



# Asthma Procedure

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## Policy

The Asthma Procedure falls under the Dealing with Medical Conditions in Children Policy. Hawthorn Early Years (the Service) will provide a safe, inclusive and supportive environment for children with medical conditions. This will be achieved through the development and use of individual medical management plans supported by clear and comprehensive procedures.

## Application of Procedure

This procedure applies to the management of any child enrolled at the Service who has been diagnosed with asthma.

## Key Definitions

**Approved Emergency Asthma Management (EAM) training:** Training that is approved by the National Authority and is listed on the ACECQA website. EAM training provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.

**Asthma:** Asthma is a lifelong condition of the airways that affects approximately one in nine Australians and is the most common childhood cause of hospital admission and visits to the doctor. With good asthma management, a child's asthma can usually be well controlled.

Wheezing and coughing are very common in pre-school aged children under five years and doesn't necessarily indicate a child has asthma. In this age group, viral illnesses commonly cause what we call viral induced wheeze. This refers to the phenomenon of wheeze in the presence of viral illness. There are other issues which can cause wheeze in babies and young children.

### **Asthma emergency first aid kits should contain:**

- reliever medication
- small volume spacer device (disposable)
- compatible children's face mask
- Medication record
- asthma first aid instruction card.

Asthma Australia recommends that spacers and face masks in emergency kits are for single-use only. These should be replaced once used.

**Asthma first aid emergency:** The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.



**Asthma triggers:** Things that may induce asthma symptoms, for example, pollens, colds/viruses, dust mites, smoke, cold air, strong emotions, stress and exercise. Asthma triggers will vary from child to child.

**Medical management plan (Asthma Action Plan):** A record of information on an individual child's asthma and its management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency. It is prepared and signed by the child's treating, registered medical practitioner that provides the child's name, a photograph of the child, asthma management and a description of the prescribed medication for that child. This plan will be reviewed and updated annually or if the medical condition and/or treatment changes.

**Metered dose inhaler (puffer):** A common device used to administer reliever medication for asthma. Puffer: The common name for a metered dose inhaler, used to administer reliever medication for asthma.

**Reliever medication:** This comes in a blue/grey metered dose inhaler containing salbutamol, a chemical used to relax the muscles around the airways to relieve asthma symptoms. This medication is always used in an asthma emergency. Reliever medication is commonly sold by pharmacies as Airomir, Asmol, Epaq or Ventolin.

**Spacer device:** A plastic device used to increase the efficiency of delivery of reliever medication from a puffer to treat asthma. It should always be used in conjunction with a puffer device and may be used in conjunction with a face mask.

### **Hawthorn Early Years is committed to:**

Providing an environment in which all children with asthma can participate to their full potential. Children under the age of six usually do not have the skills or ability to recognise and manage their own asthma effectively. With this in mind, our Service recognises the need to educate its staff and families about asthma and to implement responsible asthma management strategies.

### **The Board of Governance will:**

Delegate operational responsibility and day-to-day management of the Service to the Nominated Supervisors. The Centre Director and Centre Manager will act as Nominated Supervisors for the Service.

Monitor the performance of the Service, including responsibilities contained in this procedure, through regular reporting to the Board and by ensuring appropriate resources are available to carry out the Service's functions including providing adequate provisions for asthma training.



## **The Nominated Supervisor/s will:**

Ensure Asthma Australia's Asthma First Aid posters are displayed in key locations throughout the Service. These will be checked by the health and safety representative when conducting bi-monthly internal safety audits.

Ensure that parents/guardians are aware of their responsibility to inform the Service of any diagnosed medical conditions, including asthma, during the enrolment process and that these are recorded on the enrolment form.

Ensure parents/guardians of children with asthma are informed that the Service will need to obtain a copy of the child's asthma medical management plan.

Ensure a risk minimisation and communication plan are prepared by the Service in consultation with the parent/guardian prior to the child commencing at the Service.

Ensure that a health and medical conditions summary of children with diagnosed medical conditions, including asthma, is clearly displayed in each classroom so that children who have been diagnosed with asthma can be clearly identified. These summaries will be updated as required to ensure they accurately reflect children's current health needs.

Ensure that Health and Medical Checklists are completed by classroom leaders at the start of each month. Once received these checklists will be reviewed and filed electronically in the Services 'O' drive.

Ensure this procedure is followed and is readily accessible and available for inspection at all times the Service is educating and caring for children or on request.

Notify the Board of governance if there are any issues with implementing this procedure.

Ensure employees, students, volunteers, children and families understand the importance of adhering to this procedure to maintain a safe environment for all users.

Identify and minimise allergens/triggers at the Service, where possible.

Ensure four emergency asthma first aid kits are available at the Service, including two kits that can be taken on excursions. Each kit will contain asthma first aid instructions, medication, a medication form, a spacer and a children's facemask. Spacers and facemasks will be replaced immediately, once used.

Provide asthma first aid training for all employees annually, so that they are aware of the asthma emergency first aid procedure and can confidently implement asthma first aid when needed.

Ensure that the majority of staff have attended the annual Asthma First Aid training session and that at least one staff member on duty holds a current ACECQA approved first aid qualification.



### **The Administration Officers will:**

Check that all child enrolment forms have been fully completed including details about diagnosed medical conditions such as asthma, prior to the child starting.

Update child enrolment records if children are diagnosed with asthma at any time during their enrolment at the Service or no longer need asthma medication.

Ensure parents/guardians of children with diagnosed asthma are notified of their obligation to provide a current medical management plan and that they will need to assist with completing a risk minimisation plan prior to their child starting or as soon as possible if the child is already enrolled.

Provide a copy of this procedure to the parent/guardian of a child enrolled at the Service who is diagnosed with asthma.

Ensure any changes to a child's medical condition, specific health care needs or medical management plan are communicated via email to the relevant educational leader, classroom leader and the kitchen supervisor (where applicable to the provision of meals).

Monitor that all designated persons-in-charge have current first aid and asthma qualifications using the monthly staff qualifications checklist. Where the first aid qualifications of any person delegated to be in day-to-day-charge lapses, the nominated supervisors will be notified and this person shall not be placed in this role until their qualifications are renewed.

### **The Classroom Leader/s will:**

Meet with all new families on the first orientation visit to discuss the child's individual health care needs. Where a child has been identified as having asthma the child will not start until the team leader (or their delegate) has in place:

- A copy of the child's current asthma medical management plan, which has been signed by a medical practitioner and is dated within the past 12 months.
- A copy of the communications plan signed by the parent/guardian.
- A risk minimisation plan that has been developed in conjunction with the parent/guardian.
- An asthma first aid kit for the child that includes the child's asthma action plan on the front (including a current photo) any prescribed medications, a spacer and a mask. A copy of all above documents, in a confidential file within the classroom as well as placing copies of all documents in the child's enrolment file in the office.

Ensure that all employees, volunteers and students working with children in the classroom are provided with a classroom induction so that they are aware of children diagnosed with asthma, their asthma triggers and symptoms, and the location of their medication, medical management plan and risk minimisation and communication plan.



Consult regularly with the parents/guardians of children diagnosed with asthma in relation to the health and safety of their child, and communicate any concerns.

Ensure that children's individual asthma first aid kits are stored in a location that is visible and known to all members of the teaching team, including students and volunteers, and is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat.

Complete a medical conditions checklist at the beginning of each month to ensure any prescribed medication is available, within its use by date and that all medical management documents are current and available, including the medical management plan and risk minimisation plan.

Contact parents in the month prior to medications or medical management plans expiring to ensure parents have time to organise a new medical management plan and/or purchase new medication and document this on the checklist and communications plan.

### **All employees, volunteers and students will:**

Ensure they are aware of and comply with this Asthma Procedure, the Dealing with Medical Conditions in Children Policy and Procedure and where applicable, the Administration of Medication Procedure.

Maintain a current approved Emergency Asthma Management (EAM) qualification.

Ensure parents/guardians of children diagnosed with asthma provide an asthma first aid kit at all times their child is attending the Service. Where this is not provided, children will be unable to attend the Service.

Ensure programmed activities and experiences take into consideration the individual needs of all children, including children with asthma.

Identify and, where possible, minimise exposure to asthma triggers at the Service.

Ensure that they can identify children displaying asthma symptoms and locate their personal medication and their medical management plan.

Ensure that educators who accompany children with asthma outside the Service on an excursion carry the child's fully equipped asthma first aid kit and a copy of the child's asthma medical management action plan.

Take part in annual asthma training provided by the Service and ensure first aid qualifications remain current.



## **Emergency Asthma Management**

If a child diagnosed with asthma appears to be suffering from an asthma emergency the Service and staff will:

- Follow the child's asthma medical management/action plan
- If the child does not respond to steps within the Asthma medical management/action plan call an ambulance immediately by dialling 000
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours if the child required medical attention

## **Emergency Management (for a child not diagnosed with asthma)**

Follow appropriate procedures in the event that a child without diagnosed asthma appears to be having an asthma episode. This includes:

- Commencing asthma first aid treatment.
- Calling an ambulance immediately by dialling 000
- Continue first aid measures
- Contacting the parents/guardians or person authorised in the enrolment record
- Arranging the replacement of used items within the emergency first aid kits
- Following up with the parents/guardians to ascertain how the child is and whether the child has been diagnosed with a medical condition
- Notifying the regulatory authority within 24 hours, as a child not diagnosed with asthma but who needs emergency asthma first aid management, will require medical treatment

## **Parents/guardians will:**

Complete all details on the child's enrolment form, including medical information and written authorisation for medical treatment, ambulance transportation and excursions outside the Service premises.

Assist employees by providing information and answering questions regarding their child's asthma.

Communicate all relevant information and concerns to the Service, particularly in relation to the health of their child.

Provide all required medication as listed on the medical management plan before leaving the child in the care of the Service.

Provide an adequate supply of appropriate asthma medication and equipment for their child at all times and replace used or expired medication.



Encourage their child to learn about their asthma, and to communicate with members of the teaching team if they are feeling unwell or experiencing asthma symptoms.

**See also:**

1. Dealing with Medical Conditions in Children Policy
2. Dealing with Medical Conditions in Children Procedure
3. Administration of Medication Procedure