

Name of your Centre: Pines Learning
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ASTHMA AND THE CHILD IN CARE POLICY – **Pines Learning.**

POLICY

The Centre aims to raise the awareness of asthma amongst those involved with the Children's Service and provide the necessary strategies to ensure the health and safety of all children with asthma attending the Centre. We will provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities. We will provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

PROCEDURE

Provide all staff with a copy of the Asthma Policy and brief them on asthma procedures upon their appointment to the Children's Service.

- * Ensure that at least one staff member on duty has current First Aid Training which has included asthma management or accreditation in emergency asthma management
- * Ensure that at least one staff member holds a current Bronchodilator Accreditation Number (BAN).
- * Provide parents access to a copy of the Asthma Policy upon enrolment
- * Identify children with asthma during the enrolment process
- * Obtain an Asthma Management Plan for each child attending the centre who has Asthma
- * Store asthma plans with the child's enrolment records
- * Where appropriate, organise information sessions on asthma for carers
- * Ensure that all staff are informed of the children in their care with asthma and their current asthma plans
- * Document the internal procedures for emergency asthma management and ensure staff have easy access to this plan
- * Ensure that the first aid kit contains a reliever puffer, spacer device and concise written instructions on asthma first aid procedures
- * Ensure that the asthma component of the First Aid Kit is correctly maintained by an accredited staff member
- * Ensure that the First Aid Kit containing the asthma component is taken on all excursions
- * Encourage open communication between parents/carers 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 activities

Staff will:

- * Ensure they are familiar with all children in their care who have asthma. Maintain current First Aid or Asthma Management training
- * Ensure that all regular prescribed asthma medication is administered in accordance with the child's Asthma Management Plan. If no plan is available refer to Emergency Treatment of an Asthma Attack as per appendix A.
- * Notify parents or call an ambulance if the child does not respond to the medication as per procedure guidelines.

Parents will:

- * Inform staff, either on 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 Management Plan
- * Ensure that the child's medication comes with them to the centre at all times
- * Ensure that the medication is prescribed for that particular child and the dosage requirements are noted on the medication
- * Ensure they comply with all requirements and procedures in relation to the Medication book
- * Communicate all relevant information and concerns with staff as the need arises eg. last dose of medication, if 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.

*Appendix A "Emergency Treatment of an Asthma Attack"

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.

- * 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 emergency protocol detailed below.
 - 1) Sit the child down and remain calm to reassure them.
 - 2) Without delay shake a blue reliever puffer (inhaler) 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.
 - 3) Wait 4 minutes. If there is no improvement repeat step 2.
 - 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".
 - 5) Continuously repeat steps 2 and 3 whilst waiting for the ambulance.
 - 6) In an emergency the blue reliever puffer can be accessed from the first aid kit if the service has a BAN or borrowed from another child.

- * The parents/guardians of any child receiving treatment should be notified, even if the child has a complete recovery from the asthma attack (Reg 38)**

- * The treatment given should be recorded in the accident, injury and illness book (Reg18)** and/or the medication book (Reg17)****
- * It does not matter if a different brand of reliever is used to the child's usual medication.
- * 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.
- * The blue reliever puffer used may be the child's own, from the First Aid Kit (only possible if the staff have undergone training and at least one staff member holds a current BAN) or borrowed from another child.

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, the child requires two things- medical attention and access to inhaled reliever medication to make breathing easier. The steps set out below should be followed immediately.

- 1) Sit the child down and remain calm to reassure them.
- 2) Without delay shake a blue reliever puffer (inhaler) 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.
- 3) Wait 4 minutes. If there is no improvement repeat step 2.
- 4) If still no improvement after a further 4 minutes – call an ambulance immediately (dial 000) and state clearly that the child is “having difficulty breathing”.
- 5) Continuously repeat steps 2 and 3 whilst waiting for the ambulance.
- 6) In an emergency the blue reliever puffer can be accessed from the first aid kit if the service has a BAN or borrowed from another child.
- 7) 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 was not due to asthma. Reliever puffers are extremely safe, even if the child does not have asthma.

** Dept. Human Services Children's services Regs. May 2009

*** Dept. Human Services Children's Services Regs. May 2009

**** Dept. Human Services Children's Services Regs. May 2009

(from Asthma & The Child in Care Model Policy, Asthma Accreditation Kit)