

Asthma Policy

Policy Statement & Commitments

Asthma is a chronic health condition affecting one in 9 Australian children. It is a common reason for childhood admission to hospital. Brunswick East Primary School Outside School Hours Care Service (BEPS OSHC Service) believes that correct asthma management and community education will assist to minimise the impact of asthma.

BEPS OSHC Service endeavours to provide the necessary strategies to ensure the health and safety of all persons with asthma involved with the Service. This policy has been designed to assist BEPS OSHC Service to provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities, along with a clear set of guidelines and expectations to be followed with regard to the management of asthma.

BEPS OSHC Service is committed to:

- minimising the risk of a having an 'asthma attack' while at BEPS OSHC Service
- ensuring all educators have asthma management training as required under the *Education and Care Services National Law Act 2010*, and therefore can respond appropriately to respiratory difficulties by initiating appropriate treatment, including competently administering asthma reliever medication
- raising the community's awareness of asthma and its management through education and policy implementation.

This policy applies when a child diagnosed with asthma by a qualified medical practitioner is enrolled at BEPS OSHC Service. It applies to the child, their parents/guardians, educators, and the OSHC Management Sub-Committee. It also applies to other relevant members of the community, such as student, volunteers and visiting specialists.

Definitions

Asthma – A sensitivity of the airways in a person's lungs. When someone with asthma is exposed to certain triggers, their airways narrow making it harder for them to breath

Asthma action plan – A medical management plan prepared and signed by a doctor, providing the child's name and triggers, a photograph of the child, and clear instructions on how to treat them if they have an asthma attack. An example of this is the Asthma Foundation Asthma Action Plan

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Nominated Educator – An educator nominated to be the liaison between parents/guardians of a child with asthma and the OSHC Management Sub-Committee. This person also checks the reliever medication is current, emergency asthma first aid kit is complete, and leads educators in practice sessions after they have all undertaken emergency asthma management training

Risk minimisation – A practice of reducing risks to a child at risk of asthma attack, by removing, as far as practicable, major ‘triggers’ from the Service and developing strategies to help reduce risk of an asthma attack

Risk Minimisation Plan – A plan specific to the Service that specifies each child’s triggers, the ways that each child with asthma could be accidentally exposed to the trigger while in the care of the Service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The Risk Minimisation Plan should be developed by families of children with asthma and educators at BEPS OSHC Service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who has asthma. Planning for risk minimisation is outlined in this policy

Trained Educator – For the purposes of this policy, this refers to those educators who have received relevant accredited training in the techniques required to administer medication including administration of reliever medication, and hold first aid training, anaphylaxis management training, and emergency asthma management training qualifications approved by the Australian Children’s Education and Care Quality Authority (ACECQA), as prescribed in the *Education and Care Services National Law Act 2010* in accordance with regulation 137 (1) (e)

Triggers – For people with asthma, a trigger is something that causes their airways to narrow, leading to asthma symptoms. Every person’s asthma is different, and every person has different triggers.

Approved Asthma First Aid Training

BEPS OSHC Service will ensure the following:

- At least one educator who has completed accredited Emergency Asthma Management Training, as approved by the ACECQA is on duty whenever children are being cared for or educated.
- The asthma component of the first aid kit is up to date at all times.

Procedures for Policy Implementation

Active implementation of this policy is a shared community responsibility.

The OSHC Coordinator will:

- discuss with educators their knowledge of issues following educators’ participation in emergency asthma management training

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- selectively audit enrolment checklists to ensure that documentation is current and complete. New enrolment forms are issued each year with the requirement that existing families continuing to use the Service complete a new enrolment form
- discuss this policy and its implementation with parents/guardians of children with asthma to gauge their satisfaction with both the policy and its implementation in relation to their child
- respond to complaints
- review the adequacy of the response of the Service if a child has an asthma attack, and consider the need for additional training and other corrective action.

The Nominated Educator (as nominated by the OSHC Coordinator) will:

- conduct ‘asthma response scenarios’ and supervise practise sessions in reliever medication administration procedures to determine the levels of educators competence and confidence in locating and using the Service’s emergency asthma management first aid kit
- routinely review the first aid kit to ensure that it is complete and the asthma reliever medication is not expired
- liaise with the OSHC Management Sub-Committee (through the OSHC Coordinator) and parents of children at with asthma.

Parents/guardians shall:

- read and be familiar with this Asthma Policy
- identify and liaise with the nominated educator
- bring relevant issues concerning asthma management to the attention of educators and the OSHC Coordinator
- complete all necessary paperwork for the Service, such as risk management and communication plans, medical treatment authorisations etc.

Procedures for Managing Asthma

Due to the unpredictable nature of asthma it is very important that the management of this condition is closely monitored in order to maintain close control of it.

- Educators are provided with a copy of this Asthma Policy and are briefed on asthma procedures upon their appointment to BEPS OSHC Service.
- Emergency Asthma Management (EAM) Training is provided to educators, and the Service ensures at least one educator who has completed accredited asthma training is on duty whenever children are being cared for or educated.
- The Coordinator identifies children with asthma during the enrolment process and informs educators in the Service.
- Parents are provided with a copy of this Asthma Policy and an **Asthma Action Plan** upon enrolment.

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- Asthma Action Plans for individual children are stored in the Asthma Management Plans for Children folder in the OSHC office, and a copy will be kept in each of the children’s medication bags kept in the tub on top of the filing cabinet in the OSHC office in the hall.
- Emergency first aid procedures for asthma are stored with each child’s reliever medication, and in the Service’s first aid kit. Older children keep their relievers in their school bags, or in their pockets. Families must complete the medical administration form authoring their child to self-medicate under the supervision of an educator.
- Emergency Asthma First Aid posters are displayed in all rooms where children are provided education and care. Most commonly, this is the OSHC room, OSHC office and school hall.
- BEPS OSHC Service provides a first aid kit, which contains a blue reliever medication (e.g. Airomir, Asmol or Ventolin), a spacer device, a face mask, concise written instructions on Asthma First Aid procedures and 70%-alcohol swabs.
- A pacer device, face masks, and reliever medication that is administered directly to a child without a spacer or mask, will not be reused at the Service. These items will be given to the family or disposed of appropriately. Families will be expected to reimburse the Service for the cost of any items used for their child.
- An accredited educator correctly maintains the asthma component of the first aid kit (e.g. regular checks of expiry dates on medication).
- An Asthma First Aid Kit for use at activities outside of the Service is carried on excursions.
- The OSHC Coordinator and educators encourage open communication between families and educators about the status and impact of a child’s asthma.
- The OSHC Coordinator and educators will promptly communicate any concerns to families should it be considered that their child’s asthma is limiting their ability to participate fully in all activities.

Educators at BEPS OSHC Service will:

- ensure that they maintain current accreditation in Emergency Asthma Management (valid for three years), as approved by ACECQA
- ensure that they are aware of the children in their care with asthma
- ensure, in consultation with families, the health and safety of each child through supervised management of the child’s asthma
- identify and, where practical, 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 First Aid Plan outlined in this document should be followed immediately.

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- promptly communicate, to the OSHC Coordinator and/or parents/guardians, any concerns if it is considered that a child’s asthma is limiting their ability to participate fully in all activities.
- ensure that children with asthma are treated the same as all other children.

Families of children with asthma will:

- inform the OSHC Coordinators, and the educators, 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 written Asthma Action Plan, which should be provided to BEPS OSHC Service within seven (7) days of enrolment
- notify the educators, 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, along with a spacer (and face mask for children under the age of five)
- ensure that they comply with all requirements and procedures in relation to the **Medications Record**
- communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous evening)
- ensure, in consultation with the educators, the health and safety of their child through supervised management of the child’s asthma.

Asthma Action Plan

BEPS OSHC Service enrolment forms include a request for information about a child, including whether they have asthma. All children with a diagnosis of asthma or asthmatic symptoms **must** have an **Asthma Action Plan** completed by their treating doctor before enrolment at BEPS OSHC Service, or within seven days of an episode of asthma for children already enrolled. This provides educators with a detailed emergency treatment action plan and can assist with the identification of triggers of an asthmatic episode. It also enables educators to administer a child’s medication in response to any breathing difficulties without the need for immediate parental permission. This means the parents are not required to fill in the medication booklet on a daily basis; a signature will only be required in the event that emergency medication was administered during the day.

- BEPS OSHC Service educators are informed about children with Asthma in their care.
- Asthma Action Plans is kept in the Asthma Management for Children Folder in the OSHC office, and a copy of the action plan will be kept in each of the children’s medication bags kept in the tub on top of the filing cabinet in the OSHC office in the hall.
- Educators will hold further copies of the Asthma Action Plan with Emergency Contact details, the outdoor first aid kit, and the emergency management bag.
- Asthma First Aid posters are displayed in key locations around the school.

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- Regular updates of the Asthma Action Plan are required to ensure educators are aware of current treatment and triggers.
- If a child's treatment changes, the parents must notify the educators immediately and a new Asthma Action Plan will be issued. Asthma Action Plans must be signed by the child's doctor.
- Any parent of a child with asthma at the Service is required to provide written information about the child's asthma either on enrolment or on diagnosis.

The Asthma Action Plan should include information such as:

- signs and symptoms specific to the child's asthma
- 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
- the name, address and telephone number of a person who is to be notified of any accident, injury, trauma or illness involving the child
- the name, address and telephone number of the child's doctor.

A sample Asthma Action Plan for children's services can be found on the Asthma Foundation of Victoria's website: www.asthma.org.au

Emergency Asthma – First Aid Kit

BEPS OSHC Service is required to have a 'suitably equipped' Asthma First Aid Kit under the Education and Care Services National Law. As there are children with asthma attending BEPS OSHC Service on a regular basis, it is appropriate to be prepared for an asthma emergency.

- Only educators who have completed a course in Emergency Asthma Management may access the blue reliever puffer for first aid purposes from the Asthma First Aid Kit.
- Only educators who have completed a course in Emergency Asthma Management are able to purchase and hold a blue reliever medication in the Asthma First Aid Kit.
- An Asthma First Aid Kit contains:
 - o a blue reliever puffer (inhaler) e.g. Airomir, Asmol, or Ventolin
 - o 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)
 - o clear written instructions on the steps to be taken in treating an asthma attack
 - o 70%-alcohol swabs for the cleaning of devices.

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Asthma Medication

'Reliever medications' are those that provide relief in the event of breathing difficulties. These include Ventolin, Bricanyl, Respolin or Asmol, and come in a grey-blue inhaler. These are used to provide almost instant relief and should stop the reoccurrence of these symptoms for four to six hours.

Administering medication to a child is considered a high risk practice, and legislative requirements contained within the *Education and Care Services National Law Act 2010* (including the Education and Care Services National Regulations) are to be strictly adhered to by the Service, including educators, students and volunteers.

- Whilst at the Service, if a child is requiring medication **every three hours or more frequently**, their parents will be contacted. An episode such as this requires very close monitoring, which is best done in a one-to-one situation.
- The Asthma Foundation recommends an immediate visit to the doctor or hospital should the 'reliever medication' last for less than two hours.
- If a child is requiring regular use of reliever medication (every four to six hours) over a long period of time, a visit to the doctor may be necessary as the use of a 'preventer medication' may be required. These provide slower more long-term relief.
- The Service has its own spacer and blue reliever puffer (Ventolin), which may be used in case of an emergency, should a child's own medication have been forgotten or is found to be empty. This is held in the asthma medication tub on the kitchen bench in the hall, together with concise instructions for Emergency Asthma First Aid procedures. This medication should not be viewed as available for daily usage.

This policy should be read in conjunction with:

General Service Information Policy
Acceptance & Refusal of Authorizations
Dealing with Medical Conditions & Medications
Incidents, Injury, trauma & the Administration of First Aid
Partnerships with Families
Record Keeping & Confidentiality Policy

Sources & Legislative References

Asthma Foundation Victoria 2014, *Single Person Spacer Use in Schools & Children's Services – Q&As*
www.asthma.org.au/LinkClick.aspx?fileticket=BfM9EbwIqHU=&tabid=282

Department of Human services, Better Health Channel: Asthma (additional links to other asthma related topics, <http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Asthma?open>)

Asthma Foundations of Australia www.asthmaaustralia.org.au

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Asthma Foundation Victoria www.asthma.org.au

<i>Education & Care Services National Law Act 2010 (Vic) – Sections 167(1)(2)(3) & 175(1)</i>
<i>Education & Care Services National Regulations (2011) – Regulations 90, 91, 92, 93, 94, 95, 168(2)(d), 177, 181, 183 & 184</i>
<i>National Quality Standard for Early Childhood Education and Care & School Age Care (2010) – Standard 4.1; Elements 2.1.1, 2.1.4, 2.3.2 & 7.3.5</i>
<i>Information Privacy Act 2000 (Vic) – Information Privacy Principles</i>
<i>Privacy Act 1988 (Cwlth) – National Privacy Principles</i>
<i>Health Act 1958 – Public Health & Wellbeing Guidelines</i>
<i>Health Records Act Vic (2001) – Health Privacy Principles</i>
<i>Occupational Health & Safety Act 2004 (Vic) – Providing a safe work environment</i>

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Enrolment Checklist for Children with Asthma

- A Risk Minimisation Plan and communication plan are completed, and include strategies to address the particular needs of each child with asthma, and this plan is implemented.
- Parents of a child with asthma have been provided a copy of BEPS OSHC Service's Asthma Policy.
- All parents/guardians are made aware of the Asthma Policy.
- Asthma Action Plan for the child is signed by the child's doctor and is visible to all educators.
- Reliever medication is available for use at any time the child is in the care of the Service.
- 'Spare' reliever medication is stored in the Service's asthma medication bags in the OSHC room, hanging near the entry door and in the First Aid kits in the OSHC room and hall kitchen.
- All educators, including relief educators, students and volunteers, are aware of each child's reliever medication, and the emergency first aid reliever medication.
- Educators nominated as responsible for any child with asthma undertake Emergency Asthma Management Training, which includes strategies for asthma management, recognition of respiratory distress and/or an asthma attack, and emergency treatment.
- The Service's Emergency Action Plan for the management of asthma is in place and all educators understand the plan.
- The current contact details of parent/guardians of a child with asthma are available, as well as their emergency contacts.
- Information regarding any other medications or medical conditions (for example anaphylaxis) is available to educators.

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BEPS OSHC Service Snapshot – Children with Asthma

Child's Name	Component (BSC/ASC)	Trigger/s	Action Plan location	Preventer/Reliever location	Self-Administers



Individual Communication Plan for Children with Asthma

Child's Name: _____

When will the child be attending the Service?	
Have all staff, including students and volunteers, been informed of the details in the child's risk minimisation plan, including known asthma triggers for the child?	
Where will the following items be located? – Risk Minimisation Plan – Emergency Action Plan – Reliever medication	
Who will be responsible for supporting this child's health needs, which may include administering treatment including first aid?	

Name/Sign & Date: _____



Individual Risk Management Plan for Children with Asthma

Child's Name	BSC/ASC/VAC	Dominant Trigger/s	Action Plan location	Reliever medication location

Specific risk management strategies	Date completed
Parent/guardian has been provided with a copy of the Service's Asthma Policy, and Dealing with Medical Conditions & Medication Policy.	
Parent/guardian has provided reliever medication for the child, and any other medication required.	
The Service displays the child's Asthma Action Plan, with current photo, in a key location and keeps a completed ambulance card by the telephone/s.	
Parent/guardians are aware of the policy that the child who has been prescribed asthma reliever medication is NOT permitted to attend the Service without that reliever medication.	
Test that all staff, including relief staff, know where the reliever medication is kept for each child with asthma.	
A nominated staff member, and the family of each at-risk child, undertakes regular checks of the expiry date of asthma medication held by the Service.	
A new written request is sent to families if the food allergens change.	

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What measures are in place by the Service in relation to known asthma triggers?

Think about times when the child could potentially be exposed to asthma triggers, and develop appropriate strategies, including who is responsible for implementing them.

Risk Minimisation Plan

Risk	Strategy	Who is responsible



Service Risk Management Plan for Children with Asthma

The following suggestions may be considered when developing BEPS OSHC Service’s Risk Minimisation Plan for asthma to assess how well the Service has planned for meeting the needs of children with asthma.

At least annually, refer the Risk Minimisation Plan to families of children who have asthma, but always do this upon enrolment of each child at risk, and after any incident or accidental exposure.

<p>Who are the children?</p> <ul style="list-style-type: none"> – List names of each child with asthma 	
<p>What are the known triggers?</p> <ul style="list-style-type: none"> – List all of the known triggers for each of the children with asthma – List potential sources of exposure to each known trigger and strategies to minimise the risk of exposure. 	
<p>Does everyone recognise the children at with asthma</p> <ul style="list-style-type: none"> – List the strategies for ensuring that all educators, including relief educators, students, and volunteers, recognise each of the children with asthma – Confirm where each child’s Asthma Action Plan (including the child’s photograph) will be displayed, and where reliever medication is stored. 	



Emergency Asthma Attack Drill Record

Regular emergency drills are undertaken to ensure that the relevant people know what action to take if a child has an asthma attack.

Date & Time of Drill:	Scenario/Location:
Actions:	
Date & Time of Drill:	Scenario/Location:
Actions:	
Date & Time of Drill:	Scenario/Location:
Actions:	
Date & Time of Drill:	Scenario/Location:
Actions:	
Date & Time of Drill:	Scenario/Location:
Actions:	



Review Table – Asthma Management & Action Plan

Criteria for evaluation	Notes
Ensure the Asthma Action Plan has been reviewed by parent/guardian/doctor and BEPS OSHC Service.	
Review the Asthma Management Plan with families of at-risk children BEPS OSHC Service, and always upon enrolment of each 'at risk' child and after any incident or accidental exposure.	
Know what each child's Action Plan says and implement it.	
<p>In case of emergency:</p> <ul style="list-style-type: none"> – know who will administer the Adrenalin Auto-Injector and stay with the child – know who will telephone the ambulance and the parents – know who will ensure the supervision of the other children – know who will let the ambulance officers into the Service and take them to the child – know who will go in the ambulance with the child. 	
Ensure the educator with responsible for at-risk children at the Service has undertaken Emergency Asthma Management Training and regular practice sessions.	