

Asthma Policy

1. Authorisation.

This policy was adopted by **bestchance** management and supported by the **bestchance** Kindergarten Cluster Reference Group in August 2012.

2. Review Date.

The Asthma policy will be reviewed as required.

3. Scope.

This policy applies to children enrolled at the service, their parents/guardians, the educators and Committee.

4. Background and Relevant Legislation.

Asthma is a chronic health condition affecting 1 in 4 children. It is the most common cause of school absenteeism and is the major cause of childhood admission to hospital. While an average of two people die in Victoria each week from asthma, many of these deaths are deemed preventable. Community education and correct management will assist in minimising the impact of asthma.

It is generally accepted that children under the age of 6 do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, **bestchance** recognises the need to educate educators and parents/guardians about asthma and to promote responsible asthma management strategies.

Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
The Occupational Health & Safety Act 2004
The Health and Wellbeing Act 2008

5. Policy Statement.

Values

This kindergarten is committed to-

- Raising awareness about asthma among the Committee, educators, parents/guardians of children attending the service and any others dealing with children at the service.
- Providing a safe and healthy environment for all children enrolled at the service.
- Providing an environment in which all children with asthma can participate in order to realize their full potential.
- Providing a clear set of guidelines and expectations to be followed with regard to the management of asthma.

Purpose

The aim of this policy is:

- For all children enrolled at the service who have asthma to receive appropriate attention as required.
- To respond to the needs of children who have not been diagnosed with asthma and who have an attack at the service.

6. 6. Procedures.

6.1 Responsibilities

bestchance will

- Maintain a database to ensure that all educators have current asthma management training.
- Will organise regular Emergency Asthma Management training for all educators.

The Committee

- Provide funding for the educators to purchase the following items for the first aid kit: a spacer device and asthma reliever medication.

Educators will

- Attend asthma management training every three years.
- Ask all parents/guardians as part of the enrolment procedure, prior to their child beginning their attendance at the service, whether the child has diagnosed asthma and document this information on the child's Enrolment Record.
- Encourage open communication between parents/guardians and educators regarding the status and impact of a child's asthma.
- Provide families whose child has asthma with an Asthma Action Plan to complete. On completion, this will be attached to the child's Enrolment Record.
- Display the Asthma Action Plan in a readily accessible location, which is known to all educators.
- Ensure that all relievers have sighted the Action Plans before commencing work.
- Display the Asthma First Aid poster in various locations at the kindergarten, for example, in the children's room, bathroom and kitchen.
- Regularly maintain any asthma component of the First Aid Kit, to ensure all medications are current and any asthma equipment is clean and ready for use.
- Ensure the asthma component is included in the First Aid Kit taken on any activities outside the service.
- Consult with the parent/guardians of children with asthma, in relation to the health and safety of their child and the supervised management of the child's asthma.

- Complete, in consultation with the parents, the “Risk Minimisation Plan” from the “Medical Conditions” policy.
- Promptly communicate any concerns to parents if it is considered that a child's asthma is limiting his/her ability to participate fully in all activities.
- Where necessary, modify activities for the child with asthma in accordance with their current needs.
- Administer all regular prescribed Asthma Medication and document this.

Parents/guardians of a child with asthma will

- Inform educators, either on enrolment or on initial diagnosis, that their child has a diagnosis of asthma.
- Provide all relevant information regarding the child's asthma in order to complete the “Risk Minimisation Plan”.
- Provide an “Asthma Action Plan” signed by a medical practitioner.
- Notify the educators, in writing, of any changes to the information, if this occurs.
- Provide an adequate supply of appropriate asthma medication and equipment (e.g. reliever/spacer) for their child at all times.
- Enter the required information in the Medication Book at the beginning of each term or when necessary.
- Communicate all relevant information and concerns to educators as the need arises. (e.g. if asthma symptoms were present the previous night).
- Consult with the educators, in relation to the health and safety of their child and the supervised management of the child's asthma.

6.2 Plan of action for a child with diagnosed asthma

The educators, together with the parents/guardians of a child with asthma, will discuss and agree on a plan of action for the emergency treatment of an asthma attack based on the Asthma Foundation “First Aid Plan for Asthma” and the Action Plan.

This plan should include action to be taken where the parent/guardian has provided asthma medication, and in situations where this may not be available.

6.3 Action to be taken if a child suddenly collapses or has difficulty breathing with a possible asthma attack

Children with a known asthma condition: Educators will follow the agreed plan of action for the child for the emergency treatment of an asthma attack as detailed in the Asthma Action Plan. If the child's Asthma Action Plan is **NOT** available, educators should immediately commence the **standard asthma emergency protocol** detailed below:

- Step 1:** Sit the child upright and remain calm to reassure them.
- Step 2:** Without delay shake a blue reliever puffer (inhaler) and give 4 separate puffs through a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.
- Step 3:** Wait 4 minutes. If there is no improvement, repeat step 2.
- Step 4:** If still no improvement after a further 4 minutes – call an ambulance immediately (dial 000) state clearly that the child is “having an asthma attack”.

**Continuously repeat steps 2 and 3 whilst waiting for the ambulance.

- Step 5:** Contact the parent/guardian

In an emergency the blue reliever puffer used may be the child's own, from the First Aid Kit or borrowed from another child.

Children who educators are not aware have pre-existing asthma: In this situation, educators will:

- Step 1:** Call an ambulance immediately (dial 000) and state that the child is having breathing difficulty.
- Step 2:** Administer 4 separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.
- Step 3:** Keep giving 4 separate puffs of a blue reliever puffer every 4 minutes until the ambulance arrives.
- Step 4:** Contact the parent/guardian

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

Cleaning of devices

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

1. Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into two parts.
2. Wash devices thoroughly in hot water and kitchen detergent.
3. Do **not** rinse.
4. Allow devices to 'air dry'. Do not rub dry.
5. When dry, wipe with a 70% alcohol swab (e.g. Medi-Swab available from pharmacies), paying particular attention to the inside and outside of the mouthpiece of the devices.
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.

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

7. Resources and Support.

Phone numbers

Asthma Foundation on **9326 7088** or **1800 645 130**

Or www.asthma.org.au

8. Evaluation.

In order to assess whether the policy has achieved the values and purposes set out under policy statement number 5, **bestchance** will:

- Obtain feedback from the educators regarding the effectiveness of the policy.
- Assess that any raised issues/concerns in relation to children with asthma, or the policy, were resolved.
- If appropriate, conduct annual surveys of parents/guardians of children with identified asthma, to gauge their satisfaction with the asthma policy in relation to their child, or include an extra section in the annual general survey.