



3.3 Asthma

Purpose

This policy has been designed to document how John Street will:

- Minimise the risk of a having an “asthma attack” whilst at John Street;
- Ensure all educators have asthma management training as required under the *Education and Care Services National Law Act 2010*, and therefore can respond appropriately to respiratory difficulties by initiating appropriate treatment, including competently administering asthma reliever medication; and
- Raise the community’s awareness of asthma and its management through education and policy implementation.

Objective

This Asthma Policy acts to ensure that John Street will:

- Provide the necessary strategies to ensure the health and safety of all persons with asthma involved with John Street;
- Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities; and
- Provide a clear set of guidelines and expectations to be followed regarding the management of asthma.

Definitions

Asthma – Asthma is a sensitivity of the airways in a person’s lungs. When someone with asthma is exposed to certain triggers, their airways narrow making it harder for them to breath.

Asthma action plan - A medical management plan prepared and signed by a Doctor providing the child’s name and triggers, a photograph of the child and clear instructions on treating an asthma attack. An example of this is the Asthma Foundation Asthma Action Plan.

OH&S Officer - An educator nominated to be the Occupational Health and Safety officer. This person also checks the reliever medication is current, emergency asthma first aid kit is complete, and leads Educators’ practise sessions after all Educators have undertaken emergency asthma management training.

Risk minimisation - A practice of reducing risks to a child at risk of asthmas by removing, as far as is practicable, major 'triggers' from John Street and developing strategies to help reduce risk of an asthma attack.

Risk minimisation plan - A plan specific to John Street that specifies each child's triggers, the ways that each child with asthma could be accidentally exposed to the trigger while in the care of John Street, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children with asthma and the OH&S Officer at John Street and should be reviewed at least annually, and always upon the enrolment or diagnosis of each child who has asthma. Risk minimisation planning considerations are outlined in this policy.

Trained Educator – For the purposes of this policy, this refers to those educators who have received relevant professionally run training in the treatments or techniques required to administer medication including administration of reliever medication, and hold first aid training, anaphylaxis management training, and emergency asthma management training qualifications approved by ACECQA, as prescribed in the *Education and Care Services National Law Act 2010* in accordance with regulation 137 (1) (e)

Triggers – For people with asthma, a trigger is something that causes their airways to narrow, leading to asthma symptoms. Everyone's asthma is different, and everyone has different triggers.

Scope of Policy

This policy applies when a child diagnosed with asthma by a qualified medical practitioner is enrolled at John Street. It applies to the child/children enrolled, their parents/guardians, educators, and the Board. It also applies to other relevant members of the community, such as student, volunteers and visiting specialists.

Policy Statement

Asthma is a chronic health condition affecting 1 in 9 Australian children. It is a common reason for childhood admission to hospital. John Street believes that correct asthma management and community education will assist to minimise 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, John Street recognises the need to educate its educators, families and the community about asthma and to promote responsible asthma management strategies.

Procedures

Due to the unpredictable nature of asthma it is very important that the management of this condition is closely monitored in order to maintain close control of it.

- Educators are provided with a Staff Handbook outlining all John Street policies and procedures.

- Emergency Asthma Management (EAM) Training is provided to educators, and John Street ensure at least one educator who has completed accredited asthma training is on duty while children are signed in. .
- The Director identifies children with asthma during the enrolment process and informs educators in the centre.
- Parents are provided with a copy of this Asthma Policy and an Asthma Action Plan upon enrolment.
- Asthma Action Plans for individual children are stored in the child's enrolment record.
- Emergency first aid for asthma procedures are stored with individual children's reliever medication, and in John Street's first aid kit.
- John Street provides a First Aid Kit which contains (amongst other things) a blue reliever medication (e.g. *Airomir*, *Asmol*, or *Ventolin*), a spacer device, face mask, concise written instructions on Asthma First Aid procedures and 70% alcohol swabs.
- Reliever medication that is administered directly to a child without a spacer or mask will not be reused at the centre. Spacer devices and masks used to administer medication will not be reused either. These items will be given to the family or disposed of appropriately.
- The OH&S Officer correctly maintains the asthma component of the First Aid Kit (eg. regular checks of expiry dates on medication).
- An Asthma First Aid Kit for a diagnosed child to use at activities outside of John Street is carried on excursions.
- The Director and educators encourage open communication between families and educators regarding the status and impact of a child's asthma.
- The Directors and/or educators will promptly communicate any concerns to families should it be considered that their child's asthma is limiting his/her ability to participate fully in all activities.

Educators at John Street will:

- Ensure that they maintain current accreditation in Emergency Asthma Management (valid for three years), as approved by the Australian Children's Education and Care Quality Authority.
- Ensure that they are aware of the children in their care with asthma.
- Ensure, in consultation with families, the health and safety of each child through supervised management of the child's asthma.
- Identify and, where practical, minimise asthma triggers.
- Where necessary, modify activities in accordance with a child's needs and abilities.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written **Asthma Action Plan**.

- Administer emergency asthma medication if required according to the child's written Asthma Action Plan. If no written Asthma Action Plan is available, the Asthma First Aid Plan outlined in this document should be followed immediately.
- Promptly communicate, to the Director and/or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.
- Ensure that children with asthma are treated the same as all other children.

Families of children with asthma will:

- Inform the Directors and the educators, either upon enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the written Asthma Action Plan, which should be provided to the centre within seven (7) days of enrolment.
- Notify the educators, in writing, of any changes to the Asthma Action Plan during the year.
- Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times, along with a spacer (and face mask for children under the age of 5).
- Ensure that they comply with all requirements and procedures in relation to the Asthma Plan.
- Communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous evening).
- Ensure, in consultation with the educators, the health and safety of their child through supervised management of the child's asthma.

In the event of an asthma attack at John Street

If a child or an educator develops signs of what appears to be an asthma attack, appropriate care must be given immediately. Regardless of whether the attack is mild, moderate or severe, treatment should commence immediately as delay may increase the severity of the attack and ultimately risk the child's life.

- If the child has written instructions on their Asthma Action Plan follow these instructions immediately.
- If no instructions are available then immediately commence the standard Asthma First Aid Plan detailed below.
- **If the child's condition suddenly deteriorates or you are concerned at any time call an ambulance immediately (Dial 000) and state that the person is having an asthma attack**

ASTHMA FIRST AID PLAN

Step 1	Sit the person upright Be calm and reassuring Do not leave the person alone
Step 2	Give reliever medication

	<p>Shake the blue reliever puffer</p> <p>Use a spacer if you have one</p> <p>Give 1 puff into a spacer</p> <p>Take 4 breaths from the spacer</p> <p>Repeat until 4 puffs have been taken</p> <p>Remember: Shake, 1 puff, 4 breaths</p> <p><i>Note: Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them</i></p>
Step 3	<p>Wait 4 minutes</p> <p>If there is no improvement, repeat step 2</p>
Step 4	<p>If there is still no improvement call emergency assistance – dial 000</p> <p>Tell the operator the person is having an asthma attack</p> <p>Keep giving 4 puffs every 4 minutes while you wait for emergency assistance</p>

- **Call emergency assistance immediately (dial 000) if the person's asthma suddenly becomes worse.**
- In an emergency the blue reliever puffer used may be the child's own, from the First Aid Kit or borrowed from another child.
- Only educators who have completed a Course in Emergency Asthma Management may access the blue reliever medication for first aid purposes from the First Aid Kit.
- The parents/guardians of any child who becomes ill at the Children's Service should be notified, even if the child has a complete recovery from the asthma attack.
- The treatment given should be recorded in the Accident, Injury, Trauma and Illness Record and/or the Medication Record.
- It does not matter if a different brand of reliever medication to the child's usual medication is used.
- An overdose cannot be given following the steps outlined. However, it is important to note that some children may experience an increased heart rate or tremors but these will pass quickly.

What if it is the first attack of asthma?

A problem that may be encountered is when a child suddenly collapses, or appears to have difficulty breathing, and is not known to have pre-existing asthma or other health problems.

In this situation educators should:

Step 1	Call an ambulance immediately (dial 000) and state that the child is having breathing difficulty
Step 2	<p>Give reliever medication</p> <p>Shake the blue reliever puffer</p> <p>Use a spacer if you have one</p> <p>Give 1 puff into a spacer</p> <p>Take 4 breaths from the spacer after each puff</p> <p><i>Note: Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them</i></p>
Step 3	Keep giving 4 separate puffs of a blue reliever puffer every 4 minutes until the ambulance arrives.

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 puffers are extremely safe, even if the child does not have asthma.

- The parents/guardians of any child who becomes ill at the Children's Service should be notified as soon as possible.
- In an emergency the blue reliever puffer can be accessed from the First Aid Kit by a trained educator or borrowed from another child in case of emergency.

Asthma Action Plan

John Street enrolment forms include a request for information about your child including asthma. All children with a diagnosis of asthma or asthmatic symptoms **must** have an '**Asthma Action Plan**' completed by their treating doctor before enrolment at John Street, or within seven days after a first episode of asthma for children already enrolled. This provides John Street educators with a detailed emergency treatment action plan and can assist with the identification of triggers of an asthmatic episode. This Action Plan also enables educators to administer a child's medication in response to any breathing difficulties without the need for immediate parental permission. This means the parents are not required to fill in the medication booklet on a daily basis; a signature will only be required in the event that emergency medication was administered during the day.

- Asthma Plans will be held with the child's enrolment details in the office. John St educators will be informed about children with Asthma in their care.
- Educators will hold a second copy of the Asthma Plan in the child's room together with Emergency Contact details. Asthma First Aid posters will be displayed in key locations.
- Regular updates of the Action Plan are required to ensure educators are aware of current treatment and triggers.

- If a child's treatment changes, the parents must notify the educators immediately and a new Action Plan will be issued to you. If no changes occur Action Plans will automatically be reissued approximately every six months.

Any parent of a child with asthma is required to provide written information regarding the child's asthma either on enrolment or on diagnosis. Enrolment forms may ask the question "Has your child ever had asthma?"

The Asthma Action Plan should include information such as:

- Signs and symptoms specific to the child's asthma;
- A list of known triggers;
- Medications taken on a regular basis when the child is "well";
- The preferred method for treating deteriorating asthma (that is, an asthma attack);
- What to do in an asthma emergency;
- Name, address and telephone number of a person who is to be notified of any accident, injury, trauma or illness involving the child; and
- Name, address and telephone number of the child's doctor.

A sample Asthma Action Plan for children's services can be found on The Asthma Foundation of Victoria's website at www.asthma.org.au

Asthma Medication

'Reliever medications' are those that provide relief in the event of breathing difficulties. These include *Ventolin*, *Bricanyl*, *Respolin* or *Asmol* and come in a grey/blue inhaler. These are used to provide almost instant relief and should stop the reoccurrence of these symptoms for 4–6 hours.

- Whilst at John Street, if a child is requiring medication **3 hourly or more frequently**, the parents will be contacted to collect them. An episode such as this requires very close monitoring which is best done in a one-to-one situation.
- The Asthma Foundation recommends an immediate visit to the doctor or hospital should the 'reliever medication' last for less than 2 hours.
- If a child is requiring regular use of reliever medication (4–6 hourly) over a long period of time then a visit to the doctor may be necessary as the use of a 'preventer medication' may be required. These provide slower more long-term relief.
- John Street has its own spacer and blue reliever puffer (*Ventolin*) which may be used in case of an emergency, should a child's own medication have been forgotten or is found to be empty. This is held in the First Aid Kit together with concise instructions for Emergency Asthma First Aid procedures. This medication should not be viewed as available for daily usage.

Asthma First Aid Training

John Street will ensure that:

- At least one Educator who has completed accredited Emergency Asthma Management Training, as approved by the Australian Children's Education and Care Quality Authority is on duty whenever children are being cared for or educated;
- That the asthma component of the First Aid Kit is up-to-date at all times.

Emergency Asthma - First Aid Kit

John Street is required to have a suitably equipped First Aid Kit under the *Education and Care Services National Law*. As there are children with asthma attending John Street on a regular basis, it is appropriate to be prepared for an asthma emergency.

- Only educators who have completed a Course in Emergency Asthma Management may access the blue reliever puffer for first aid purposes from the First Aid Kit.
- Only educators who have completed a Course in Emergency Asthma Management are able to purchase and hold a blue reliever medication in the First Aid Kit.
- An Asthma First Aid Kit contains:
 - Blue reliever puffer (inhaler) e.g. *Airomir, Asmol, or Ventolin*;
 - A spacer device that is compatible with the puffer. This may be a large volume spacer (e.g. Volumatic) or a small volume spacer with a removable mask (e.g. Breath-a-tech, Aero chamber or Able Spacer);
 - A face mask compatible with the spacer for use by children under the age of 5;
 - Clear written instructions on the steps to be taken in treating an asthma attack; and
 - 70% alcohol swabs for cleaning of devices.

Policy of Single-Person Use Spacers

The Asthma Foundation Victoria recommends that John Street adopt a policy of single-person use spacers.

- Spacers are classed as medical devices, and are categorised as single-person use by the National Health and Medical Research Council of Australia (NHMRC). The NHMRC is a peak advisory body, publishing the '*Australian Guidelines for the Prevention and Control of Infection in Healthcare*'. Simply put, the guidelines state that if a spacer or mask touches someone's mouth then, unless you can autoclave it, only that individual should use that spacer and mask again in order to avoid the transmission of infection.
- Best practice for infection control is that all spacers are to be used by one person only, and should not be reused by another person, even if it has been washed.
- The previous NHMRC guidelines included an exception for community settings and schools, stating that spacers may be reprocessed if cleaned as per instructions. This exception and instructions no longer appear in the guidelines.

Cleaning of asthma devices

Devices (face masks and reliever medication) 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, spacer and face mask. Devices can be easily cleaned by following these steps:

1. Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is dismantled.
2. Wash devices thoroughly in warm water with kitchen detergent.
3. Do not rinse.
4. Allow devices to "air dry". Do not rub dry.
5. When dry, wipe the mouth piece inside and outside with a 70% alcohol swab (e.g. Medi-Swab available from pharmacies).
6. When completely dry, ensure the canister is replaced into the puffer container and check the device is working correctly by firing one or two "puffs" into the air. A mist should be visible upon firing.

Responsibility

Active implementation of this policy is a shared community responsibility.

The Director will:

- Discuss with educators their knowledge of issues following educators' participation in emergency asthma management training.
- Selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete.
- Discuss this policy and its implementation with parents/guardians of children with asthma to gauge their satisfaction with both the policy and its implementation in relation to their child.
- Respond to complaints.
- Review the adequacy of the response of John Street if a child has an asthma attack and consider the need for additional training and other corrective action.

The OH&S Officer (as nominated by the Director) will:

- Conduct 'asthma scenarios' and supervise practise sessions in reliever medication administration procedures to determine the levels of educators competence and confidence in locating and using John Streets emergency asthma management first aid kit.
- Routinely review the first aid kit to ensure that it is complete and the asthma reliever medication is not expired.

Parents/guardians shall:

- Read and be familiar with this Asthma Policy;
- Identify and liaise with the OH&S Officer; and

- Bring relevant issues concerning asthma management to the attention of both educators and the Director.

General Information

People with asthma have sensitive airways in their lungs. When they are exposed to certain triggers their airways narrow, making it harder for them to breathe.

Three main factors cause the airways to narrow:

- The inside lining of the airways becomes red and swollen (inflammation).
- Extra mucus (sticky fluid) may be produced, which can block up airways.
- Muscle around the airways tightens. This is called 'bronchoconstriction'.

Asthma affects over two million Australians and it can start at any age, though it is more common in children.

Legislative Provisions

Education and Care Services National Law Act 2010 – 167 (1) (2) and (3), 175 (1)

Education and Care services National Regulations 2011:

R. 90	Medical Conditions Policy
R. 91	Medical Conditions Policy to be provided to parents
R. 92	Medication Record
R. 93	Administration of Medication
R.94	Exception to authorisation requirement—anaphylaxis or asthma emergency
R. 95	Procedure for administration of medication
R.168	Education and Care Services Must have policies and procedures: (2) (d) – policies and procedures are required in relation to dealing with medical conditions in children, including matters set out in regulation 90
R.177	Prescribed enrolment and other documents to be kept by approved provider: (c) – a medication record as set out in regulation 92
R.181	Confidentiality of records kept by approved provider
R.183	Storage of records and other documents
R.184	Storage of records after service approval transferred

National Quality Standard for Early Childhood Education and Care & School Age Care

Standard 2.1	Each child's health and physical activity is supported and promoted
Element 2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented.
Element 2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
Standard 4.1	Staffing arrangements enhance children's learning and development.

Background Legislation

Privacy and Data Protection Act 2014	<i>Management of personal information</i>
Privacy Act 1988 (Cth.)	
Health Act 1958	
Health Records Act 2001	

Occupational Health & Safety Act 2004
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Sources

Asthma Foundation Victoria Asthma Guidelines A resource for managing asthma in Victorian schools, Issued June 2017 _retrieved July 2018 from <http://www.asthmaaustralia.org.au/ArticleDocuments/1594/Asthma%20Schools%20Guidelines%20Victoria%202017.docx.aspx> Victorian Government's Department of Health and Human Services. Better health Channel. Asthma (additional links to other asthma related topics). <https://www.betterhealth.vic.gov.au/conditionsandtreatments/asthma>

Asthma Foundations of Australia www.asthmaaustralia.org.au

Asthma Resources <https://www.asthmaaustralia.org.au/vic/about-asthma/resources>

Related John Street Policies, Procedures and Guidelines

Policies	<i>Dealing with Medical Conditions & Medication; Anaphylaxis; Asthma; Blood Borne Viruses; Chemical Storage; Diabetes; Emergency & Evacuation; Illness & Infections; Occupational Health & Safety; Personal Safety & Security; Providing a Child Safe Environment; Establishing a Protective Care Environment; Inclusion of Children with Additional Needs; Communication with Families; Recruitment & Retention of Educators; Supervision of Children;</i>
Appendices	<i>Position Descriptions; Enrolment Form; Authority to Disclose Personal Information; First Aid Box Checklist; Accident/Illness/Trauma Report Form; CPR Flow Chart; Anaphylaxis – Risk Minimisation Plan/Action Plan/Enrolment Checklist; Asthma – Risk Minimisation Plan/Action Plan/Enrolment Checklist; Emergency Action Plan; Special Diet Record; Special Health needs Support Plan; Educator/Employee Injury/Accident/Illness Report Form; Hazard Report; Sunscreen application authority;</i>

Authorisation

This policy was approved by the John Street Board in December 2018.