

Medical Condition /Asthma Management Policy and Procedures

Link to National Regulation	90, 168 2, d, medical condition
NQF	Quality area 2, Children's Health & Safety

Policy statement

Konomi kindergarten works in partnership with families, following the recommendation of medical professionals in ensuring the management of asthma in our service showing Konomi kindergarten's commitment to;

1. Developing the necessary procedures to ensure the health and safety of all enrolled children in our service
2. Providing an environment that children with asthma can participate in all experiences to their full potential
3. Developing clear guidelines to be followed in regards to management of the asthma

Rational

According to asthma foundation, asthma is a chronic health condition and one of the most common reason for childhood admission to hospital(approximately 15% of children are affected)as children under age of 6 are not able to recognise and manage their own asthma, Konomi kindergarten recognises the need to educate the staff and families about asthma condition and develop management strategies to manage asthma

Scope

This asthma policy applies to all staff, volunteers, students who work at Konomi and all parents who attend Konomi

Strategies and Procedures

1. Children with asthma will need to have an Asthma First Aid plan/emergency form which has been completed by their child's GP or Paediatrician. This should be done at enrolment or as soon as possible after the child has been diagnosed.
2. The plan will be reviewed by staff and parents regularly should any changes in the condition/treatment occur.
3. The well-being and asthma management of a child with asthma is the primary responsibility of the child's parent/guardians.
4. Although all staff are trained in first aid and there is at least one trained staff for asthma in each room but do not have the expertise to diagnose and administer medication – other than the normally being received by the child's parents
5. Is unreasonable to expect child care workers to be responsible for attending to a child's peak flow meter readings or interpreting them.
6. If a diagnosed sufferer develops serious asthma whilst in care, and their parents has accidentally failed to provide the appropriate medication, "the Ventolin" puffer, and volumatic spacer belonging to the Centre will be used according to the child's Asthma Emergency Plan. If no improvement ambulance will be called

Shared Commitment

Nominated Supervisor will;

- a) Identify children with asthma during the enrolment process.
- b) Provide families with a copy of asthma policy upon enrolment.
- c) Provide staff with a copy of the policy and brief them on asthma procedures up on their employment
- d) Provide opportunity and encourage staff to attend asthma training, ensure that at least one staff member responsible for first aid who has completed asthma training certificate and included off site excursions.
- e) Asthma record as part of enrolment is kept for all families and reviewed every year
- f) Ensure all staff are informed of the children with asthma in their care
- g) Create an asthma first aid procedure for both children with a diagnoses of asthma, and those with no known diagnoses of asthma (first attack)
- h) Ensure that at least one asthma first aid poster is displayed in a key location (staffroom).
- i) Ensure that asthma medication and plan for children with asthma is carried with staff on excursions.
- j) Encourage open communication between families and staff regarding the status and impact of a child's asthma
- k) Promptly communicate any concerns to families should it be considered that a child's asthma is limiting her/his ability to participate fully in all activities.
- l) If a family did not provide action plan for their child, the child will be treated as thematic, and treated for first time attack in emergency(Centre puffer will be used or another child's puffer will be borrowed)

Educators & Staff will;

- 1) Ensure that they maintain current Asthma First Aid training where possible.
- 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 enrolment 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 labelled 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 website/information for families)**

Controlling asthma

Sensitive choice tells us that "Good asthma control is having all of the following: to share with families

- 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."

Konomi kindergarten 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 while in care at the 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.

If a child has difficulty in breathing and there is no notification on any written communication from the parent / 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.

Use the blue reliever and the spacer in the in first aid kit for asthma

- 1)–in 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 Step 2 and 3 while waiting for the ambulance.

In an emergency the Centre’s puffer will be used with a disposable spacer under supervision of an Ambulance paramedic. The puffer& spacer will be available in the first aid box in the cabinet in the staff room. The emergency applies to a child not having his/her medication and having asthma attack in the centre while in care or a child who has not been diagnosed having asthma condition and suddenly develops symptoms of severe breathing difficulty and assumed having asthma attack. No harm is likely to result from giving a reliever puffer to someone without asthma.(Asthma Foundation NSW).

First Asthma Attack

If a child has difficulty breathing and is not known whether they are asthmatic according to the Asthma foundation NSW “ 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 according to the asthma first Aid plan.

Families will be 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 immediately.

Statutory Legislation

Education & Care Services National Regulation, 91, 92, 93(1) (2) (3) and 95
NQS, Q A 2
Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).

Location of this policy

This policy will be available to all staff, families on orientation in a handbook and print outs will be made on request

Link with other policies

Enrolment
Medication
Medical condition

Sources

Asthma Foundation NSW; www.asthmansw.org.au
National Asthma Council Australia, emergency plan; www.nationalasthma.org.au/html/emergency/index.asp
National Drugs and Poisons Schedule Committee (NDPSC). Retrieved Des 14th 2010, from
<http://www.tga.gov.au/ndpsc/index.html>
Australian Asthma Handbook 7th edition 2014 (no new information regarding our policy)

Policy is reviewed in March 2015

Next Review: March 2016