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 with regard to 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.
**Nominate Educator** - An educator nominated to be the liaison between parents/guardians of a child with asthma and the Board. 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 asthma 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 Educators 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 copy of this Asthma Policy and are briefed on asthma procedures upon their appointment to John Street.
- 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 whenever children are being cared for or educated.
- 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.
- Emergency Asthma First Aid posters are displayed in all rooms in which children are provided with education and care.
- 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.
- Spacer device, face masks, and reliever medication that is administered directly to a child without a spacer or mask, will not be reused at the centre. These items will be given to the family or disposed of appropriately.
- An accredited educator correctly maintains the asthma component of the First Aid Kit (e.g. regular checks of expiry dates on medication).
- An Asthma First Aid Kit for 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 Medications Record.
- Communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous evening).
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

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Sit the person upright</th>
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<tbody>
<tr>
<td></td>
<td>Be calm and reassuring</td>
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<tr>
<td></td>
<td>Do not leave the person alone</td>
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<table>
<thead>
<tr>
<th>Step 2</th>
<th>Give reliever medication</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Shake the blue reliever puffer</td>
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<tr>
<td></td>
<td>Use a spacer if you have one</td>
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<tr>
<td></td>
<td>Give 4 separate puffs into a spacer</td>
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<tr>
<td></td>
<td>Take 4 breaths from the spacer after each puff</td>
</tr>
<tr>
<td></td>
<td>Note: Giving blue reliever medication to someone who doesn’t have asthma is unlikely to harm them</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 3</th>
<th>Wait 4 minutes</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>If there is no improvement, repeat step 2</td>
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</table>

<table>
<thead>
<tr>
<th>Step 4</th>
<th>If there is still no improvement call emergency assistance – dial 000</th>
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<tbody>
<tr>
<td></td>
<td>Tell the operator the person is having an asthma attack</td>
</tr>
<tr>
<td></td>
<td>Keep giving 4 puffs every 4 minutes while you wait for emergency assistance</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Step</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Call an ambulance immediately (dial 000) and state that the child is having breathing difficulty</td>
</tr>
</tbody>
</table>
| Step 2 | **Give reliever medication**  
Shake the blue reliever puffer  
Use a spacer if you have one  
Give 4 separate puffs into a spacer  
Take 4 breaths from the spacer after each puff  
*Note: Giving blue reliever medication to someone who doesn’t have asthma is unlikely to harm them* |
| 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 an 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”;

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John Street Community Early Childhood Cooperative Policy Document
Produced by Community Child Care © 2012
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 Australia’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. 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 member 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 as 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.

Note: When purchasing reliever medication to hold in a first aid kit from a chemist, the educator should have a letter of authority from the Director to ensure that prior to holding asthma medication in a first aid kit, educators have undertaken appropriate asthma training.

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, resulting in a change of policy.

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 Nominate Educator (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.
• Liaise with the Board (through the Director) and parents of children at with asthma.

Parents/guardians shall:
• Read and be familiar with this Asthma Policy;
• Identify and liaise with the nominated educator; 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 90 |
| R.181       | Confidentiality of records kept by approved provider |
National Quality Standard for Early Childhood Education and Care & School Age Care

| Element 2.1.1 | Each child’s health needs are supported |
| Element 2.1.4 | Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines |
| Element 2.3.2 | Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury |
| Standard 4.1 | Staffing arrangements enhance children’s learning and development and ensure their safety and wellbeing |
| Element 7.3.5 | Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly. |

Background Legislation

| Information Privacy Act 2000 (Vic) | Management of personal information |
| Privacy Act 1988 (Cth.) | |
| Health Act 1958 | |
| Health Records Act 2001 | |
| Occupational Health & Safety Act 2004 | |

Sources


Asthma Foundations of Australia  www.asthmaaustralia.org.au


The Asthma Foundation Victoria. www.asthma.org.au

Related John Street Policies, Procedures and Guidelines

| Policies | 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; |
| Appendices | Position Descriptions; Authority to Administer Medication; 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; |
Authorisation & Review

The Board, through the Centre Director will ensure that the management of asthma promotes children’s health, meets legislative requirements and health authority guidelines.

The review and development of policies and procedures will be completed by the Grants and Policy sub-committee of the Board, in collaboration with John Street’s Director. Drafts will be circulated to seek input from staff and feedback from families, before final approval from the Board.

In accordance with R. 172 of the Education and Care Services National Regulations, John Street will ensure that families of children enrolled at John Street are notified at least 14 days before making any change to a policy or procedure that may have significant impact on: John Street’s provision of education and care to any child enrolled at the service; a family’s ability to utilise the service; or the fees charged or the way in which fees are collected.

To ensure that John Street is compliant, and maintains collaborative approaches with the community, John Street will notify all families of children enrolled at least 14 days before making ANY policy change, unless this time period would pose risk to the safety, health or wellbeing of any child enrolled in the service, in which case John Street will act to adjust any policies and/or procedures to ensure the safety, health and wellbeing of all children at the service, and will notify families as soon as practicable after making the necessary change(s).

The Board authorises this policy and welcomes the opportunity to discuss any aspect with stakeholders. We appreciate your support while we strive to provide a quality education and care service for children and families in our community.

Date approved:_____________________________________

Signed:___________________________________________

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<tr>
<th>Date Reviewed</th>
<th>Details of Change</th>
<th>Date of next Review</th>
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<tbody>
<tr>
<td>April 2009</td>
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<td>April 2011</td>
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<tr>
<td>August 2011</td>
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<td>August 2012</td>
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<tr>
<td>June 2012</td>
<td>Complete redevelopment to include information on family responsibilities, information as prescribed by the National Law, first signs of asthma, training, first aid kit, and cleaning of asthma devices, and general information.</td>
<td>December 2013</td>
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