ASTHMA POLICY

RATIONALE
Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for children’s admission to hospital. While an average of thirteen people die in Tasmania every year from asthma many of these deaths are thought to be preventable. 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 skills and ability to recognize and manage their own asthma effectively. With this in mind Scots Early Learning Centre recognizes the need to educate educators and parents about asthma and promote responsible asthma management strategies.

AIMS
• Raise the awareness of asthma amongst the educators
• Provide the necessary strategies to ensure the health and safety of all persons with asthma in the Centre
• Provide an environment in which children with asthma can participate in all activities
• Provide clear guidelines and expectations to be followed in management of asthma.

MANAGEMENT OF ASTHMA
• All educators will get a copy of the Asthma Policy and procedures along with other Centre policies upon their appointment
• The parents will get a copy of the Asthma Policy upon enrolment
• Ensure that at least one educator holds recognized asthma training is on duty whenever children are being cared for
• An individual asthma action plan for children with asthma must be displayed in their rooms and their medication stored in the medication box, upon the child’s enrolment or immediately after diagnosis
• Emergency Asthma First Aid Kit (containing Asmol, a spacer device, written instructions on Asthma First Aid procedures and 70% alcohol swabs), together with poster are kept in the office, and an emergency action plan card should be displayed in each room
• Ensure that all educators are informed about children with asthma
• Asthmatic children will wear bright green bracelets while in care
• Asthma First Aid Kit should be maintain by the accredited staff member and documentation kept
• Take Asthma First Aid together with First Aid Kit on excursions
• Encourage open communication between parents/guardians and educators regarding the status and impact of a child’s asthma
• Promptly inform the director who will talk to parents should you consider that a child’s asthma is limiting her/his ability to participate in all activities
• Where appropriate organize information sessions for parents/guardians and provide them with the latest information

STAFF WILL
• Maintain current accreditation in Emergency Asthma Management (valid for 3 years)
• Ensure that they are aware of children with asthma in their care
• Identify and minimise asthma triggers
• Ensure that all prescribed asthma medication is required according to the child’s written (by doctor) Asthma Action Plan.
• In the case of the very first attack, Asthma Emergency Procedure must be carried out promptly by accredited staff member
• Communicate with the Director and parents if you have any concerns that a child’s asthma is limiting her/his ability to participate fully in all activities
• Ensure that children with asthma are treated the same as other children

PARENTS/GUARDIANS WILL
• Inform educator, either upon enrolment or on initial diagnosis, that their child has a history of asthma
• Provide the educator with all relevant information regarding the child’s asthma together with the Asthma Action Plan written by the child’s doctor
• Notify educators promptly of any changes to the Asthma Action Plan during the year
• Ensure to bring the appropriate asthma medication (including reliever and space device) at all times
• Ensure that a medication form is completed and signed
• Tell the educator if there have been any changes in asthma symptoms in the last 24 hours

CHILDREN WILL
• Wherever practical, be encouraged to seek their medication as soon as symptoms develop

See Appendix A and Appendix B

Policy developed by: the Director, staff and parent Cathy Beswick CEO of Asthma Foundation Tasmania- November 2006
Next review: September 2015 or before if required
Source: Asthma Foundation Australia Website
www.asthma.org.au (7th June 2011)
APPENDIX A

IMPLEMENTING THE ASTHMA POLICY

1. Create a supportive environment for children and families affected by asthma
   • Encourage exercise and play for children with asthma
   • Convey a positive and accepting attitude to children with asthma to help them feel secure and confident
   • Help children with asthma and other children to understand medication in a positive manner

2. Be aware of asthma triggers and aim to minimise these
   • People with asthma have sensitive airways and it is important to avoid the risk factors (triggers), which make asthma worse
   • Common triggers are: cold, flu, dust, pollens, tobacco smoke, moulds, pets, food additives, emotional factors, smells and fumes
   • Scots Child Care Center is tobacco smoke free. The Centre will maintain good hygiene practice to keep the premises free of mould and dust. The Centre will use fresh food as much as possible and avoid foods containing preservatives. Use of cleaning products containing chemicals is minimised to a level which will not jeopardize hygiene.

3. Cleaning of spacers
   • Device (puffers and spacers) from the Asthma Emergency Aid Kit must be thoroughly cleaned after each use to prevent cross infection.

The following steps are recommended by NHMRC Infection Control Guidelines 2003:

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<tr>
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<th>Ensure the canister is removed from the puffer container and the spacer is separated into two parts</th>
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<tr>
<td>2</td>
<td>Wash devices thoroughly in hot water and dishwashing liquid</td>
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<tr>
<td>3</td>
<td>Do not rinse</td>
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<td>4</td>
<td>Allow devices to “air dry”. Do not rub dry</td>
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<tr>
<td>5</td>
<td>When dry, wipe with a 70% alcohol swab, paying particular attention to the inside and outside of the mouthpiece of the devices</td>
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<td>6</td>
<td>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.</td>
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If any device is contaminated by blood, dispose of it safely and replace the device.
APPENDIX B

EMERGENCY TREATMENT OF AN ASTHMA ATTACK

If a child or an adult develops signs of what appears to be an asthma attack, appropriate care must be given immediately. Regardless of whether the attack is mild, moderate or severe, treatment should commence immediately as delay may increase the severity of the attack and ultimately risk the child’s life.

- If the child has written instructions on their Asthma Action Plan, follow them immediately
- If no instructions are available then immediately commence standard asthma emergency procedure:

  Step 1: Sit the child upright and remain calm to reassure them
  Step 2: Without delay check the expiry date on a blue reliever puffer (Asmol), shake it 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) and state clearly that the child is “having an asthma attack”

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

- The parents/guardians of any child who becomes ill in the Centre should be notified, even if the child has a complete recovery from the asthma attack (Regulation 38)
- The treatment given should be recorded on the Medication Form
- An overdose cannot be given when following the steps outlined. It is important to note that some children may experience an increased heart rate or tremors, however these symptoms will pass quickly

What if it is the first attack of asthma?

A problem that may be encountered is when a child suddenly collapses, or appears to have difficulty breathing, and is not known to have pre-existing asthma or other health problems. In this situation staff should:

  Step 1: Call an ambulance immediately (dial 000) and state that the child is having breathing difficulties
  Step 2: Staff member who holds an asthma emergency certificate should administer 4 separate puffs of a blue reliever (Asmol) 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 every 4 minutes until the ambulance arrives

The parents/guardians should be notified as soon as possible

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