

WODEN EARLY CHILDHOOD CENTRE

ASTHMA MANAGEMENT POLICY

POLICY STATEMENT: Woden Early Childhood Centre works in partnership with families, following the recommendation of medical professionals in ensuring the management of childhood asthma within the Centre showing its commitment to :

- 1) raising the awareness of asthma amongst those involved with the Children's Service
- 2) Providing the necessary procedures to ensure the health and safety of all persons with asthma involved with the Children's Service
- 3) Providing an environment in which children with asthma can participate in all activities to their full potential.
- 4) Providing a clear set of guidelines and expectations to be followed with regard to the management of asthma.

This policy supports inclusive practices at Woden Early Childhood Centre. Please refer to the Inclusion Policy.

RATIONALE:

The asthma foundation tells that "asthma is a chronic health condition affecting approximately 15% of children. 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.

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, *Woden Early Childhood Centre* recognises the need to educate its staff and family/carers about asthma and to promote responsible asthma management strategies"

CONSIDERATIONS:

This policy has been developed in accordance with Asthma Foundation NSW's Asthma Friendly Children's Services Program and incorporates the 7 essential criteria to become an Asthma Friendly Children's Service.

The policy should be read in conjunction with:

- The Asthma Friendly Children's Services Guidelines
- Asthma Foundation NSW's Policies
- Occupational Health and Safety Act

SCOPE:

This policy applies to all families who attend the Centre and all staff including volunteers and students.

RELEVANT LEGISLATION: ACT Centre based Children's Services Conditions 2000,1.9, 1.11, 4.3, 4.4, 4.6

QUALITY ASSURANCE SYSTEM:

Quality improvement and Accreditation system, Quality Practice guide 2005 principle 5.5

LOCATION OF INFORMATION

This information is made available to all families and staff on orientation through the provision of the Policy Cd. Printouts can be made for families on request.

Linking policies

Medication Policy

Enrollment Policy

Inclusion Policy

Source Documents

Carolyn Obrien, Physical activity and children with asthma as printed in Every child volume 6 no 2 Winter 2000

The Asthma foundation Victoria, **Asthma and the Child in Care Model Policy**, February 2006 retrieved from www.asthma.org.au on 25 November 2008

Asthma foundation new south wales, Asthma policy for children's services, retrieved from www.asthmansw.org.au on November 25 2008.

Asthma foundation new south wales, Asthma Action Plan Sample retrieved from www.asthmansw.org.au/assets/265/File/Asthma_Action_Plan_2007.pdf on 9 December 2008

National Asthma Council Australia, Asthma emergency plan retrieved from www.nationalasthma.org.au/html/emergency/index.asp on 9 December 2008

Asthma in the under 5's information for parents and carers of children with asthma

The hospital at westmead, Asthma Trigger Factors retrieved on 9 December 2008 from www.chw.edu.au/parents/factsheets/asthma_trigger_factors.htm

Key sources

Asthma society of ACT/ ACT Asthma Association, Phone 62864414

POLICY REVIEW

This policy is reviewed on a biannual basis both by the centres staff and then by families. Once the Policy has been reviewed and changes are made it goes to the management committee for ratification. Please refer to the Policy development and review policy.

Date endorsed by Committee: 24.3.09

Date to be reviewed: 24.3.10

Strategies and Procedures

- 1) Parents of diagnosed sufferers will be required to supply an Asthma Action Plan /Emergency Form which has been completed by their child's GP or Paediatrician. This should be done on enrolment or as soon as is possible after the child has been diagnosed. An action plan sample can be found at http://www.asthmansw.org.au/assets/265/File/Asthma_Action_Plan_2007.pdf
- 2) This plan is to be completed prior to the child's first day of attendance or after the child has been diagnosed. The plan will be reviewed by staff and parents regularly should any changes in their condition/treatment occur.
- 3) The well being and asthma management of a child with asthma is the primary responsibility of the child's parent/guardian.
- 4) The Centre must be informed of any significant changes in the child's asthma treatment.
- 5) The Centre staff although trained in first aid do not have the training and expertise to diagnose and administer medication - other than that normally being received by the child.
- 6) It is unreasonable to expect child care workers to be responsible for attending to a child's peak flow meter readings or interpreting them.
- 7) If a diagnosed sufferer develops serious asthma whilst in care, and their parent/s has accidentally failed to provide the appropriate medication, the "Ventolin" puffer and volumatic spacer in the First Aid cabinet will be used according to the child's Asthma Emergency Plan.

Our shared commitment

Asthma management should be viewed as a shared responsibility. To this end each of the key groups within this service give the following undertaking

Management will

- 1) Identify children with asthma during the enrollment process.
- 2) Provide families with a copy of the Asthma Policy upon enrolment.
- 3) Provide all staff with a copy of the Asthma Policy and brief them on asthma procedures upon their appointment to the Children's Service.
- 4) Provide opportunity and encouragement for staff to attend regular asthma training and ensure that at least one staff member responsible for first aid who has completed certified asthma training (Emergency Asthma Management) is on duty whenever children are being cared for or educated, including off site excursions.
- 5) Provide an Asthma Record to all families of children with asthma upon enrolment. The completed Asthma Record is to be returned promptly, reviewed annually and kept in a central location.
- 6) Ensure that all staff are informed of the children with asthma in their care.
- 7) Formalise and document the internal procedures for Asthma First Aid, for both children with a diagnosis of asthma, and those with no known diagnosis of asthma (first attack).
- 8) Ensure that at least one Asthma First Aid poster is displayed in a key location.

- 9) Ensure that the Asthma Emergency Kit contains a blue reliever puffer (e.g. Airomir, Asmol, Epaq or Ventolin), a spacer device and child mask if necessary and concise written instructions on Asthma First Aid procedures.
- 10) Provide a mobile Asthma Emergency Kit for use on activities outside the Children's Service.
- 11) Identify and, where possible, minimise asthma triggers.
- 12) Encourage open communication between families/guardians and staff regarding the status and impact of a child's asthma.
- 13) Promptly communicate any concerns to families should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

Staff will

- 1) Ensure that they maintain current Asthma First Aid training.
- 2) Ensure that they are aware of the children in their care with asthma.
- 3) In consultation with the family, optimise the health and safety of each child through supervised management of the child's asthma.
- 4) Ensure that all regular prescribed asthma medication is administered in accordance with the information on the Child's Asthma Record.
- 5) Administer emergency asthma medication if required according to the child's Asthma Record. If no Asthma Record is available the Standard Asthma First Aid Plan should be followed immediately.
- 6) Promptly communicate, to management and families, if they are concerned about the child's asthma limiting his/her ability to participate fully in all activities.
- 7) Provide families with the contact details of the Asthma Foundation if further asthma advice is needed.
- 8) Regularly maintain all asthma components of the first aid kit to ensure all medications are current and any asthma devices are cleaned after each use and ready to use.
- 9) Encourage children to carry their reliever medication and use their medication as soon as symptoms develop.
- 10) Identify and, where possible, minimise asthma triggers.

Families will

- 1) Inform staff, either upon enrollment or on initial diagnosis, that their child has a history of asthma.
- 2) Provide all relevant information regarding the child's asthma via the Asthma Record as provided by the child's doctor.
- 3) Notify the staff, in writing, of any changes to the Asthma Record during the year
- 4) Ensure that their child has an adequate supply of appropriate medication (reliever) and spacer device clearly labeled with the child's name including expiry dates.
- 5) Communicate all relevant information and concerns with staff as the need arises e.g. if asthma symptoms were present during the night.

Symptoms of an asthma attack as suggested by asthma Australia are :

- 1) a dry persistent irritating cough particularly at night, morning or during active play.
- 2) Tightness in the chest
- 3) shortness of breath “tummy breathing”
- 4) wheezing – breathing noisily when breathing out.

Children with asthma may have one or more of these symptoms and may describe their symptoms as sore chest sore tummy or a “frog in the throat”. It is important to note that symptoms vary from child to child and that an asthma may occur with just one symptom. It is important that staff become familiar with the individual symptoms and triggers of the children in their care as well as their action plans.

Asthma can be triggered by any of the following

- 1) cold and flu
- 2) smoking
- 3) exercise/play
- 4) changes in air temperature
- 5) emotions
- 6) some foods and additives
- 7) certain medications (ibuprofen, aspirin, Echinacea and royal jelly)
- 8) Allergens - including dust mites, dust, moulds, animals (cats & dogs) & pollens (the children’s hospital at westmead)

Controlling asthma

Sensitive choice tells us that “Good asthma control is having all of the following:

- 1) No night-time asthma symptoms
- 2) No asthma symptoms on waking
- 3)_ No need for reliever medication
- 4) No restriction of day-to-day activities
- 5) No days off school or work due to asthma
- 6) No asthma attacks or flare ups

Using your reliever medication 3 or more times a week and/or having night-time symptoms 1 or more times a week suggests poor control. If you don't have good control, see your doctor for an asthma review. “

Woden Early childhood Centre expects that families and staff will work in partnership to ensure that asthma is kept under control.

Asthma First Aid Procedure if a child has an asthma attack within Woden Early Childhood Centre.

Any case where a child is having an asthma attack, the staff should immediately:

Administer Asthma First Aid according to either:

- The Child's Asthma Record's First Aid Plan as signed by the family and doctor and/or doctor's written instructions

OR

- If a staff member has had the appropriate training they should follow the Asthma First Aid Plan* on the poster

AND

Call an ambulance (Dial 000) and notify the family in accordance with the ACT Centre based Children's Services Conditions 2000 4.3

If a child has difficulty in breathing and there is no notification on any written communication from the parents / guardian about him / her having asthma call an ambulance immediately, follow the Asthma First Aid Plan and contact the parents immediately. No harm is likely to result from giving a reliever puffer to someone with asthma.

- Record any asthma incident and file the completed form with all incident reports.

AS recommended by the Asthma foundation of NSW Woden Early Childhood Centre has an Asthma Emergency Kit containing a blue reliever puffer (Airomir, Asmol, Epaq or Ventolin) and a spacer in the event of:

- 1) - an emergency where a child has difficulty breathing
- 2) - a child's first attack of asthma
- 3) - a child's own asthma reliever puffer is unavailable, expired or empty.
- 4) Relevant staff are trained in how to deliver the Asthma First Aid Plan.

Asthma First Aid Plan

Step 1: Sit the child upright and remain calm and provide reassurance. Do not leave the child alone.

Step 2: Give 4 puffs of a blue reliever (Airomir, Asmol, Epaq or Ventolin), one puff at a time, through a spacer device. Ask the child to take 4 breaths from the spacer after each puff.

Step 3: Wait 4 minutes.

Step 4: If there is little or no improvement, repeat steps 2 and 3. If there is still little or no improvement, call an ambulance immediately (Dial 000). Continue to repeat steps 2 and

3 while waiting for the ambulance.

In an emergency the blue reliever puffer can be accessed from the Asthma Emergency Kit, or borrowed from another child. No harm is likely to result from giving a reliever puffer to someone without asthma.

First Asthma Attack

If a child has difficulty breathing and its not known whether they are asthmatic the Asthma association states in Asthma and the under 5's that "no harm is likely to result from giving reliever medication" As such a child presenting with asthma like symptoms will be treated following the asthma first Aid plan.

Families are asked to provide permission for the administering of Ventolin in completing their child's emergency detail form, some families may choose not to give permission. In an emergency situation where Staff believe a child is having an asthma attack Staff will follow the First Aid Action plan under the advice of the Ambulance Service. Families are contacted under the ACT Centre based Children's Services Conditions 2000, 1.9

Cleaning process after using the Centre's puffer and spacer for a child:

Infection control is an important consideration when using a shared spacer as infections are easily shared between children and carers spending time in close proximity or using shared equipment. Please refer to the Immunisation and Health Policies. The following procedure must be followed after each use of the Centre's ventolin and spacer.

- 1) Remove the canister from the "Ventolin" container;
- 2) Separate sections of volumatic spacer;
- 3) Soak puffer container (including mouthpiece cover) and spacer in warm soapy water;
- 4) Remove, and air dry; it is important not to dry the spacer with a cloth as this will result in an electrostatic charge inside the spacer and cause the medication to stick to the sides and not work effectively.
- 5) Replace "Ventolin" canister, and reassemble spacer ready for use.

Note: A child's personal puffer should be cleaned every week in the same way, and their spacer every two weeks to minimise build up of medication and blockage.

Woden Early Childhood Centre
Cover page format adapted from Child Care Co-operative Model Policy to fit with our existing content

ASTHMA EMERGENCY ACTION PLAN

CHILD'S NAME: _____

DOES YOUR CHILD HAVE ASTHMA? YES/ NO

DOES YOUR CHILD TAKE A PREVENTOR MEDICATION? YES/ NO

IF SO WHAT IS THE NAME OF THE MEDICATION _____

IN THE LAST 12 MONTHS HAS YOUR CHILD SUFFERED AN ASTHMA EPISODE?
YES/ NO

MEDICATION FOR NORMAL MAINTENANCE OF ASTHMA:

Time	Dose	Method (puffer/medicine/nebuliser)

MEDICATION TO BE USED WHEN MORE SEVERE SYMPTOMS DEVELOP

DESCRIBE THESE SEVERE SYMPTOMS

DOES YOUR CHILD USE A PEAK FLOW METER? YES/NO

IF SO, WHAT IS THE NORMAL LEVEL FOR YOUR CHILD

AT WHAT LEVEL DO YOU GIVE EMERGENCY MEDICATION?

EMERGENCY PROCEDURE

IF I AM UNABLE TO BE CONTACTED PLEASE TELEPHONE MY CHILD'S DOCTOR FOR ADVICE.

DOCTOR'S NAME: _____ TELEPHONE NUMBER: _____

Signature.....Date.....