

ASTHMA

AIM

To ensure that plans are in place to effectively manage asthma.

To ensure parents, staff and medical professionals know their responsibilities when children are diagnosed with asthma.

IMPLEMENTATION

Families will:

- Where a child has been prescribed medication to treat short term or ongoing symptoms of asthma, fill out an Asthma Care Plan for Education and Care Services alongside a medical professional.
- Liaise with staff to develop a Health Support Agreement alongside the child's individual Asthma care plan.
- Label medication (including a spacer) for the child per Dealing with Medical Conditions policy before handing over to the enrolment officer or primary caregiver. Medication must have a prescription label applied by a pharmacist.
- Notify staff as soon as any new triggers are identified.
- Identify medication provided by name i.e. Ventolin or Asmol on any forms. The name on the form must match the medication.

Staff will:

- Undergo asthma training as part of their employment at the site. This training is updated every three years as part of required first aid training.
- Review the environment for potential triggers on days children with asthma attend the Centre and take steps to minimize the risk of an asthma attack – for example, regular cleaning to minimize dust, limiting out-door play when there is a high pollen count/grass has been mowed.
- Conduct an audit every three to six months (overseen by the Director/Assistant Director) to ensure medication for each child is labeled and in date and care plan is current.
- Maintain an Asthma First Aid kit which will be taken on all excursions as along with children's Allergy Buddies.
- Keep spare asthma medication and spacers on-site. These can only be used once and will be sent home with the child who used the inhaler/spacer. Spare medication and spacers should be regularly replaced per the medication expiry dates and department guidelines

Team Leaders will:

- Ensure medication and spacer has a prescription label and is named and stored with a child's asthma action plan. It is the responsibility of staff to ensure they know which medication and spacer belongs to which child and that the medication is stored correctly. Medication should be stored in an Allergy Buddy pocket with a photo of the child and a copy of the care plan.
- Ensure staff are familiar with this policy and the associated procedures.
- Consult with families and transition leaders during the transition process to ensure medication is up to date and stored properly in the correct room.

EVALUATION:

This will be seen to be effective when:

- Staff are aware of how to treat children with asthma.
- Families are aware of their responsibilities.
- There is an effective system for storing and accessing medication.

Links to National Quality Standards:

Quality Area 2: Children's Health and Safety

2.1.1 Wellbeing and comfort: Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.

2.1.2 Health practices and procedures: Effective illness and injury management and hygiene practices are promoted and implemented.

2.2 Safety: Each child is protected.

2.2.1 Supervision: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

2.2.2 Incident and emergency management: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Related Policies:

Administration of First Aid Policy

Enrolment Policy

Incident, Injury, Trauma and Illness Policy

Medical Conditions Policy

Administration of Medication Policy

Confidentiality Policy

Supervision Policy

Implemented: January 2011 (as Health Management)

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Next Review: October 2024

Source: www.asthmasa.org.au