

# THE GOWRIE (QLD) INC

## ASTHMA MANAGEMENT POLICY

### CONSIDERATIONS:

QIAS	Principle 5.3 & 5.5
REGS	Child Care Regulation 2003 Sections 56 / 97 / 98 / 101 Child Care Act 2002 Sections 10, 76 Health (Drugs and Poisons) Regulation 1996 Sections 235,256 <sup>a</sup>

### POLICY STATEMENT:

To ensure that all asthmatic children have access to appropriate treatment and asthma medication at all times.

### RELEVANT FORMS/MATERIAL:

- ***The Gowrie Ongoing Medication Form (See Administration of Medication Policy)***
- ***The Gowrie Report of Illness Form***
- ***Asthma Management Plan***
- ***The Gowrie Health Handbook***

### SOURCES:

- Consultation and training by Asthma Queensland (2006).
- Asthma Queensland website [www.asthmaqld.org.au](http://www.asthmaqld.org.au)
- National Health & Medical Research Council (2005) *Staying Healthy in Child Care: Preventing infectious diseases in child care*. (4th Ed.) Commonwealth of Australia: Canberra.
- Asthma Foundation Australia (2005) *Asthma in the Under 5's* Brochure
- Asthma Foundation of QLD (2006) *A Guide To Becoming an Asthma Friendly Child Care Service*.
- Asthma Foundation of (QLD) *First Aid Management of suspected asthma in centre and home based childcare (Qld)*. 2010

**REVIEWED: June 2010**

**Date to be Reviewed: June 2011**

# WHAT YOU SHOULD KNOW

## BACKGROUND

Staff will be in-serviced by Asthma Queensland on the treatment of asthma for children in care and to ensure all staff are competent in the use of puffers, spacers and facemasks.

A list of all children who suffer from asthma will be compiled and all staff will be made aware of case histories and appropriate treatment including trigger factors for each child.

*Trigger factors for children may be:*

- Colds and flu
- Changes in temperature and weather conditions
- Exercise/physical activity, including play,
- cigarette smoke
- inhaled allergens such as dust mites, pollens and moulds,
- certain medications such as aspirin or ibuprofen
- emotional factors, such as laughter and stress
- chemicals and strong smells such as perfumes and cleaners,
- come food and food preservatives, flavourings and colourings, although this is uncommon

*Signs of asthma in young children are:*

- Dry, irritating, persistent cough that worsens with play.
- Complaint of a sore tummy
- Tightness in the chest.
- Shortness of breath, which often shows as tummy breathing (abdomen looks more swollen than usual).
- A wheeze (whistling sound) that can sometimes be heard when the child is breathing out.

These symptoms may vary from child to child and from time to time within the same child. Some children may have a number of symptoms, while some may only have a cough or a wheeze.

A copy of each child's **Asthma Action Plan** will be kept in medication folders in each room of the Service.

## WHAT WE EXPECT OF PARENTS

<p><b>WHAT PARENTS SHOULD DO</b></p>	<p>Prior to beginning care, or on first diagnosis, parents of asthmatic children are required to complete an <b><i>Asthma Action Plan</i></b> in consultation with a medical practitioner. These plans are to be updated six monthly or when any change to medication occurs.</p> <p><i>The information required is:</i></p> <ul style="list-style-type: none"> <li>○ the extent to which the child suffers from asthma</li> <li>○ treatment required</li> <li>○ what causes the asthma</li> <li>○ the availability of medication for the child's use at the Service</li> <li>○ how the child reacts to the administration of the medication</li> <li>○ written permission by the parents for staff to administer the medication.</li> </ul> <p>Asthma management and the well-being of a child with asthma is primarily the responsibility of the child's parent/guardian. Director must be informed of any significant changes in the child's asthma management with a new <b><i>Asthma Action Plan</i></b>.</p> <p>Staff will be made aware of case history and treatment.</p> <p>Staff will only administer medication which is prescribed by a medical practitioner and is normally being received by the child.</p> <p>Interpretation of peak flow meter readings will not be undertaken by any staff member.</p> <p><b>Check expiry date on each medication</b></p> <p>Asthma medication will be handed to a staff member who will store it in a safe place. It must be labeled clearly with the child's name and the dose of medication required.</p> <p>Parent must have completed an <b><i>Ongoing Medication Form</i></b>.</p>
--------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## WHAT PARENTS CAN EXPECT OF STAFF

<p><b>WHAT YOU SHOULD DO</b></p>	<p><b>STAFF WILL:</b></p> <p>Review each child's <b><i>Asthma Action Plan</i></b> with parent(s) every six months, or more frequently should any changes in treatment occur.</p> <p>Check expiry dates of Medication and notify parents if replacements are required.</p> <p>Undertake an "approved asthma first aid course" for the administration of asthma medication.</p>
----------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## RESPONSE TO ASTHMA INCIDENT

### WHAT YOU SHOULD DO

- Reassure the child and remove him/her to a quiet warm area under the direct supervision of a suitably experienced member of the staff.
- Inform the Director of the program immediately.
- Contact parent (or if not available the emergency contact) immediately a staff member has a concern regarding the child's condition.
- Administer the puffer or other medication as outlined on current ***Asthma Action Plan*** for that child.
- Contact the ambulance service if concerned by child's condition for transfer to hospital.
- Complete a ***Report of Illness*** Form.
- An experienced member of the service staff will accompany the child to hospital.
- Notify the President of incident and outcome.
- **Note: If a child does not have a history of asthma, standard First Aid procedures will be followed while you wait for an ambulance, reassure the child and sit in an upright position. Those staff who have been trained in an asthma first aid training course are able to administer one dose of ventolin, if possible this is discussed with family at the time of the call advising them of the child's unwellness.**