

4.15 CKC Asthma Management Policy

The service strives to provide a safe and suitable environment for all children attending the service. Children diagnosed with asthma who attend the service will be supported with the management of this medical condition and endeavours will be undertaken to create an asthma friendly environment in accordance with the recommendations of the Asthma Foundation of Queensland.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- *Education and Care Services National Law Act, 2010 and Regulation 2011*
- *Duty of Care*
- *Work Health and Safety Act 2011*
- *Health (Drugs and Poisons) Regulation 1996*
- *National Quality Standard, Quality Area 2 – Children's health and safety*
- *Policies: 4.1 – General Health and Safety, 4.4 – Preventative Health and Wellbeing, 4.6 – Medication, 4.11 – Emergency Health and Medical Procedure Management, 9.2 – Enrolment.*



Procedures

Parents / carers / guardians will be requested, through the enrolment process (see Policy 9.2), to ensure that the service is made aware of any triggers or allergies that their child may be suffering. Information regarding the triggers and severity or triggers or allergies will also be requested.

All children diagnosed with asthma shall have a medical management plan outlining what to do in an emergency and developed in consultation with families, educators and the child's medical practitioner. Each plan shall be displayed in a clearly accessible area and be approved by the child's family / carer / guardian for display.

A medical conditions risk minimisation plan (see 4.10.1) must be developed in consultation with the parents / carers / guardians of a child with specific health care needs, allergies or other relevant medical conditions to identify the possible exposure to triggers or allergens and how these will be managed and monitored within the service.

Individual children's health care and management plans shall be discussed on a regular basis with all educators at team meetings, daily at the dream meeting and as parents / carers / guardians update and communicate changes to educators. The service will complete communication forms in consultation with parents / carers / guardians.

The service will ensure that at least one educator with a current first-aid qualification and CPR qualification, anaphylaxis management and emergency asthma management training as required by the *Education and Care Services National Regulations 2011*, will be in attendance at any place children are being care for, and immediately available in an emergency, always when children are being cared for. All Educators are trained in management of anaphylaxis / asthma where possible.

The service shall take appropriate action to minimise, as far as reasonably practicable, exposure to known triggers where children have been professionally diagnosed with asthma and this information has been presented to the service with certification from a medical practitioner.

To minimise the risk of exposure of children to foods / triggers that might trigger a severe asthmatic attack in susceptible children, our service will:

- Monitor seasonal weather changes and advise children as required (e.g. if it is very windy and the trigger to asthma is hay fever then child may need to play indoors or be monitored closely by educators)

- Not allow children to trade or share food, utensils or food containers;
- Prepare food in line with a child's medical management plan;
- Ensure that all food preparation areas and utensils are regularly cleaned and sanitised (as per Policy 5.5 Cleaning and Sanitising);

Each child shall have the appropriate medication including both prevention and or emergency puffer medication

All expiry dates of asthma medication are accessible at the service and will be closely monitored. Parents / carers / guardians will be notified immediately of an impending expiry date of these devices and provision to the service of an up-to-date device arranged. Parents/ carers will be requested to update any changes to their children's condition on an annual basis. The Coordinator/Assistant Coordinator will email the parents / carers / guardians annually to request an updated Action Plan. Parents / carers/ guardians must provide an updated Action Plan or advise the service the current Action Plan is still applicable; or the child's doctor has advised they no longer diagnosed with the medical condition and therefore no longer require an Action Plan and medication.

Appropriate medication shall be stored at the service for each child in clearly labeled and marked containers, in a location that is known to educators and easily accessible to Educators but inaccessible to children. Medication is stored in a locked cupboard unless the service is operational.

The service will ensure families with children at risk of asthmatic attacks, and all educators receive a copy of the Medical Conditions Policy, Medical conditions policy and Asthma Management Policy as part of their orientation/induction to the service.

Risk minimisation practices will be carried out to ensure that the service is, to the best of our ability, providing an environment that will not trigger an asthmatic reaction. These practices will be documented and discussed at team meetings, daily dream meetings to reduce potential risks.

The service shall display a generic Action Plan for Asthma poster in key location (s), visible to families, educators and visitors to the service.

In circumstances where asthma medication are transported between the child's school/home and the service, the medication shall be signed in and out of the service in an appropriate record book by educators. Parents / carers / guardians may be requested to provide additional medication to be kept at the service. If these arrangements are not suitable, a risk management strategy shall be devised to ensure:

- Medication is transported by a responsible adult person or a responsible child from the school office to OSHC CKC, and
- The services have 2 additional Ventolin's and spacers
- In circumstances where children arrive at the service without the required medication, appropriate procedures shall be followed to ensure that the medication becomes immediately accessible. (The services have 2 additional asthma medications and spacers)
- Asthma plans shall be reviewed annually or as required by medical authorities.
- Puffers and spacers from the emergency asthma first aid kit must be thoroughly cleaned after each use to prevent cross contamination.
- All asthma medication provided by families and administered by educators and/or self-administered by the child with the condition, must be in accordance with the Medication Policy (see Policy 4.6) of this service.

In the case of a child who has not been previously diagnosed with Asthma, procedures as per the Emergency Health and Medical Policy (see Policy 4.11) will be followed.

If the procedure outlined in the child's medical management plan does not alleviate the asthma symptoms, or the child does not have a medical conditions management plan, an educator will provide first aid following the steps outlined by Asthma Australia as follows:

- Sit the child upright. The educator will stay with the child and be calm and reassuring;

- Give four (4) puffs of blue Ventolin reliever medication with slow and deep breathing in after each puff. If using a spacer, follow each of 4 puffs with 4 breaths in and out following each puff;
- Wait four (4) minutes. If there is no improvement, give four (4) more puffs as above;
- If there is still no improvement, call emergency services; and
- Keep giving four (4) puffs every four (4) minutes until the emergency service arrive.

In the event of the above emergency event the parent / carer / guardian of the child is to be contacted and informed.

Ventolin and spacer for general use

Services will have asthma medication and puffer in their first aid kit for general use. This will be in addition to (and not a substitute for) the prescribed devices for individual children diagnosed with asthma.

The service will develop guidelines and procedures for the administration of Ventolin and spacer. Administration may be affected in the following circumstances:

- A child who is known to be at risk of asthma does not have their own device immediately accessible or the device is out of date;
- A second dose of ventolin is required before an ambulance has arrived;
- The child's asthma medication is empty
- A child previously diagnosed with mild asthma (who was not prescribed an asthma medication has their first episode of asthma; and/or
- A child with no previous diagnosis suffers a first episode of asthma and was not previously known to be at risk.

Ventolin and Spacer for general use – Procedures

- If a child is having an asthmatic attack as per above and is having difficulty breathing, then an ambulance must be called 000
- The First Aid Educator will listen carefully to the instructions of the 000 responder and follow the advice given
- If the child is clearly in distress and is having difficulty breathing, asthma medication should be administered. If empty the service will use the first aid asthma medication and spacer

References

Victoria, A. F. (n.d.). *Asthma and the Child in Care Model Policy*. Retrieved from Asthma foundation: <http://www.asthma.org.au/Portals/0/doc/Resources/2013%20Child%20in%20Care%20Model%20Policy%20%28Version%20%29.pdf>

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