

## HEALTH & SAFETY – MEDICAL CONDITIONS

### ASTHMA

#### POLICY

An asthma specific policy is necessary because:

- Asthma is a chronic health condition affecting 1 in 4 children.
- Asthma is the most common cause for childhood admission to hospital.
- While an average of 4 people die in Victoria each week from asthma, many of these deaths are deemed preventable.
- 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. It is therefore the responsibility of the Educators to have the knowledge and skills to treat asthma symptoms with appropriate first aid procedures.
- Onset of asthma can occur at any time. Any attack is potentially life threatening and should be taken seriously.

Asthma management should be viewed as a shared responsibility. Whilst Family Day Care recognises its duty of care toward children with asthma during their time in care, the responsibility for ongoing asthma management rests with the parents.

In the case of serious injury or illness, the Educator is not required to treat or diagnose the condition apart from carrying out the appropriate first aid procedures. Diagnosis and treatment are the responsibility of the ambulance officer or medical practitioner in attendance.

Any breathing difficulty can be life threatening. The first attack can occur at any time and at any age. This asthma policy does not ask Educators to diagnose what is causing the difficulty. It simply asks that they treat the symptoms with first aid procedures.

This policy should be read in conjunction with the *Health & Safety - Medication (Administering) policy*.

#### PROCEDURE

Family of asthmatic child/ren is required to complete a **Medical Condition Information Sheet / Emergency Treatment Action Plan** on enrolment. Family should discuss this with their doctor, and the plan should be reviewed and updated regularly.

1. This plan is to be completed prior to enrolment of the child or, for children already in attendance, as soon as a diagnosis is made, and reviewed by staff and parents regularly with advice given of any changes in treatment should they occur.
2. The well-being and asthma management of a child with asthma is primarily the responsibility of the child's family.
3. The Service must be informed of any significant changes in the child's asthma treatment.
4. Staff within the Service do not have the training or expertise to diagnose and administer medication - other than that prescribed for the child.

#### SUGGESTED MANAGEMENT OF AN ASTHMA ATTACK

1. Reassure the child and remove the child to a quiet area under the direct supervision of a suitably experienced member of staff.
2. Parent/nominee is to be contacted by phone immediately staff have any concern regarding the child's condition.

3. Administer Ventolin (or other puffer) or other medication as outlined on current Emergency Treatment Action Plan for that child.
4. If this is a child's first asthma attack, medical advice will be sought by staff; the centre has a Ventolin kit which may be used if deemed necessary, using the 4 X 4 plan recommended by Asthma Victoria. Current posters outlining the procedures will be displayed in appropriate places in the Centre.
5. Staff should contact the ambulance service if concerned by child's condition for transfer of that child to hospital.

Source: Staying Healthy in Childcare – NHMRC 2012 - 5<sup>th</sup> Edition  
The Blue Book –DHS 2004  
ACECQA National Law and Regulation Nov 2011 90, 168 (2)(d)  
Advice from the Asthma Victoria website [www.asthmafoundation.org.au](http://www.asthmafoundation.org.au)

#### Resources

Under 5 Guidelines for Asthma Management 1998 Asthma Australia

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