



## **SUSSEX NEIGHBOURHOOD HOUSE Inc.**

### **ASTHMA POLICY**

#### **POLICY**

Sussex Neighbourhood House will work towards, *as far as is practicable*, the provision of asthma friendly facilities, equipment and practice in order to facilitate the health, safety, and fullest possible participation of all persons (*persons of all ages*) with asthma whilst they are attending the Neighbourhood House.

#### **AIMS**

The aim of this policy is to:

- ◆ Indicate the intention of Sussex Neighbourhood House to work towards the provision of an Asthma *friendly*<sup>™</sup> venue
- ◆ Acknowledge that asthma management is a shared responsibility within Sussex Neighbourhood House
- ◆ Contribute to the achievement of creating a safe and more inclusive Neighbourhood House environment in which people with asthma can participate in all activities to the full extent of their capabilities.
- ◆ Uphold the values of learning and safety and access for everyone at Sussex Neighbourhood House.
- ◆ Raise the awareness of asthma amongst those involved in facility development and the delivery of programs at Sussex Neighbourhood House

#### **PROCEDURES**

##### **Management and Staff will work towards:**

- ◆ Development and implementation of appropriate asthma management policies.
- ◆ Collection of up-to-date Asthma Action Plans for each person/child with asthma.
- ◆ Provision of at least one staff member who has completed accredited asthma training (Emergency Asthma Management) to be on duty whenever programs are running at the 'House
- ◆ Emergency medication (including a spacer) being readily available in a first aid kit.
- ◆ Asthma education being included in the early childhood program and staff professional development.
- ◆ Asthma first aid posters being displayed.
- ◆ Introduction of strategies to minimise asthma triggers within the localised environment
- ◆ Offering of asthma education to parents/carers of children at the service.
- ◆ The fulfillment of the requirements for the award of a certificate and signage signifying the 'Houses accreditation as an Asthma Friendly Centre
- ◆ Ensuring that staff plan and provide activities which allow for the participation of all participants within their program, regardless of their asthma status.

#### **ACTION PLAN**

## Stage 1

- ◆ Identify children with asthma during the enrolment process.
- ◆ Store Asthma Action Plans in the child's enrolment record.
- ◆ Encourage parents to send reliever medication and the appropriate spacer for use by their child if necessary.
- ◆ Provide parents with a copy of the Asthma Policy upon enrolment.
- ◆ Provide an Asthma Action Plan proforma to all parents of children with asthma upon enrolment. The completed Asthma Action Plan is to be returned before participating in the program.
- ◆ Ensure that all staff are informed of the children with asthma in their care.
- ◆ Encourage open communication between parents/guardians and staff regarding the status and impact of a child's asthma.
- ◆ Promptly communicate any concerns to parents should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

## Stage 2

- ◆ Where appropriate, organise information sessions on asthma for parents/guardians.
- ◆ Provide all staff with a copy of the Asthma Policy and brief them on asthma procedures upon their appointment to the Children's Service.
- ◆ Formalise and document the internal procedures for emergency Asthma First Aid.
- ◆ Ensure that an emergency *Asthma First Aid poster* is displayed in key locations.
- ◆ Provide a mobile Asthma First Aid Kit for use at activities outside the Children's Service.
- ◆ Ensure that the First Aid Kit contains a blue reliever puffer (e.g. Airomir, Asmol, Epaq or Ventolin), a spacer device, concise written instructions on Asthma First Aid procedures and 70% alcohol swabs.

## Stage 3

- ◆ Ensure that an Asthma Accredited staff member correctly maintains the asthma component of the First Aid Kit.
- ◆ Ensure that at least one staff member who has completed accredited asthma training (Emergency Asthma Management) is on duty whenever children are being cared for or educated.
- ◆ Ensure that at any one time, at least two staff members hold a current Bronchodilator Accreditation Number (BAN).

## Emergency Treatment of an Asthma Attack

The information in this document has been prepared in accordance with the TSANZ best practice guidelines for emergency asthma care and the Department of Human Services *Children's Services Regulations* (1998). It was correct at the time of publication.  
Prepared January 2000, revised October 2004.

If a child or staff member develops signs of what appears to be an asthma attack, appropriate care must be given immediately. Regardless of whether the attack is mild, moderate or severe, treatment should commence immediately as delay may increase the severity of the attack and ultimately risk the child's life.

- If the child has written instructions on their Asthma Action Plan follow these instructions immediately.
- If no instructions are available then immediately commence the standard 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 4 separate puffs through a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.

Step 3: Wait 4 minutes. If there is no improvement repeat step 2.

Step 4: If still no improvement after a further 4 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 Emergency Asthma Management may access the blue reliever puffer for first aid purposes from the First Aid Kit.

- The parents/guardians of any child who becomes ill at the children's service should be notified, even if the child has a complete recovery from the asthma attack (Regulation 38<sup>1</sup>).
- The treatment given should be recorded in the Accident, Injury and Illness Book (Regulation 18<sup>3</sup>) and/or the Medication Book (Regulation 17<sup>3</sup>).
- It does not matter if a different brand of reliever medication to the child's usual medication is used.
- An overdose cannot be given following the steps outlined. However it is important to note that some children may experience an increased heart rate or tremors but these will pass quickly.

### What if it is the first attack of asthma?

A problem that may be encountered is when a child suddenly collapses, or appears to have difficulty breathing, and is not known to have pre-existing asthma or other health problems. In this situation, the child requires two things – medical attention and access to inhaled reliever medication to make breathing easier. The steps set out below should be followed immediately:

Step 1: Sit the child upright and remain calm to reassure them.

Step 2: Without delay shake a blue reliever puffer (inhaler) and give 4 separate puffs through a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.

Step 3: Wait 4 minutes. If there is no improvement repeat step 2.

Step 4: If still no improvement after a further 4 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.*

## Emergency Treatment of an Asthma Attack

The parents/guardians of any child who becomes ill at the children's service should be notified as soon as possible (Regulation 38<sup>3</sup>).

In an emergency the blue reliever puffer can be accessed from the First Aid Kit by a trained staff member if the service has a BAN or borrowed from another child.

**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 was not due to asthma. Reliever puffers are extremely safe, even if the child does not have asthma.**