.

Related policies

- *First aid*
- *Incident, injury trauma and illness*
- *Inclusion, diversity and anti-bias*
- *Medical conditions*
- *Medical administration*
- *Medication and health statement*

Related documents

- The Asthma Foundation Victoria, Asthma and the Child in Care Model Policy, - <http://www.asthma.org.au/Portals/0/doc/Resources/2013%20Child%20Care%20Model%20Policy%20%28Version%20%29.pdf>
- Asthma Foundation New South Wales, Asthma policy for children's services – http://www.asthmaaustralia.org.au/asthma_in_childcare.aspx
- Asthma Foundation New South Wales, Asthma Action Plan Sample – http://www.asthmaaustralia.org.au/asthma_action_plan.aspx
- Asthma in the under 5's information for parents and carers of children with asthma – <http://www.asthmaaustralia.org.au/Parents>
- The Hospital at Westmead, Asthma Trigger Factors – <http://www.astmahandbook.org.au/clinical-issues/triggers>

² in fact sheet Spacers in Asthma Emergency Kits (change in policy)

Statutory legislation and considerations

- Nil.

Sources and references

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Law: Section 167 (protection from harm and hazards)
- National Regulations: Regulations 92-96, 178, 181-184
- Asthma Society of ACT/ACT Asthma Association, Phone 6286 4414
- Australian Children's Education & Care Quality Authority
- ECA Code of Ethics
- Guide to the National Quality Standard
- Staying Healthy in Education and Care – 5th Edition

Authorisation

John Rothwell
President
2017-18 WECC Management Committee

ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

NAME _____

DATE _____

NEXT ASTHMA CHECK-UP DUE _____

DOCTOR'S CONTACT DETAILS

EMERGENCY CONTACT DETAILS

Name _____

Phone _____

Relationship _____

WHEN WELL *Asthma under control (almost no symptoms)*
ALWAYS CARRY YOUR RELIEVER WITH YOU

Your preventer is: _____
(NAME & STRENGTH)

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is: _____
(NAME)

Take _____ puffs _____

When: You have symptoms like wheezing, coughing or shortness of breath

Use a spacer with your inhaler

Peak flow* (if used) above: _____

OTHER INSTRUCTIONS
(e.g. other medicines, trigger avoidance, what to do before exercise)

WHEN NOT WELL *Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)*
Peak flow* (if used) between _____ and _____

Keep taking preventer: _____
(NAME & STRENGTH)

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is: _____
(NAME)

Take _____ puffs _____

Use a spacer with your inhaler

OTHER INSTRUCTIONS Contact your doctor
(e.g. other medicines, when to stop taking extra medicines)

IF SYMPTOMS GET WORSE *Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)*
Peak flow* (if used) between _____ and _____

Keep taking preventer: _____
(NAME & STRENGTH)

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is: _____
(NAME)

Take _____ puffs _____

Use a spacer with your inhaler

OTHER INSTRUCTIONS Contact your doctor today
(e.g. other medicines, when to stop taking extra medicines)

Prednisolone/prednisone:

Take _____ each morning for _____ days

DANGER SIGNS *Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)*
Peak flow (if used) below: _____

**DIAL 000 FOR
AMBULANCE**

Call an ambulance immediately
Say that this is an asthma emergency
Keep taking reliever as often as needed

Use your adrenaline autoinjector (EpiPen or Anapen)

National Asthma Council Australia
Leading the attack against asthma

nationalasthma.org.au

* Peak flow not recommended for children under 12 years.

**Woden Early Childhood Centre
Medical Risk Minimisation and Communication Plan**

Child's Full Name:			D.O.B:		
Room:			Age:		
Medic Alert Number (if relevant)			Review Date:		
Does the child have a medical condition educators need to be aware of?			YES / NO		
If Yes, please explain:					
Does the child need dietary modifications? (If yes, please comment in sections below)			YES / NO		
Action Plan provided by Parent/Guardian			YES / NO		
Where is this displayed?					
Where is medication and or equipment stored?					
Triggers that the child must avoid for the period of this plan					
Please list, in detail, alternative foods and/or substances for the child					
Please provide details of any special care routine (e.g. meals at particular times or intervals for health reasons, avoiding outside play when allergens are present).					
Medical Emergency			Dietary Modifications		
<u>Risk:</u> What are the other issues and/or actual/potential situations that could lead to a medical emergency?	<u>Strategy:</u> What can be done to reduce these risks? What resources are needed?	Who is responsible for this?	<u>Communication:</u> What foods should your child avoid?	<u>Strategy:</u> What alternatives can be offered?	Who is responsible for this?

Child's Full Name:		D.O.B:	
Room:		Age:	
Medical Emergency Communication Plan	Date	Dietary Modifications Communication Plan	Date
Relevant staff, students and volunteers have been informed of the services Medical Conditions Procedures and Guidelines.		Relevant staff, students and volunteers have been informed of the services	
Relevant staff, students and volunteers have been informed of this plan and know where to locate this plan, the Medical Action Plan and all medications and equipment in the event of an emergency.		Relevant staff, students and volunteers have been informed of this plan and know where to locate this plan.	
The services Medical Conditions Policy and other relevant policies (e.g. Anaphylaxis or Asthma) has been provided to the family		The services Allergies Policy and Nutrition, food, beverages and dietary requirement Policy has been provided to the family	
Where necessary, families attending the service will be notified		Where necessary families attending the service will be notified	
Educators will notify parents in advance of any special activities taking place such as celebrations, sporting events and excursions so plans of safe inclusion can be made		Educators will notify parents in advance of any special activities taking place such as celebrations, sporting events and excursions show alternative food options are available.	
Other identified communication strategies		Other identified communication strategies	
Authorisation and release—to be completed by the parent/guardian			
<u>Parent/Guardian</u> I have read, understood and agreed with this plan. I approve the release of this information to supervising staff and emergency medical personnel Signature of Parent/Guardian _____ Date: ___/___/___			
This Plan is no longer applicable Signature of Parent/Guardian or Health Professional _____ Date: ___/___/___			
Notes for use To be completed by the SERVICE and the PARENT/GUARDIAN . This form is to be used where a person has a proven history of allergy or intolerance or requires a medical care plan for a proven medical condition. An appropriate Medical Action Plan should be completed in addition to this form.			
<u>Office Use Only</u> Information has been added to the allergy & dietary requirements display charts : Review date has been recorded ___/___/___ :			
Nominated Supervisor	Staff initials	Staff initials	Student initials _____

Asthma Symptoms

Symptoms of an asthma attack (as suggested by Asthma Australia) are:

- a dry, persistent, irritating cough particularly at night, morning or during active play
- tightness in the chest
- shortness of breath – 'tummy breathing'
- wheezing – breathing noisily when breathing out

Children with asthma may have one or more of these symptoms and may describe their symptoms as sore chest, sore tummy or a "frog in the throat". It is important to note that symptoms vary from child to child and that an asthma attack may occur with just one symptom. It is important that educators become familiar with the individual symptoms and triggers of the children in their care as well as their action plans.

Asthma Triggers

Asthma can be triggered by any of the following³:

- cold and flu
- smoking
- exercise/play
- changes in air temperature
- emotions
- some foods and additives
- certain medications (including but not limited to Ibuprofen, Aspirin, Echinacea and Royal Jelly)
- allergens – including dust mites, dust, moulds, animals (cats & dogs) and pollens

Sensitivechoice (www.sensitivechoice.com.au, *Living with Asthma and Allergy Guide, Spring 2010*)

tells us that "Good asthma control is having all of the following:

- 1) No night-time asthma symptoms
- 2) No asthma symptoms on waking
- 3) No need for reliever medication
- 4) No restriction of day-to-day activities
- 5) No days off school or work due to asthma
- 6) No asthma attacks or flare ups.

Using your reliever medication 3 or more times a week and/or having night-time symptoms 1 or more times a week suggests poor control. If you don't have good control, see your doctor for an asthma review.

³ Asthma Trigger Factors brochure, produced by the Children's Hospital at Westmead, Controlling Asthma

Asthma First Aid Plan

Step 1: Sit the child upright and remain calm and provide reassurance. Do not leave the child alone

Step 2: Give 4 puffs of a blue reliever (Airomir, Asmol, Epag or Ventolin), one puff at a time, through a spacer device. Ask the child to take 4 breaths from the spacer after each puff.

Step 3: Wait 4 minutes

Step 4: If there is little or no improvement, repeat steps 2 and 3. If there is still little or no improvement, call an ambulance immediately (dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance

In an emergency, the blue reliever inhaler can be accessed from the asthma emergency kit. No harm is likely to result from giving a reliever inhaler to someone without asthma. Parents will be required to replace the spacer used as all spacers are to be single person use. When used with a spacer, inhalers are able to be reused.

First Asthma Attack

If a child has difficulty breathing and it is not known whether they are asthmatic, the Asthma Association states in the *Asthma and the under 5's* that "no harm is likely to result from giving reliever medication". As such a child presenting with asthma like symptoms will be treated following the asthma first aid plan

Families are asked to provide permission for the administering of Ventolin when completing their child's emergency detail form; some families may choose not to give permission. In an emergency situation where educators believe a child is having an asthma attack, educators will follow the first aid action plan on the advice of the ambulance service. Families are contacted under the Education and Care Services National Regulations 2011.