

Prevention & Treatment of Asthma

Purpose

Asthma management is a shared responsibility. ECMS recognises the need to educate its staff and parents about asthma and to promote responsible asthma management strategies. We will:

- Raise the awareness of asthma amongst those involved in our services.
- Implement strategies to ensure the health and safety of all persons with asthma involved with our services.
- Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities.
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma

All educators have attended an Asthma Accreditation Course.

Rationale

Asthma is a chronic health condition affecting approximately 1 in 9 Australian children and it is one of the most common reasons for childhood admission to hospital. Community education and correct asthma management will assist to minimise the impact of asthma.

Generally children under six years do not have the skills and ability to recognise and manage their own asthma effectively.

Studies show (Rubinfield, A.R. Pitman Health Information Series) that most fatal attacks of Asthma develop over a period of hours and that fatality has been due to long term symptoms. It is therefore imperative that educators be kept informed of each individual child's condition, trigger factors and prescribed medication. This will deter the onset of an attack and failing this, equip educators with the necessary tools to deal with a potentially life threatening situation.

Roles & responsibilities

The Nominated Supervisor/Centre Director will:

- Provide all staff with access to the children's health and asthma policy and brief them on asthma procedures in their induction.
- Ensure that at least one staff member who has completed accredited asthma training (Emergency Asthma Management) is on duty whenever children are being cared for or educated.
- Identify children with asthma during the enrolment process and inform staff.
- Provide access to the asthma policy and an asthma action plan to all parents of children with asthma at enrolment (see enrolment form).
- Store asthma action plans in the child's enrolment record and display actions plans in appropriate areas of the centre.
- Encourage open communication between parents/guardians and educators regarding the status and impact of a child's asthma.
- Display asthma first aid poster in suitable locations.
- Include asthma information in the newsletters and have brochures available.

- Ensure child's asthma action plan is displayed for a child with asthma that requires particular treatment or first aid while at the centre in conjunction with the child's parents/guardians and doctor and where appropriate the child.
- Ensure housekeeping and gardening is planned to minimise exposure to potential asthma triggers in accordance with child's risk minimisation plan and that this information is transferred to the service risk minimisation and communication plan

Educators will:

- Ensure that they maintain current accreditation in emergency asthma management training (valid for three years).
- Ensure they are aware of the children in their care with asthma.
- In consultation with the family, ensure 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 all regular prescribed asthma medication is administered according to the child's asthma action plan.
- Administer emergency asthma medication according to the child's asthma action plan. If no asthma action plan is available follow the asthma first aid plan
- Communicate regularly with families about the status and impact of a child's asthma.

Families will;

- Inform the nominated supervisor or FDC educator at enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information using the asthma action plan at enrolment or within 7 days of enrolment.
- Notify educators in writing of any changes to the asthma action plan.
- Ensure that their child has an adequate supply of their asthma medication, including reliever, spacer and face mask at all times.
- Comply with the mediation policy.
- Communicate regularly with educators about the status and impact of a child's asthma.
- In consultation with educators, ensure the health and safety of their child through supervised management of the child's asthma.

Children will:

- Be encouraged to recognise their early asthma symptoms and to tell staff.
- Where authorised to self-administer medication seek their reliever medication as soon as their symptoms develop.

Asthma first aid kit

It is important to be prepared for an asthma emergency.

An asthma first aid kit should contain:

1. Blue reliever puffer (inhaler) e.g. Airomir, Asmol, Epaq or Ventolin.
2. At least two spacer devices compatible with the puffer for centre based services
These may be a large volume spacer (e.g. Volumatic) or a small volume spacer with a removable mask (e.g. Breath-a-tech, Aerochamber or Able Spacer).
3. 2 face masks compatible with the spacer for use by children under 5years in centre based service
4. Clear written instructions on the steps to be taken in treating an asthma attack.

Only staff who have completed a course in Emergency Asthma Management may access the blue reliever puffer for first aid purposes from the First Aid Kit.

As educators have completed course in Emergency Asthma Management the service is allowed to purchase and hold a blue reliever medication on the first aid kit.

A letter of authority from the Centre or FDC coordinator stating that the staff have completed a course in Emergency Asthma Management is required to purchase the medication.

A spacer and mask is to be used by one person only. If a spacer and mask from the first aid kit has been used this can be given to that person for their personal use, at the site or elsewhere, or disposed of.

A spare spacer and mask must be purchased promptly.

Procedure

The nominated supervisor/centre director will ensure:

- A child's risk minimisation plan (Operations 2.12.1) is completed in consultation with the parents/guardian, which includes strategies to address the particular needs of each child, and this plan is implemented.
- A communication plan (Operations 2.12.2) is developed using information from the child's risk minimisation plan
- Parents/guardians of a child diagnosed at risk of asthma have been provided a copy of the service's Operations 2.12 Dealing with medical conditions policy and the relevant medical policy to the child's medical condition. (Anaphylaxis, Epilepsy, Asthma, Diabetes)
- The Operations 2.14.1 Asthma management action plan for the child is signed by the child's registered Medical Practitioner and is visible to all staff. A copy of the child's asthma management action plan is included with the child's medicine.
- All staff, including relief staff, are aware of the prescribed medication location and the location of the child's medical management action plan.
- Staff who are responsible for the child/ren diagnosed at risk of anaphylaxis, epilepsy, asthma or diabetes undertake accredited training, which includes strategies for management, risk minimisation, recognition of the medical condition, emergency treatment. This would also include practices with an auto-injection device trainer or any other devices, and is reinforced at quarterly intervals and recorded annually.
- Parent/guardian's current contact details are available.
- Information regarding any other medications or medical conditions is available to staff.

Policy Created Date	July 2014, Reviewed September 2016
Policy Review Date	September 2018
Sources and Further Reading	The Asthma Foundation of Victoria www.asthma.org.au , Asthma action plan, Education and Care Services National Regulations 2011 Reg-90-96,168
Related to NQS Q.A	2.1.1 and 2.1.4

Attachments

Attachment 1: Medical Information – The Asthma Action Plan