



**Jannali East Before and After School Care**  
Program Incorporated  
ABN : 82 641 384 248  
**Provider Number: 555006 930H**  
P.O. Box 338 Jannali NSW 2226  
Telephone: **0435 - 996806**

### **Asthma Management Policy**

#### **Considerations:**

- **National Regulation 94**  
(Exception to authorisation requirement – anaphylaxis or asthma emergency)
- **National Regulation 90 - 91**  
(Medical conditions policy)
- **National Regulation 92 - 96**  
(Administration of medication)
- **National Regulation 162**  
(Health information to be kept in enrolment record)
- **National Regulation 177**  
(Prescribed enrolment and other documents to be kept by approved provider)
- **National Regulation 181 - 184**  
(Confidentiality and storage of records)

#### **Sourced:**

- Asthma Australia
- Education and Care Services National Law Act 2010
- National Quality Standard: Quality Area 2: Element 2.1.1  
(Each child's health needs are supported)
- National Quality Standard: Quality Area 2: Element 2.1.4  
(Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines)
- Disability Discrimination Act 1975
- My Time, Our Place Framework
- NSW Anti-discrimination Act 1977
- Work, Health and Safety Act 2011

#### **Related Policies & Documentation:**

- Administration of First Aid Policy
- Confidentiality Policy
- Dealing with Infectious Diseases Policy
- Enrolment and Orientation Policy
- Incident, Injury, Illness and Trauma Policy
- Individual Medical Management Plans and corresponding resources
- Providing a Child Safe Environment Policy
- Parent Handbook
- Staff Handbook

#### **Policy Statement:**

Asthma is a chronic health condition affecting 1 in 4 children. It is the most common cause of school absenteeism and is the major cause of childhood admissions to hospital. Community education and correct management will assist in minimising the impact of asthma.

Our policy has been developed for all children at our Centre who have asthma, in order that they may receive appropriate attention as required; and to respond to the needs of children who have not been diagnosed with asthma and who have an attack whilst at the Centre.

### **Procedures:**

- Ask all families as part of the enrolment procedure, prior to the child's attendance at the Centre, whether the child has been diagnosed with asthma, and document this information on the child's enrolment form.
- Ask families to complete an Asthma Management Form at enrolment and review this at least annually
- Encourage open communication between families and staff regarding the status and impact of the child's asthma.
- Compile a list of children in each room with asthma and place it in an appropriate place within each room.
- Provide a safe and secure store for medications.
- As soon as possible after joining our Centre, Asthma Management training will be organised for staff that have not already done this course.
- Staff will be asked to treat the symptoms with appropriate first aid procedures.
- Regularly maintain any asthma components of the First Aid box, such as Ventolin and the spacer kit, to ensure all medications are current and any asthma equipment is clean and ready to use.
- Identify and where possible, minimise asthma triggers.
- Administer all prescribed asthma medication in accordance with the Medication Forms and:
  - check that the appropriate authorisation has been completed before parent leaves the Centre.
  - discuss with the families the requirements of each child in accordance with the Medication Forms and what is needed for their child.

It is generally accepted that children under the age of 6 do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, the management recognises the need to educate the staff and community about asthma and to promote responsible asthma management strategies. Parents of children who have been diagnosed with asthma will be asked to:

- Inform staff on enrolment or on initial diagnosis that their child has a history of asthma
- Provide an accurate Asthma Action Plan which is to list the procedure if the child has attack whilst at the centre. This should take into account factors such as parents travelling time from the centre, location of the child's physician, the severity of the child's condition and the symptoms the child may show leading up to an attack.
- Communicate relevant information to staff and any concerns, for example, if the child has had asthma symptoms during the night, etc.

- Consult with staff in relation to the health and safety of their child and the supervised management of the child's asthma.
- Demonstrate clearly to two staff members who are generally responsible for the child, the correct procedure for the administration of asthma medication. In addition to this the parent is to sign a Medication Permission form as with other medications.
- Advise the staff members of any changes to the standard procedures and provide a letter from the doctor stating procedures is to be presented.

**Asthma Awareness:**

- Staff should be aware of children with asthma in their care and have knowledge of the symptoms, triggers and treatment procedures for each child. Parents are asked to ensure that all staff caring for their child are aware of any asthma or allergic reactions.
- Children with asthma will be given the same opportunity as other children in care.
- Staff should manage their own asthma effectively.
- If a child suddenly develops or complains of difficulty in breathing and/or has an incessant cough or wheeze, appropriate care must be given immediately, whether or not the child is known to have asthma.
  - Sit the child down and remain calm to reassure them.
  - Ask another staff member to call the ambulance whilst monitoring the child.
  - Without delay shake a 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.
  - Wait 4 minutes.
  - If there is no improvement repeat step 3.
  - 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 3 and 4 whilst waiting for the ambulance.
  - 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.

**Endorsement by the Service:**

**Considered and accepted by the Management Committee (representative):**

**Name ..... Signature ..... Date .....**

**Considered and accepted by the Staff (representative):**

**Name ..... Signature ..... Date .....**

**Considered and accepted by the Parents (representative):**

**Name ..... Signature ..... Date .....**

**Last Reviewed: February 2014**

**Next Review: February 2016**