

## **ASTHMA POLICY 2025**

### **Quality Area 2**

#### **VALUES:**

The Kindergarten is committed to:

- Raising awareness about asthma among the Committee, staff, families of children attending the kindergarten and any others dealing with children at the kindergarten.
- Providing a safe and healthy environment for all children enrolled at the kindergarten.
- Providing an environment in which all children with asthma can participate in order to realise their full potential.
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

#### **PURPOSE:**

The aim of this policy is:

- For all children with asthma enrolled at the kindergarten to receive appropriate attention as required.
- To respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack at the kindergarten.

#### **GUIDELINES:**

##### **1. The committee will:**

- Organise Emergency Asthma Management training for staff;
- Organise asthma management information for families of children enrolled at the kindergarten;
- Encourage open communication between families and staff regarding the status and impact of a child's asthma;
- Provide funding for the staff to purchase asthma reliever medication and a spacer device for the First Aid Kit.

## **2. Staff will:**

- Ask all families, as part of the enrolment procedure prior to their child's attendance at the Kindergarten, whether their child has diagnosed asthma and to document this information on the child's enrolment record.
- Provide families whose child has asthma with an *Asthma Action Plan* form to complete in consultation with their doctor. On completion, this will be attached to the child's enrolment record.
- Compile a list of children with asthma and place in a secure but readily accessible location, which is known to staff and includes the Asthma Action Plans.
- Display *The Asthma Foundation of Victoria's Asthma First Aid* posters in a key location at the Kindergarten.
- Regularly maintain all asthma components of the First Aid Kit, to ensure all medications are current and any asthma devices are clean and ready for use.
- Ensure that asthma components are included in the First Aid Kit taken on any activities outside the Kindergarten.
- Consult with the families of children with asthma, in relation to the health and safety of their child and the supervised management of the child's asthma.
- Identify, and where possible, minimise asthma triggers as defined in the children's Asthma Action Plans.
- Promptly communicate any concerns to parents if it is considered that a child's asthma is limiting his/her ability to participate fully in all activities.
- Where necessary, modify activities for the child with asthma in accordance with their current needs and abilities.
- Administer all regular prescribed asthma medication in accordance with the medicines policy.
- Discuss with the child's family the requirements of the Administration of Medications and Asthma Policies and what is needed for their child.

## **3. Families of a child with asthma will:**

- Inform staff on enrolment or on the initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the *Asthma Action Plan*.
- Notify the staff, in writing, of any changes to the information they entered on the *Asthma Action Plan* during the year, if this occurs.
- Provide an adequate supply of appropriate asthma medication and equipment for their child at all times.
- Inform the staff in writing of any specific medication required on a daily basis.
- Communicate all relevant information and concerns to staff as the need arises.
- Consult with the staff, in relation to the health and safety of their child and the supervised management of their child's asthma.

#### 4. Plan of Action for a child with diagnosed asthma

The staff, together with the family of a child with asthma, will discuss and agree on a plan of action for the emergency management of an asthma attack based on the standard *Asthma First Aid Plan*. This plan will be included as part of, or attached to, the child's asthma Action Plan and enrolment record.

This plan should include action to be taken where the family has provided asthma medication, and in situations where this medication may not be available.

#### 5. Assessment and first aid treatment of an asthma attack

##### For children with a known asthma condition:

###### **ASTHMA FIRST AID PLAN – Children with a known asthma condition**

**Step 1.** Sit the person upright, be calm and reassuring.  
Do not leave them alone.

**Step 2.** Give medication – shake the blue reliever puffer  
Give 4 separate puffs of a blue reliever - using a spacer if one is available  
The medication is best given one puff at a time via a spacer device. Ask the person to take 4 breaths from the spacer after each puff of medication. If a spacer is not available, use the blue reliever puffer on its own.

**Step 3.** Wait 4 minutes.

**Step 4.** If there is little or no improvement repeat step 2. If there is still little or no improvement call an ambulance immediately (DIAL 000).

Continue to repeat steps 2 and 3 while waiting for the ambulance.

##### Children who staff are not aware have pre-existing asthma: In this situation, staff will:

###### **ASTHMA FIRST AID PLAN – Children without pre-existing asthma**

**Step 1.** Call an ambulance immediately (dial 000) and state the child is having breathing difficulty

**Step 2.** Give medication – shake the blue reliever puffer  
Give 4 separate puffs of a blue reliever - using a spacer if one is available  
The medication is best given one puff at a time via a spacer device. Ask the person to take 4 breaths from the spacer after each puff of medication. If a spacer is not available, use the blue reliever puffer on its own.

**Step 3.** Keep giving 4 separate puffs of a blue reliever puffer every 4 minutes until ambulance arrives.

Type of Asthma Attack	Symptoms	First Aid Procedure
Mild	Coughing, a soft wheeze, minor difficulty in breathing and no difficulty in speaking in sentences.	Immediately follow the First Aid procedures on the student's Asthma Action Plan, or if no plan is in place follow the 4 step Asthma First Aid Plan. Delay in treatment may increase the severity of the attack and ultimately risk the student's life.
Moderate	Persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak only in short sentences.	
Severe	The student is often very distressed and anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.	Call an ambulance (dial 000), notify the student's emergency contact and follow the 4 step Asthma First Aid Plan while waiting for the ambulance to arrive.

#### 6. The Asthma Emergency kit must include:

- A blue reliever puffer (for example Airomir, Asmol, or Ventolin). Blue reliever puffers in the Asthma Emergency kit are for First Aid use only. Students should provide their own medication for their usual asthma management although the spacer device from the Asthma Emergency kit can be used with the student's own medication.
- A spacer device to assist with effective inhalation of the blue reliever medication, for example a Volumatic, Able Spacer or Breath-a-Tech. Consult a pharmacist about matching the spacer with the reliever puffer.
- Clear, written instructions on how to use these medications and devices, plus the steps to be taken in treating an acute asthma attack.
- 70% alcohol swabs eg. Medi-Swab™ to clean devices after use.

A staff member needs to be given the responsibility of regularly checking the expiry date on the canister of the reliever puffer and the amount of medication left in the puffer.

A Bricanyl Turbuhaler may be used in First Aid treatment if a puffer and spacer is unavailable.

## **7. Cleaning Spacers and Puffers:**

Devices for example puffers and spacers that are used by more than one person must be cleaned thoroughly after each use to prevent cross-infection. Devices can be easily cleaned by following the steps outlined below:

Spacers should be washed after each use:

Wash in warm soapy water – do not rinse.

Air dry – do not wipe dry.

When dry, wipe the mouthpiece thoroughly with 70% alcohol wipes, eg. Medi-Swab™.

Puffers should be washed after each use.

Remove the metal canister from the puffer (do not wash the canister).

Wash the plastic casing only.

Rinse the mouthpiece through the top and bottom under running water for at least 30 seconds.

Wash mouthpiece cover.

Air dry and then re-assemble.

Test the puffer to make sure there isn't any water remaining in it.

If any of the devices are contaminated with blood, discard and replace. Ensure that they are stored in a dustproof container.

### **OUTCOMES EXPECTED:**

- It is recommended that all staff with a duty of care responsibility for the well being of children to be trained to be able to manage an asthma emergency.

### **RESPONSIBILITY:**

The Asthma Policy is the responsibility of the Kindergarten Management Committee and is to be approved by the School Council.

All staff are responsible for implementing this policy on a daily basis and undertaking Emergency Asthma Management training.

Families of children enrolled at the kindergarten are responsible for providing the kindergarten with information about their child and for keeping the kindergarten updated on the current status of their child's asthma.

### **ASSOCIATED POLICIES / DOCUMENTS:**

- Medications Policy
- Excursions Policy
- First Aid Policy

### **REVIEW:**

In accordance with the Policy Review Table, the Asthma Policy will be scheduled for review in 2028.