Glandore Community Kindergarten

ASTHMA POLICY

POLICY STATEMENT
Glandore Community Kindergarten is committed to:
• Providing a safe and healthy environment for all children enrolled at the centre.
• Providing an environment in which all children with asthma can participate in order to realise their full potential.
• Providing a clear set of guidelines and expectations to be followed with regard to the management of asthma.
• Raising awareness of asthma amongst the preschool community

The aim of this policy is:
• For all children with asthma enrolled at the preschool 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 preschool.

RATIONALE
Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. Community education and correct management will assist in minimising the impact of asthma.

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, the preschool recognises the need to educate parents/guardians and staff about asthma and to promote responsible asthma management strategies

SCOPE
This policy applies to children, parents/guardians and staff.

IMPLEMENTATION
The staff are responsible for:
• Implementing this policy on a daily basis and undertaking Asthma first aid training
• Asking all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the centre, whether the child has diagnosed asthma and document this information on the child’s enrolment record.
• Compiling a list of children with asthma and placing it in a secure but readily accessible location, which is known to all staff. Relievers will be informed of the list and the location of the asthma action plans.
• Displaying the Asthma First Aid posters in key locations
• Regularly maintaining all asthma components of the First Aid Kit, to ensure all medications are current and any asthma devices are clean and ready for use.
• Ensuring that asthma components included in the First Aid Kit are taken on any excursions
• Ensuring parents/guardians of a child with asthma have been provided with a copy of this policy.
• Consulting with the parents/guardians of children with asthma, in relation to the health and
safety of their child and the supervised management of the child’s asthma.

• Identifying, and where possible, minimising asthma triggers as defined in the definition section of the policy or in children’s asthma action plans.
• Promptly communicating any concerns to parents/guardians if it is considered that a child’s asthma is limiting his/her ability to participate fully in all activities.
• Modifying activities, where necessary, for the child with asthma in accordance with their current needs and abilities.
• Administering all regular prescribed asthma medication in accordance with the child’s Asthma Action Plan.
• Discussing with the parents/guardians the requirements of the Asthma Action Plan and what is needed for their child.

The parents/guardians are responsible for:

• Informing staff, either on enrolment or on initial diagnosis, that their child has a history of asthma.
• Providing all relevant information regarding the child’s asthma via the asthma action plan.
• Notifying the staff, in writing, of any changes to the information they entered on the asthma action plan during the year, if this occurs.
• Providing an adequate supply of appropriate asthma medication and equipment for their child at all times, for example, blue reliever medication, spacer and mask.
• Reading and being familiar with this policy.
• Communicating all relevant information and concerns to staff as the need arises, for example, if asthma symptoms were present the previous night.
• Consulting with the staff, in relation to the health and safety of their child and the supervised management of the child’s asthma.

Plan of action for a child with diagnosed asthma

The staff, together with the parents/guardians 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 4 Step 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 parents/guardians have provided asthma medication, and in situations where this medication may not be available.

Action to be taken if a child suddenly collapses or has difficulty breathing with a possible asthma attack.

Children with a known asthma condition:

Staff will follow the agreed plan of action for the child for the emergency treatment of an asthma attack as detailed in the asthma action plan. If the child’s asthma action plan is NOT available, staff should immediately commence the standard asthma emergency protocol detailed below:

Step 1: Sit the child upright and remain calm to reassure them
Step 2: Without delay shake a blue reliever puffer (inhaler) and give four separate puffs through a spacer. Use one puff at a time and ask the child to take four breaths from the spacer after each puff
Step 3: Wait four minutes. If there is no improvement repeat Step 2
Step 4: If still no improvement after a further four minutes - call an ambulance immediately (dial 000) and state clearly that the child is “having an asthma attack”
Continuously repeat Steps 2 and 3 whilst waiting for the ambulance.

In an emergency the blue reliever puffer used may be the child’s own, from the First Aid Kit or borrowed from another child. Only staff who have completed a course in Asthma First Aid may access the blue reliever puffer for first aid purposes from the First Aid Kit.

**Children who staff are not aware have pre existing asthma:**

In this situation, staff will:

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

Step 2: Administer four separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take four breaths from the spacer after each puff

Step 3: Keep giving four separate puffs of a blue reliever puffer every four minutes until the ambulance arrives

This treatment could be life saving for a child whose asthma has not been previously recognised and it will not be harmful if the collapse or breathing difficulty was not due to asthma. Reliever medication is extremely safe, even if the child does not have asthma.

**Single use masks and spacers from the emergency first aid kit must be disposed of after use.**

**AUTHORISATION**

This policy was adopted at the Governing Council meeting on 1-8-11

**REVIEW**

The policy will be reviewed annually by staff and governing council and the Council will within 28 days of making any change, notify the parents/guardians of that change.

In order to assess whether the policy has achieved the values and purposes the staff and governing council will:

- Take into account feedback from parents/guardians and the staff regarding the effectiveness of the policy.
- If a child has an asthma emergency, review the policy in respect to the adequacy of the response of the preschool.
- Discuss this policy and its implementation with parents of children at risk of an asthma emergency to gauge their satisfaction with both the policy and its implementation in relation to their child.

With thanks to Phil Jenkins Salisbury Heights Kindergarten