

## POLICY: 4.4 MEDICAL CONDITIONS

### Procedure: 4.15 Asthma

Asthma is a common medical condition affecting 1 in 8 children in Australia.

Asthma affects the airways (the breathing tubes that carry air into our lungs). From time to time, children with asthma find it harder to breathe in and out, because the airways in their lungs become narrower – like trying to breathe through a thin straw.

There are two main types of medicines used to treat asthma, relievers, and preventers. Usually, a child will only need a reliever during the day.

- Children need to have immediate access to their relievers when needed.
- Inhalers must accompany the child when on regular and non-regular excursions.

**PLEASE NOTE:** The term Medical Management Plan (Asthma Action Plan) is used throughout this procedure – this must be in place for a child who is diagnosed as asthmatic.

#### **4.15.1 Linking to Policy**

This procedural guidance should be read in conjunction with the service **4.4 Medical Conditions Policy** and will assist the Approved Provider, Management, Staff (Nominated Supervisors, Coordinators, and Administrative Staff members) Educators, Educator Assistants and parents to implement the policy. The procedure covers:

[4.15.2 Signs and Symptom](#)

[4.15.3 Medical Management Plan](#)

[4.15.4 Communication Plan](#)

[4.15.5 Risk Minimisation Plan](#)

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#### **4.15.2 Signs and Symptoms**

**The most common symptoms are:**

- coughing,

- wheezing,
- a tight feeling in the chest,
- shortness of breath.

**Signs could include:**

- Gasping for breath
- Severe chest pains
- Inability to speak more than 1 or 2 words per breath
- Feeling distressed or anxious
- Little or no improvement after using blue reliever medication (*Airamor, Asmol, Bricanyl, Epaq, Ventolin*)
- “Sucking in” of the throat and rib muscles
- Blue colouring around the lips (can be hard to see if skin colour also changes)
- Pale and sweaty

As well as the above symptoms, young children appear restless, unable to settle, and may have problems eating or drinking due to shortness of breath. They may also have severe coughing and vomiting.

Younger children may verbalise this by saying their tummy hurts, or it feels like someone is sitting on their chest. Not all young children can identify their symptoms, so it is important Educators know how to identify symptoms and what to do when this happens.

The signs of an asthma attack vary, so a person with asthma may not show all the above signs during a severe attack.

### **4.15.3 Medical Management Plan (Action Plan)**

A child with asthma will need a Medical Management Plan (Asthma Action Plan) provided by a child’s parents and/or registered medical practitioner. This Plan should detail:

- o The child’s personal information
- o The Medical Practitioner’s details
- o The medical condition and symptoms
- o If relevant, state what triggers the allergy or medical condition
- o Actions required of the Educator with regards to the medical condition to maintain the child’s health and safety
- o The action to be taken if the medical condition is activated - Include first aid needed
- o Medication required and how and when this should be administered both as preventative health (if required) or in case of a health emergency.
- o What should be avoided (e.g. particular foods, insects etc.)

- Any other information which would assist in keeping the child safe concerning the medical condition
- If relevant, state what triggers the allergy or medical condition
- State when the plan should be reviewed
- A copy of the Medical Management Plan (Asthma Action Plan) will be displayed or be easily accessed to ensure the safety and wellbeing of the child.
- At least both parents or guardians and 1 or more emergency contact details of persons who can respond to an emergency relating to the medical condition and give verbal permission to administer medication must be available on the enrolment form.
- The Service must ensure the Medical Management Plan (Asthma Action Plan) remains current and up to date at all times.

#### 4.15.4 Communication Plan

A Communication Plan will be developed: An individual child Communication Plan is developed so that a parent can communicate any changes to their child's Medical (Asthma Action) Management Plan.

1. The Communication Plan will be used by the Educator and/or staff to communicate their observations of the child's asthma which may impact the child's health and wellbeing.
2. The Educator caring for, and the parents who have a child attending the Service with diagnosed asthma will be provided with a copy of this policy which includes a copy of the Communication Plan and signed [Risk Minimisation Plan](#), and any other relevant policies and are fully briefed of the content of all plans, policies and procedures.

#### 4.15.5 Risk Minimisation Plan

All children with a diagnosed asthma must have a Risk Minimisation Plan in place.

Or, when a parent informs the Educator or member of staff that their child is diagnosed with asthma, the relevant person will ensure the service the Risk Management Plan is in place before the child can commence or re-commence.

**The Risk Minimisation Plan will be developed in consultation with the parent/guardian and educator to ensure:**

1. That the hazards relating to the child's specific asthma, allergy are identified, by thinking about what in the environment will pose a risk to the child; and
2. The risk associated with each hazard will be assessed. Consider, what is the likelihood of the hazard being a risk to the child (**Likelihood**: rare, unlikely, possible, likely or almost certain) and what are the consequences of the hazards to the child's health, safety or

wellbeing (**Consequence**: insignificant, minor, moderate, major, catastrophic). The Risk Matrix should be used to determine the risk to children; and

3. Consideration is given to what can be done to minimise or mitigate these risks. (What controls will be use such as **Elimination**: remove any hazard, **Isolation**: make inaccessible, **Administration**: changes to policies/procedures or additional training, **Personal Protective Equipment**: gloves and face masks); and
4. Reassess the risk for each hazard; now that the above controls are in place to ascertain if this reduces the risk of harm to the child (use process in outline in point 2.). Consider, have the measures and controls reduced the likelihood and consequences. If yes on all hazards: the parent, educator and the Nominated Supervisor and/or Coordinator will sign and date the Risk Minimisation Plan.
5. If further considerations are required, go through the process again until the risk is minimised.
6. The Risk Minimisation Plan will be reviewed at least every year and/or will be revised if there are any changes to the child's Medical (Asthma Action) Management Plan.

#### 4.15.6 Implementation of the Risk Minimisation Plan

##### The Educator will:

- Maintain the control measures noted in the Risk Minimisation Plan
- Ensure all relevant information pertaining to the child's asthma is communicated to parents at the end of each day
- Notify parents in advance of any special activities taking place such as celebrations, sporting events, and excursions so plans for safe inclusion can be made
- Use appropriate hygiene practices when managing asthma in line with the 4.1 Hygiene and Infection Control Policy
- Ensure the risk minimisation plan is reviewed in collaboration with the parent at least every year or if there is a change in the Medical (Asthma Action) Management Plan

#### 4.15.7 Roles and Responsibilities

##### The Service staff will:

- Seek to gain medical information from parents about their child including asking directly if their child has known asthma.
- Seek permission for the Educator to administer emergency medication.
- If the child has a diagnosed medical condition, ensure the Medical Management Plan (Asthma Action Plan) is in place.

- If a child has asthma, before referring a parent to an Educator, discuss the child's asthma and review the Medical Management Plan (Asthma Action Plan) with the Educator.
- Organise a meeting between the parents and Educator to develop the Risk Minimisation Plan before the child commences with the Educator
- Ensure the parent has given permission for the Educator, or a staff member to call emergency services
- Parents are aware and agree to cover the cost of any medical intervention required.
- In the event of an asthma attack requiring emergency services, the nominated supervisor and or the coordinator will where possible attend the Educator's residence to support them, and the children; and
- Assist the Educator in completing the Incident, Injury, Illness and Trauma Record within 24 hours of the asthma event.

**Parents will:**

- Inform the Service and Educator on enrolment **or a later** diagnosis of Asthma in their child
- Provide the Service and the Educator with a Medical Management Plan (Asthma Action Plan) and written consent to use the Asthma reliever in line with the Medical Management Plan (Asthma Action Plan) provided by their medical practitioner.
- Provide the Educator with a reliever and spacer.
- Notify the Service and Educator of any changes to their child's health status and provide a new Medical Management Plan (Asthma Action Plan) in accordance with any changes to a medical condition.
- Communicate all relevant information and concerns to the Educator on all matters relating to the health of their child
- Comply with the requirement that no child who has been prescribed an asthma reliever is permitted to attend the service or its programs without the reliever and Medical Management Plan (Asthma Action Plan).

**Educators will**

- Before a child diagnosed with asthma commences, assess the potential for accidental exposure to allergens while children at risk of asthma are in care, e.g. cat or dog hair, the wind carrying pollen or dust, and;
- Work with parents to consider how they minimize the risk of an attack e.g. Parents often ask Educators to exclude from the premises food which may trigger an attack.
- Complete the Risk Minimisation Plan using information gathered, seek parental agreement and send to the Service for the Nominated Supervisor to approve before the child commences childcare.
- Are responsible for attending asthma management training at least three yearly or as required by a Registered Training Organisation.

- Ensure a copy of the child's Medical Management Plan (Asthma Action Plan) (from a medical practitioner) is easily accessible and or displayed. The child's Medical Management Plan (Asthma Action) is to be followed in the event of an asthma attack.
- Regularly check at least monthly the expiry date on the Reliever Medication.
- Check on arrival each day that the child has their Asthma Reliever and relevant medication (place in safe & suitable location) and complete the appropriate permissions if the parent is requesting you to administer a reliever throughout the day. See Procedures: 4.16 Administration of Medication 4.17 Self Administration of Medication 4.18 Administer First Aid
- After any asthma attack, review the Medical Management Plan (Asthma Action) and Risk Minimisation Plan, in collaboration with parents and where required the Service Nominated Supervisor or Coordinator.

#### 4.15.8 Undiagnosed Asthma

**PLEASE NOTE:** If, for some undetermined reason, a Medical Management Plan (Asthma Action) or authorisation is not available, medication may be administered to a child without authorisation in the case of an asthma emergency.

In the situation where a child who has not been diagnosed as asthmatic but who appears to be having an attack, Educators will follow the below instructions:

#### Instructions for An Asthma Attack Management

If a child is experiencing a severe or life-threatening asthma attack, call an ambulance - (000) or (112) and then start the below asthma first aid. If the child is experiencing a mild to a moderate asthma attack, the Educator will start asthma first aid process:

**1. Sit the child upright**

Be calm and reassuring  
Do not leave them alone

**2. Give four separate puffs of blue/grey reliever puffer**

Shake puffer  
Put one puff into the spacer if available  
Take four breaths from the spacer  
Repeat until four puffs have been taken  
Remember: Shake, one puff, four breaths  
OR Give two separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12).

**3. Wait 4 minutes**

If there is no improvement, give four more separate puffs of blue/grey reliever as above (OR give 1 more dose of Bricanyl or Symbicort inhaler)

**4. If there is still no improvement, call emergency assistance. Dial (000) (112)**

Say 'ambulance' and that someone is having an asthma attack

Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives  
(OR 1 dose of Bricanyl or Symbicort every 4 minutes - up to 3 more doses of Symbicort)

**Call emergency assistance immediately. Dial (000) or (112)**

- If the child is not breathing
- If the child's asthma suddenly becomes worse or is not improving
- If the child is having an asthma attack and a reliever is not available
- If you are not sure if it's asthma
- The child's symptoms do not improve sufficiently in 10 minutes after administering the reliever medication as prescribed on the Health Care Plan/ ASCIA Asthma Action Plan or
- the child is too breathless to speak, call immediately or
- the child becomes exhausted call immediately or
- if the child looks blue

**PLEASE NOTE: Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma**

**Tips for calling the ambulance**

Dial 000/112 and state calmly:

- That the individual is having a severe allergic reaction (anaphylaxis/asthma)
  - Your address
  - Nearest cross streets;
  - The signs and symptoms they are displaying;
  - The medications which have been given (e.g., Adrenaline/Epinephrine auto-injector, antihistamine or Asthma reliever);
  - Provide the phone number you are calling from.

**If medication is administered or Emergency Services contacted, the Educator will**

- Inform a staff member from the Service
- Contact the parent/guardian or other nominated person in the event the parent cannot be contacted
- Complete the Incident, Injury, Illness and Trauma Record and forward to the coordination unit within 24 hours

**4.14.9 Taking Action [R 94 1 & 2]**

PLEASE NOTE: If, for some undetermined reason, a Medical Management Plan (Asthma Action) or authorisation is not available, medication may be administered an asthma reliever to a child without authorisation in the case of an anaphylaxis or asthma emergency.

**Emergency Asthma Action** – to be followed in a life-threatening situation is as follows:

- 1. Sit the child upright and talk quietly and calmly to the child.** Don't leave them alone.
- 2. Give 4 puffs of blue reliever puffer** – 1 puff at a time through the spacer device. (use the puffer on its own if you do not have a spacer). Get the child to take 4 breaths from the spacer after each puff.
- 3. Wait 4 minutes**
- 4. If there is little or no improvement, repeat** steps 2 and 3.
- 5. If there is still little or no improvement, call an ambulance immediately** (000) or (112).
- 6. Continuously repeat steps 2 and 3 while waiting for the ambulance.** In remote areas where there is no ambulance Service, seek urgent medical help.

**Immediately, advise the Service and parent/emergency contact and request they consult their doctor after a severe asthma attack.**

**7. An ambulance must be called immediately if:**

- the child's symptoms do not improve sufficiently in 10 minutes after administering the reliever medication as prescribed on the Medical (Asthma Action) Management Plan, or
- the child is too breathless to speak, call immediately or
- the child becomes exhausted call immediately or
- if the child looks blue, call immediately.

**8. Tips for calling the ambulance**

Dial 000 or 112 and state calmly that a child is having a severe asthma attack.

- Your address
- Nearest cross streets;
- The signs and symptoms they are displaying;
- The medications which have been given (e.g., Adrenaline/Epinephrine auto-injector, antihistamine or Asthma reliever);
- Provide the phone number you are calling from.

**Educators will:**

- In the event of an asthma attack, follow the Medical Management Plan (Asthma Action) steps specific to each child; and
- If, in this case, medication is administered, and the child settles, the Educator will contact parents or emergency contacts for the child to be collected immediately.
- Act quickly if they determine a child is experiencing an asthma attack by following the Medical Management Plan (Asthma Action) and administering the reliever and, if this is a severe reaction call 000/112 and request emergency assistance. Stay with the child until /emergency services arrive.



- Contact the Coordination Unit and parents/guardians and inform them of the actions taken as soon as is practicable and within 24 hours
- Ask Parents to do a follow-up with their medical professionals to ensure the child's condition is stable if the child required emergency medical attention before the child returns to care.
- Any event where medication or emergency services attend the Educator will make a report of the incident via the Incident, Injury, Illness, and Trauma Record and send the report to the Service within 24 hours. **Refer to 4.9 Incident, Injury, Illness, and Trauma Procedure: 4.9.4 Completing the Report for Illness for guidance on completing the record.**

Educators will ensure Parents and the Service Nominated Supervisor are advised on the incident as soon as practicable (immediately) and within 24hours

## Review

	Date	Details
Revision 00	07/2015	Original Policy Issued
Revision 01	12/2016	Reviewed
Revision 02	08/2017	Reviewed
Revision 03	10/2020	Reviewed and separated from Policy

## Related Documents

### Policies

- 4.3 Serious Incident and Emergencies Policy
- 4.4 Medical Conditions
- 4.6 Administering First Aid

### Forms

- Incident, Injury, Illness, Trauma Record
- Medical Management Plan
- Child Enrolment Form
- Additional Child Details Form
- Home Safety Checklist
- Medication Record Permission
- Asthma/Airways Risk Minimisation & Communication Plan

### Reference

**Refer to 4.4 Medical Conditions Policy**