

Quick Reference Guide SO:03.09.01 Asthma



Policy – Workplace Health and Safety

Area – Service Operations

Document Control	
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Scope

This quick reference guide, when read with the procedure, provides a framework to guide all actions for the C&K Board, C&K staff, C&K Central, C&K branch services, C&K affiliate services*, children, parents, volunteers, contractors and visitors.

This quick reference guide excludes associate members.

*The administration of medication of Salbutamol inhaler (Ventolin) to children who are undiagnosed and experiencing acute asthma for the first time is optional for affiliate services.

The Volunteer Management Committee may wish to seek their own legal or insurance advice and must ratify section 4 of *Procedure – Administration of medication* before educators can implement.

Introduction

Asthma affects more than 1 in 9 children in Australia. This quick reference guide provides educators with direction to respond appropriately to an acute asthma emergency and provide support and care for children diagnosed with asthma.

This quick reference guide must be read and followed in conjunction with *SO: 03.09 Procedure Medical conditions* and *SO: 01.08 Procedure Administration of medication*.

Procedure

1.0 Background

- Asthma is a condition of the airways which affects people of all ages. People with asthma have sensitive airways in their lungs which react to triggers. This makes it harder for them to breathe.
- Three main factors cause the airways to narrow:
 - The inside lining of the airways becomes red and swollen (inflammation),
 - Extra mucus (sticky fluid) may be produced, which can block up airways, and
 - Muscles around the airways squeeze tight. This is called 'bronchoconstriction'.
- Many types of medications are used to manage and control asthma. Asthma medications are separated into three (3) groups - relievers, preventers and symptom controllers.

1.1 Symptoms

Mild / moderate asthma	Acute asthma
<ul style="list-style-type: none"> • Minor difficulty breathing • Able to talk in full sentences • Able to walk/move around • May have cough or wheeze 	<ul style="list-style-type: none"> • Obvious difficulty breathing • Cannot speak a full sentence in one breath • Tugging in of the skin between ribs or at base of neck • May have cough or wheeze • Reliever medication not lasting as long as usual

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	Acute asthma is a potentially life threatening and should always be treated as a medical emergency.
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2.0 Responsibilities - When a child has been diagnosed with Asthma

2.1 Parents / guardians

- Follow SO: 03.09 Procedure Medical conditions and SO: 01.08 Procedure Administration of medication.
- In addition to the items detailed in SO: 01.09 Procedure Medical conditions, the following items must be included in the medical management plan:
 - Actions needed if asthma symptoms become worse.
 - Actions needed during an asthma attack.
 - How a spacer or other equipment are used to administer medication.Asthma medical management plan templates can be accessed via [Asthma Australia's](#) and [National Asthma Council Australia's](#) Websites.
- Provide the service with child's medication (and a spacer if used). The medication must contain ample doses.
- Inform educators if their child has been unwell with asthma symptoms at home.

2.2 Educators / service

- Follow SO: 03.09 Procedure Medical conditions and SO: 01.08 Procedure Administration of medication.
- Provide parent / guardian with a copy of SO: 03.09 Procedure Medical conditions and this quick reference guide.
- Store asthma medication (and spacer if applicable):
 - Out of direct sunlight or heat.
 - Not in the refrigerator.
 - In a location that is inaccessible to children, but easily accessible and known to staff. Storage location must be clearly signed and not locked.
 - With a copy of child's medical management plan.
- All educators are required to hold approved current first aid qualifications, including the emergency management of asthma. It is the responsibility of individual educators to ensure their emergency management of asthma qualification remains current. Educators must undertake annual emergency management of asthma training.
- Display <https://www.asthmaaustralia.org.au/qld/about-asthma/resources>.
- When there are number of children with asthma enrolled at one service, the service Director must discuss and implement a training plan with their C&K Wellbeing and Inclusion Advisor. It may be determined that additional periodic specialist training may be required.
- Ensure all employees (including casuals) students and volunteers are aware of the identities of children with asthma, medical management plans, risk minimising strategies and medication location. This information must be included in the induction of new employees (including casuals), students and volunteers.
- Communicate any concerns regarding the child's asthma to parents / guardians.
- Be aware thunderstorms can trigger acute asthma, and more often when people who have pollen allergies. During a storm, stay inside, with window and doors shut and closely observe children for asthma signs and symptoms.

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3.0 Asthma emergency first aid

- From 1 July 2017, Salbutamol inhaler (Ventolin) medication (and spacer) is kept in case of children (undiagnosed) who experience acute asthma for the first time whilst attending a service.
- Acute asthma is potentially life threatening and should always be treated as a medical emergency. Phone Triple 0 immediately and follow the instructions of the operator.
- Refer to written parent / guardian authorisation register to administer Salbutamol inhaler (Ventolin). When parent / guardian written authorisation has not been provided, advise the Triple 0 operator and follow their instructions.
- In the event of an acute asthma emergency, Salbutamol inhaler (Ventolin) can be administered without the written authorisation (i.e. medication label) of a registered medical practitioner.
- If unhappy with or unsure of the direction provided by the Triple 0 operator, ask to speak to a Clinical Dispatch Supervisor to obtain medical advice.
- If required, implement [SO01.40 Procedure Medical emergency](#) when supporting and communicating with children, families and team members after a medical emergency.

Acute Asthma Emergency	
<p>Call 000 immediately if →</p> <p>Request an ambulance and follow the instructions of Triple 0 operator.</p> <p>If child has been previously diagnosed, refer to child’s medical management plan.</p>	<ul style="list-style-type: none"> • The child is not breathing • Symptoms are becoming worse or not improving • If unsure it is asthma
<p>Sit the person upright →</p>	<ul style="list-style-type: none"> • Be calm and reassuring • Do not leave child alone
<p>Administer Salbutamol inhaler (Ventolin) →</p> <p>When parent / guardian written authorisation has not been provided to administer Salbutamol inhaler (Ventolin), advise the Triple 0 operator and follow their instructions.</p>	<ul style="list-style-type: none"> • Without delay administer 4 separate puffs of Salbutamol inhaler via spacer <ul style="list-style-type: none"> ○ Shake puffer ○ Put one puff in spacer - ask child to take 4 breaths from spacer ○ Repeat until 4 puffs have been given • Wait 4 minutes. If little or no improvement administer another 4 puffs
<p>If no or little improvement →</p>	<ul style="list-style-type: none"> • Continue to administer 4 puffs every 4 minutes until ambulance arrives • Commence CPR at any time if child is unresponsive and not breathing

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Revision Record

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