



PATTERSON LAKES PRIMARY SCHOOL

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OSHC – Asthma and the Child in Care Policy

RATIONALE

To develop an asthma plan to ensure a child in care with asthma receives the required medication in a safe and effective manner.

AIM

To ensure staff and parents/guardians have a clear procedure for the treatment of an asthma attack. To provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities.

IMPLEMENTATION

These procedures apply to program staff.

- If a child suffers from asthma, the parent/guardian is to inform the staff at the centre. These details are recorded on the enrolment form at the commencement of care and on individual asthma action plans.
- If the condition develops after the commencement of care, the parent/guardian must verbally inform the supervisor and staff at the program.
- The parent is to provide the service with the child's medication and spacer in a clearly marked bag to be kept at the service.
- The parent is to complete an 'asthma plan' in conjunction with their doctor on an annual basis. The plan must have the signature of the doctor and the doctor's stamp.
- The plan must include a clear recent photo of the child.
- Staff will ensure parents have access to the Asthma Policy upon enrolment.
- Staff should be aware of children with asthma in their care and have knowledge of their action plan.
- When medication is required, appropriate medication and parent/guardian permission must be provided on each occasion that the child attends care by use of the medication form.
- Parents are required to provide any attachments that assist the child to take their medication, e.g. spacer.
- Emergency asthma first aid procedures must be displayed at the program in a prominent place at all times.
- Staff will ensure that an accredited staff member correctly checks the asthma component of the first aid kit, ensuring that it contains a blue reliever puffer, (e.g. Airomir, Asmol, Epaq or Ventolin), a spacer device, concise written instructions on asthma first aid and 70% alcohol swabs.
- Management will ensure that at least one staff member who has completed asthma management is on duty whenever children are being cared for.
- Management will ensure that at least one staff member holds a current Bronchodilator Accreditation Number (BAN).
- Should an asthma attack occur and the child has an asthma plan, their specific asthma plan is to be followed.
- Should an asthma attack occur and the child does not have an asthma plan, the following must occur.
 - 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."
- **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.
- Any asthma attack should be recorded on the child accident report.
- Any medication administered during an attack should be recorded on the medication form.
- If a child suddenly collapses, or appears to have difficulty breathing, and is not known to have pre-existing asthma, (with no medication or authorisation from parent/guardian to treat asthma), the following must occur.