# **ASTHMA POLICY**

#### **PURPOSE**

This policy will outline the procedures to:

- ensure Educators, Committee of Management, parents/guardians are aware of their obligations and the best practice management of asthma at Kinderlea
- ensure that all necessary information for the effective management of children with asthma enrolled at Kinderlea is collected and recorded so that these children receive appropriate attention when required
- respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service.

## **POLICY STATEMENT**

#### 1. VALUES

Kinderlea is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with asthma can participate to their full potential
- providing a clear set of guidelines and procedures to be followed with regard to the management of asthma
- educating and raising awareness about asthma among educators, parents/guardians and any other person(s) dealing with children enrolled at the service.

#### 2. SCOPE

This policy applies to Educators, Committee of Management, and parents/guardians who wish to enrol or have already enrolled their child/ren at Kinderlea.

## 3. DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Asthma Care 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.

**Asthma emergency:** The onset of unstable or deteriorating asthma symptoms requiring immediate treatment as per Asthma Australia First Aid Action Plan.

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

**Duty of care:** A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

**Emergency Asthma Management (EAM) training:** EAM training provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.

**Medication record:** Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Reg 36 (3g(iv)).

Metered dose inhaler (puffer): A common device used to administer reliever medication.

**Puffer:** The common name for a metered dose inhaler.

**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, or Ventolin.

**Risk minimisation plan:** A service-specific plan that documents a child's asthma triggers, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation plan should be developed by the Educators in consultation with the parents/guardians of the child at risk of anaphylaxis. The plan should be developed upon a child's enrolment or initial diagnosis, and reviewed at least annually and always on re-enrolment.

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

**Staff record:** A record which the service must keep containing information about the staff and volunteers. Details that must be recorded include qualifications, training and the WWC Check / VIT registration.

### 4. SOURCES AND RELATED POLICIES

#### Sources

- Asthma Australia: www.asthmaaustralia.org.au
- The Asthma Foundation of Victoria: <u>www.asthma.org.au</u> or phone (03) 9326 7088 or 1800 278 462 (toll free)

## Service policies

- Administration of First Aid Policy
- Administration of Medication Policy
- Anaphylaxis Policy
- Dealing with Medical Conditions Policy
- Staffing Policy.

# **PROCEDURES**

#### ALL EDUCATORS SUPPORTED BY THE COMMITTEE OF MANAGEMENT AE RESPONSIBLE FOR:

- ensuring all educators have approved Emergency Asthma Management (EAM) training (refer to Definitions) and are in attendance and immediately available at all times the service is in operation (Reg 63 CSR)
- ensuring the details of approved Emergency Asthma Management (EAM) training (refer to Definitions) are included on the staff record (refer to Definitions)
- providing parents/guardians with a copy of the service's Asthma Policy upon enrolment of their child
- identifying children with asthma during the enrolment process
- discussing with parents/guardians the requirements for completing the enrolment form, providing an authorised Asthma Care Plan and completing the medication record for their child
- developing a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for every child with asthma, in consultation with parents/guardians
- ensuring that all children with asthma have an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record and that all staff (including relief/casual staff) can identify these children and their symptoms

- ensuring a medication record is kept for each child to whom medication is to be administered by the service
- ensuring parents/guardians of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) at all times their child is attending the service
- consulting with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma
- ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use
- identifying and minimising asthma triggers (refer to *Definitions*) for children attending the service, where possible
- ensuring that programmed activities and experiences take into consideration the individual needs
  of all children, including any children with asthma and ensuring that children with asthma can
  participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children with asthma at the service
- displaying Asthma Australia's Asthma First Aid poster in key locations at the service
- ensuring that prescribed asthma medication is administered in accordance with the *Administration* of *Medication Policy* and the child's Asthma Care Plan
- ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable
- following appropriate reporting procedures in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- ensuring children's personal asthma medication and Asthma Care Plans are taken offsite in the event of an evacuation.

#### Parents/guardians are responsible for:

- reading the service's Asthma Policy
- informing staff, either on enrolment or on initial diagnosis, that their child has asthma
- providing a copy of their child's Asthma Care Plan to the service and ensuring it has been prepared
  in consultation with, and signed by, a medical practitioner. The Asthma Care Plan should be
  reviewed and updated at least annually
- ensuring all details on their child's enrolment form and medication record (refer to *Definitions*) are completed prior to commencement at the service
- working with staff to develop a Risk Minimisation Plan (refer to Definitions) for their child
- providing an adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is appropriately labelled with the child's name
- notifying staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record
- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- encouraging their child to learn about their asthma, and to communicate with educators if they are unwell or experiencing asthma symptoms.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

# **EVALUATION**

In order to assess whether the values and purposes of the policy have been achieved, all Educators supported by the committee of management will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

## **AUTHORISATION**

This policy was adopted by the Committee of Management of Kinderlea on 20th June 2018

Review date: JULY 2021 (OR PRIOR IF REQUIRED TO MEET CHANGES TO REGULATIONS)