

LA TROBE UNIVERSITY
COMMUNITY CHILDREN'S CENTRE

ASTHMA & THE CHILD IN CARE POLICY

RATIONALE

Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. While an average of two people die in Victoria each week 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 the skills and ability to recognise and manage their own asthma effectively. With this in mind, La Trobe University Community Children's Centre recognises the need to educate its staff and parents/carers about asthma and to promote responsible asthma management strategies.

AIMS

This Asthma Policy aims to:

- Raise the awareness of asthma amongst those involved with the Children's Service
- Provide the necessary strategies to ensure the health and safety of all persons with asthma involved with the Children's Service
- Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

OUR COMMITMENT

Asthma management should be viewed as a shared responsibility. To this end each of the key groups within La Trobe University Community Children's Centre give the following undertakings:

The Management will:

- Provide all staff with a copy of the Asthma Policy and brief them on asthma procedures upon their appointment to the Children's Service.
- Provide parents with a copy of the Asthma Policy upon enrolment.
- Ensure that at least one staff member who has completed accredited asthma training (Emergency Asthma Management) is on duty whenever children are being cared for or educated.
- Ensure that at least one staff member holds a current Bronchodilator Accreditation Number (BAN).
- Identify children with asthma during the enrolment process.
- Provide an Asthma Action Plan to all parents of children with asthma upon enrolment. The completed Asthma Action Plan is to be returned within **7 days**.
- Store Asthma Action Plans in the child's enrolment record.
- Ensure that all staff are informed of the children with asthma in their care.
- Formalise and document the internal procedures for emergency Asthma First Aid.
- Ensure that an emergency Asthma First Aid poster is displayed in key locations.
- Ensure that the First Aid Kit contains a blue reliever puffer (e.g. *Airomir, Asmol, Epaq or Ventolin*), a spacer device, concise written instructions on Asthma First Aid procedures and 70% alcohol swabs.
- Ensure that an accredited staff member correctly maintains the asthma component of the First Aid Kit.
- Provide a mobile Asthma First Aid Kit for use at activities outside the Children's Service.
- Where appropriate, organise information sessions on asthma for parents/guardians.
 - Encourage open communication between parents/guardians and staff regarding the status and impact of a child's asthma.

- Promptly communicate any concerns to parents should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

Implementing an Asthma Policy

Staff will:

- Ensure that they maintain current accreditation in Emergency Asthma Management (valid for three years).
- Ensure that they are aware of the children in their care with asthma.
- Ensure, in consultation with the parent/guardian, the health and safety of each child through supervised management of the child's asthma.
- Identify and, where practicable, minimise asthma triggers.
- Where necessary, modify activities in accordance with a child's needs and abilities.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written Asthma Action Plan.
- Administer emergency asthma medication if required according to the child's written Asthma Action Plan. If no written Asthma Action Plan is available the asthma emergency procedures outlined on page 4 of this document should be followed immediately.
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.
- Ensure that children with asthma are treated the same as all other children.

Parents/guardians will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the Asthma Action Plan.
- Notify the staff, in writing, of any changes to the Asthma Action Plan during the year.
- Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times.
- Ensure that their child has their own spacer device.
- Ensure that they comply with all requirements and procedures in relation to the Medications Book.
- Communicate all relevant information and concerns to staff as the need arises e.g. if asthma symptoms were present last night.
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma.

Children will:

- Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

1. Medical Information – the Asthma Action Plan

Any parent of a child with asthma in your care is required to provide written information regarding the child's asthma either on enrolment or on diagnosis (Regulation 16m¹). Enrolment forms may ask the question 'Has your child ever had asthma'?

The Asthma Action Plan should include information such as:

- **Signs and symptoms specific to the child's asthma**

¹ Department of Human Services *Children's Services Regulations June 1998*

- **A list of known triggers**
- **Medications taken on a regular basis when the child is ‘well’**
- **The preferred method for treating deteriorating asthma, that is, an asthma attack**
- **What to do in an asthma emergency**
- **Name, address and telephone number of a ‘person who is to be notified of any accident, injury, trauma or illness involving the child’ (Regulation 16j¹)**
- **Name, address and telephone number of the child’s doctor (Regulation 16l¹).**

2. **First Aid Kit**

Your Children’s Service is required to have ‘a suitably equipped First Aid Kit’ (Regulation 37¹). If there are children with asthma in your care, it is appropriate to be prepared for an asthma emergency.

An Asthma First Aid Kit should contain:

- **Blue reliever puffer (inhaler) e.g. Airomir, Asmol, Epaq or Ventolin**
- **A spacer device that is compatible with the puffer. This may be a large volume spacer (e.g. Volumatic) or a small volume spacer with a removable mask (e.g. Breath-a-tech, Aero chamber or Able Spacer).**
- **Clear written instructions on the steps to be taken in treating an asthma attack.**
- **70% alcohol swabs.**

Only Children’s Services with staff who have completed a Course in Emergency Asthma Management and have been issued a Bronchodilator Accreditation Number (BAN) are able to purchase and hold a blue reliever puffer in the First Aid Kit.

Only staff who have completed a Course in Emergency Asthma Management may access the blue reliever puffer for first aid purposes from the First Aid Kit.

Children’s Services can purchase a blue reliever puffer for first aid purposes from a pharmacist by completing the Authorisation to Purchase form² provided with the BAN.

3. **Cleaning of spacers**

Devices (puffers and spacers) from the First Aid Kit must be thoroughly cleaned after each use to prevent cross infection. In most cases a child will use his/her own puffer and spacer. Devices can be easily cleaned by following these steps (NHMRC Infection Control Guidelines 2003

1. Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into two parts.
2. Wash devices thoroughly in hot water and kitchen detergent.
3. Do **not** rinse.
4. Allow devices to ‘air dry’. Do not rub dry.
5. When dry, wipe with a 70% alcohol swab (e.g. Medi-Swab available from pharmacies), paying particular attention to the inside and outside of the mouthpiece of the devices.
6. 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.
7. If any device is contaminated by blood, dispose of it safely and replace the device.

If a child or staff member 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.

² Available through The Asthma Foundation of Victoria and some local pharmacists

- If the child has written instructions on their Asthma Action Plan follow these instructions immediately.
- If no instructions are available then immediately commence the standard asthma emergency protocol detailed below.

Step 1: Sit the child upright and remain calm to reassure them.
 Step 2: Without delay shake a blue reliever puffer (inhaler) and give 4 separate puffs through the 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 4 minutes – call an ambulance immediately (dial 000) and state clearly that the child is “having an asthma attack.”
 Step 5: Notify Security (extn. 2222 or 9479 2222) that an ambulance has been called to the Children’s Centre. Continuously repeat steps 2 and 3 whilst waiting for the ambulance.

In an emergency the blue reliever puffer used may be the child’s own, from the First Aid Kit or borrowed from another child. Only staff who have completed a Course in Emergency Asthma Management may access the blue reliever puffer for first aid purposes from the First Aid Kit.

- The parents/guardians of any child who becomes ill at the children’s service should be notified, even if the child has a complete recovery from the asthma attack (Regulation 38³).
- The treatment given should be recorded in the Accident, Injury and Illness Book (Regulation 18³) and/or the Medication Book (Regulation 17³).
- It does not matter if a different brand of reliever medication to the child’s usual medication is used.
- An overdose cannot be given following the steps outlined. However it is important to note that some children may experience an increased heart rate or tremors but these 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 difficulty.
 Step 2: Notify Security (extn. 2222 or 9479 2222) that an ambulance has been called to the Children’s Centre.
 Step 3: Administer 4 separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff
 Step 4: Keep giving 4 separate puffs of a blue reliever puffer every 4 minutes until the ambulance arrives..

The parents/guardians of any child who becomes ill at the children’s service should be notified as soon as possible (Regulation 38³)

In an emergency the blue reliever puffer can be accessed from the First Aid Kit by a trained staff member if the service has a BAN or borrowed from another child.

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

Considered and accepted by the Management/Committee of Management	Dr Kerry Ferguson
Considered and accepted by the staff	Ms Janine Cameron
Considered and accepted by the parent’s representative (if applicable)	Mr Stephen Muir

³ Department of Human Services *Children’s Services Regulations, June 1998*