



Melbourne University Sport Asthma Policy

Asthma is a chronic health condition affecting approximately 25% of children. It is one of the most common reasons for childhood admission to hospital. While an average of two people die in Victoria each week from asthma, many of these deaths are thought to be preventable.

Community education and correct asthma management will assist to minimise 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, Melbourne University Sport recognises the need to educate its staff and parents/carers about asthma and to promote responsible asthma management strategies.

Aims

This Asthma Policy aims to:

- Raise the awareness of asthma amongst those involved with the Children's Service.
- Provide the necessary strategies to ensure the health and safety of all persons with asthma involved with the Children's Service.
- Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities.
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

The Team Leader and Administration will:

- Ensure that a minimum one staff on duty is trained in Emergency Asthma management
- Provide all staff with a copy of the Asthma Policy and brief them on asthma procedures upon their appointment to the Children's Service.
- Notify parents about the School Holiday Program Asthma Policy upon enrolment, and provide a current Asthma Management Plan and the School Holiday Program Asthma Policy upon request.
- Identify children with asthma during the enrolment process.
- Store Asthma Action Plans in the child's enrolment record.
- Display Asthma Action Plans and ensure that all staff have read and are aware 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

Supervisors and Staff will:

- Ensure that they maintain current accreditation in Emergency Asthma Management (valid for three years). If staff's current accreditation expires, they will book in for the next available course that they are able to attend as soon as possible.
- Ensure that they are aware of the children in their care with asthma.
- Ensure, in consultation with the parent/guardian, the health and safety of each child through supervised management of the child's asthma.
- Identify and, where practicable, minimise asthma triggers.
- Where necessary, modify activities in accordance with a child's needs and abilities.
- Ensure that all prescribed asthma medication is administered in accordance with the information on the child's written Asthma Action Plan.
- Administer emergency asthma medication if required according to the child's written Asthma Action Plan. If no written Asthma Action Plan (in an emergency situation only i.e. where a child has not previously been diagnosed with Asthma) is available the asthma emergency procedures outlined in this document should be followed immediately.
- Ensure that children with asthma are treated the same as all other children.
- 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.
- Ensure the program's spacer device is for single use only. If a child does not bring their own spacer and requires the use of the program's spacer device. The family of that child, must replace the program's spacer within 24 hrs of its use.
- Ensure that an accredited staff member correctly maintains the asthma component of the First Aid Kit.
- Provide a mobile Asthma First Aid Kit for use at activities outside the Education and Care Service.
- 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.

Parents/guardians will:

- Inform Administration Staff upon enrolment, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the Asthma Action Plan.
- Complete a current (dated within 12 months of the programs last day) Asthma Action Plan signed by their doctor is to be given to the service prior to the child attending.
- Ensure parents/guardians complete an asthma minimisation plan upon their child's first day or prior to their child commencing care.
- Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times.

- Ensure that their child has their own spacer device, and if they cannot provide one, and the child uses the programs, ensure they replace it within 24 hrs of its use.
- Communicate all relevant information and concerns to staff as the need arises
- Ensure the health and safety of their child through supervised management of the child's asthma.
- If asthma, anaphylaxis or epilepsy no longer exists, the parent/guardian **must** provide the program with a doctor's letter confirming this. Without this a signed medical plan and relevant medication is required at the program.

Children will:

- Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

EMERGENCY TREATMENT OF AN ASTHMA ATTACK

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.

Children with previously known asthma conditions, but have had a medical letter to state they no longer pertain to the condition: 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 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: Call an ambulance immediately (dial 112) and state clearly that the child is "having an asthma attack." Follow emergency services instructions (to repeat Step 2)

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.

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

In this situation, staff will:

Step 1: Call an ambulance immediately (dial 112) and state that the child is having breathing difficulty.

Step 2: Administer 4 separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.

Step 3: Keep giving 4 separate puffs of a blue reliever puffer every 4 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.

References:

ACECQA National Quality Framework Resource Kit (2012)

_Quality Area 1 – Educational Program and Practice. Standard 1.1 Offences related to required programs.

- Quality Area 2 – Children’s health and safety

Education and Care Services National Regulations (2010).