

<b>Policy title</b>	2.2 Asthma Management
<b>Policy type</b>	Management
<b>Group</b>	Family and Children

## Rationale

Asthma is a chronic health condition. It is one of the most common reasons for childhood admission to hospital. Asthma management should be viewed as a shared responsibility. Asthma is defined as:

- airway sensitivity and inflammation
- narrowing of the air tubes in the lungs through muscle contraction, inflammation and production of excess mucus
- treatable and reversible
- often the cause is unknown

While Moonee Valley City Council recognises its duty of care towards children with asthma during their time in care and education, the responsibility for ongoing asthma management rests with the child's family and their registered medical practitioner.

The purpose of this Policy is to ensure appropriate management plans are in place for children with asthma who are enrolled at a Council education and care service.

## Policy statement

Moonee Valley City Council is committed to:

- providing an environment in which children with asthma can participate in all activities to their full capacity
- educating staff/educators/contractors and parents/ guardians about asthma, risk management practices and minimisation strategies for children with asthma
- ensuring all staff members, students and volunteers have adequate knowledge of the Dealing with Serious Medical Conditions Policy (2.1), Administration of First Aid Policy (2.7) and Administration of Medication Policy (2.8), and associated procedures

<b>Group</b>	<b>Responsible Manager</b>	<b>Document</b>	<b>Document No</b>	<b>Approval Date</b>	<b>Review Date</b>
Family and Children's Service	Michele Leonard	2.2 Asthma Management Procedure	17/150870	August 2017	August 2019

<b>Procedure</b>	2.2 Asthma Management Procedure
<b>Policy type</b>	Management
<b>Group</b>	Family and Children

<b>Action</b>	<b>Approved provider</b>	<b>Responsible Person or Primary Nominee</b>	<b>Educators/contractors</b>	<b>Families</b>	<b>Education and Care Services National Regulations 2011</b>	<b>Education and Care Services National Law Act 2010</b>	<b>Children's Services Regulations 2009 &amp; Children's Services Act 1996</b>
All parents/guardians are asked, as part of the enrolment procedure and prior to the child's attendance at a service, whether the child has asthma and that this information is documented on the child's enrolment record.	✓	✓	✓	✓	r.158 r.161 r.162	s.175	r.28 r.31 r.33 r.34 r.35 r.83 s.29B s.32B
A copy of this Policy and Procedures is provided to parents/guardians of a child with asthma.	✓	✓	✓	✓	r.171 r.91		r.41 r.42
Parents/guardians are requested to provide an Asthma Action Plan stamped, dated and signed by a registered medical practitioner, and complete the Long-term Medication Form. A copy of the Asthma Action Plan is kept with the child's enrolment records and is visible to all staff/educators.	✓	✓	✓	✓	r.90 r.91 r.158 r.161 r.162	s.167 s.175	r.34 s.26
A risk minimisation plan is completed, including strategies to address the particular needs of each child, and whether the plan has been implemented.	✓	✓	✓	✓	r.90	s.167 s.175	r.34 s.26

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Action	Approved provider	Responsible Person or Primary Nominee	Educators/contractors	Families	Education and Care Services National Regulations 2011	Education and Care Services National Law Act 2010	Children's Services Regulations 2009 & Children's Services Act 1996
All permanent and relief staff, students and volunteers can identify children in the service with asthma, locate the individual child's respective Asthma Action Plan and prescribed medication.	✓	✓	✓	✓	r.90	s.167	r.34 s.26
No child, who has been prescribed medicine(s) by a registered medical practitioner for treatment of a child's medical condition, is permitted to attend a service without that prescribed medicine, which must also be within its expiry date.	✓	✓	✓	✓	r.90	s.167	s.26 s.29B
The expiry date of medication stored at a service is checked every three months, and families are advised of medication nearing expiry. If the expiration date is June 2017, staff will advise families in May 2017.	✓	✓	✓	✓	r.90	s.167	r.34 s.26 s.29A
If a child has an asthma attack, a staff member/educator/contractor is to carry out the emergency treatment plan outlined by the parent/guardian and their registered medical practitioner on their Asthma Action Plan.	✓	✓	✓	✓	r.85 r.86 r.87 r.90 r.92 r.93 r.94 r.95 r.98	s.167 s.165 s.169	r.34 r.50 r.53 r.86 s.26 s.27 s.29A s.29B

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If at any time a child's condition suddenly deteriorates and doesn't improve with medication, a staff member/educator/contractor will immediately ring 000 for an ambulance and state that the child is having an asthma attack.	✓	✓	✓		r.85 r.86 r.87 r.90 r.92 r.93 r.94 r.95 r.98	s.167 s.169	r.34 r.50 r.53 r.86 s.26 s.27 s.29A
An asthma attack and any medication administered are recorded in accordance with this Policy and Procedures; the Incident, Injury, Trauma and Illness Policy (2.6) and Procedures; and the Administration of Medication Policy (2.8) and Procedures.	✓	✓	✓		r.85 r.86 r.87 r.90 r.92 r.93 r.94 r.95 r.98	s.167	r.34 r.50 r.53 r.90 r.91 s.26 s.27 s.29A
When medical treatment has been given according to a child's Asthma Action Plan, the child's parent/guardian is notified. In the case of emergency, the parent/guardian or emergency contact is contacted as soon as possible.	✓	✓	✓	✓	r.90	s.167	r.34 r.50 r.53 s.26 s.27 s.29A s.29B
Service staff are notified on enrolment or on diagnosis that the child has asthma.	✓	✓	✓	✓	r.90	s.167	s.26
An Asthma Action Plan, developed in consultation with a registered medical practitioner is provided to the Responsible Person. It must include what actions to take in a medical	✓	✓	✓		r.90 r.158 r.162	s.167 s.175	r.34 r.83 s.26 s.29B

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event and written permission to implement the action plan if required, and be signed, dated and stamped by the registered medical practitioner.							
Unexpired prescribed medication is required to be kept at the service for the duration of the child's enrolment.	✓	✓	✓	✓	r.90	s.167	s.26
The family comply with this Policy and Procedures, and communicate any relevant information to the Responsible Person or Primary Nominee relating to the health of the child.	✓	✓	✓	✓	r.170 r.171	s.167	s.26
Allocate adequate funds within the budget for training in asthma management for all staff/educators/contractors responsible for the education and care of child.	✓	✓			r.136	s.167	s.26
During the enrolment process ask parents/guardians to notify the service of a child who has been diagnosed with asthma by including this information on the Enrolment Form.	✓	✓	✓	✓	r.158 r.162	s.167	r.34 s.26 s.29B
Provide a copy of the Asthma Management Policy and Procedures to the child's parent/guardian.	✓	✓	✓	✓	r.91 r.171 r.172	s.167	r.42 s.26

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Ensure parents/guardians provide an Asthma Action Plan that is signed, dated and stamped by the family's registered medical practitioner.	✓	✓	✓	✓	r.158 r.162	s.167 s.175	r.34 s.26 s.29B
Display a child's Asthma Action Plan in a location that is visible to staff, educators/contractors, students and volunteers, and keep a copy of the plan with the child's enrolment record.	✓	✓	✓		r.90	s.167	r.34 s.26
Display an emergency Kids' First Aid for Asthma poster in key service locations.	✓	✓	✓		r.90	s.167	s.26
Ensure that the first aid kit contains a blue/grey reliever medication (eg. Airomir, Asmol or Ventolin), a spacer device, a face mask, concise written instructions on asthma first aid procedures, and 70 per cent alcohol swabs to use in the event of emergencies to sterilise the spacer device when more than one child requires blue/grey reliever medication.	✓	✓	✓		r.90	s.167	r.84 s.26
Provide a mobile asthma first aid kit for use at activities outside the service.	✓	✓	✓		r.90	s.167	r.84 s.26
Provide opportunities for staff and parents/guardians to attend asthma training, as available.	✓	✓	✓	✓	r.90 r.136	s.167	s.26 s.29A

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Communicate to parents/guardians when asthma medication is nearing expiry via email four weeks prior to expiry.	✓	✓	✓		r.90	s.167	r.50 r.53 s.26
Ensure compliance with this Policy and Procedures.	✓	✓	✓		r.170	s.167	s.26
Parents to inform the Responsible Person, either upon enrolment or on subsequent diagnosis, that the child has asthma.		✓	✓	✓	r.90	s.167	r.34 s.26
Complete an Asthma Action Plan (see link under the 'Resources and useful websites' section for a template from Asthma Victoria), and have it signed, dated and stamped by the child's registered medical practitioner. The plan must be printed in colour and completed prior to the child starting at the service. The plan is to be reviewed every 12 months and any changes confirmed by their child's registered medical practitioner.	✓	✓	✓	✓	r.90 r.158 r.162	s.167 s.175	r.34 s.26
Complete a Communication Plan.	✓	✓	✓	✓	r.90	s.167 s.175	r.34 r.50 r.53 s.26
Complete the Long-term Medication Form for ongoing scheduled administration of asthma medication.	✓	✓	✓	✓	r.90	s.167 s.175	r.34 r.50 r.53 s.26 s.29B

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Complete the Risk Minimisation Plan in consultation with the service's Responsible Person or Primary Nominee and on the basis of information provided by the child's medical practitioner.	✓	✓	✓	✓	r.90	s.167 s.175	r.34 r.50 r.53 s.26
Notify the Responsible Person in writing, of any changes to the asthma action plan.	✓	✓	✓	✓	r.90	s.167 s.175	r.34 s.26
Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times. Each child requires their own asthma medication.	✓	✓	✓	✓	r.90	s.167	s.26 s.29A
Provide the service with a clearly labelled blue reliever puffer (eg. Airomir, Asmol, Epaq or Ventolin) and a clearly labelled spacer device including the child's full name and date of birth. Each child requires their own asthma spacer.	✓	✓	✓	✓	r.90	s.167	s.26
Store the child's reliever puffer and spacer device in a specified 'Emergency Medication' bag, which will be located in a place that is inaccessible to child.	✓	✓	✓		r.90	s.167	r.50 r.53 s.26 s.29A s.29B
The medication and spacer must remain at the service throughout the child's enrolment period.	✓	✓	✓		r.90	s.167	s.26

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Communicate all relevant information and concerns to the Responsible Person or Primary Nominee as the need arises, e.g. if asthma symptoms were present last night.	✓	✓	✓	✓	r.90	s.167	s.26
Consult with the service staff in ensuring the health and safety of the child through supervised management of their child's asthma.	✓	✓	✓	✓	r.90	s.167 s.169	s.26
Comply with this Policy and Procedures and Policy 2.1 Dealing with Serious Medical Conditions that states no child is permitted to attend a children's service or program without the child's prescribed medicine, which must be within its expiry date.	✓	✓	✓	✓	r.170	s.167	r.50 r.53 s.26 s.29A
Where treatment has been administered from a service's first aid kit for a child whose asthma has not been previously recognised, the parent/guardian will need to purchase a replacement spacer for the service.	✓	✓	✓	✓	r.90 r.136	s.167	r.50 r.53 r.84 r.90 r.91 s.26

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The following table outlines the signs and symptoms of asthma from a mild to severe attack:

<b>Severity assessment in child:</b>		
<b>Mild attack</b>	<b>Moderate attack</b>	<b>Severe attack</b>
Cough, soft wheeze	Persistent cough or loud wheeze	May be distressed or gasping for breath
Feeling of breathlessness or tight chest	Cannot run around without obvious wheezing or coughing	Too breathless to talk or feed
Plays happily	Sleep may be restless or disturbed	Unwilling to play
Feeds well	Feeling of breathlessness or tight chest	Wheeze may not be present
Sleep is undisturbed	Persistent cough or loud wheeze	May be pale, sweaty or have blue lips
Cough, soft wheeze		Too restless to sleep

### **Notification of serious incident**

If a child attends a registered medical practitioner or hospital, the incident must be reported to the Victorian Department of Education and Training within 24 hours, and a full report made on the ACECQA Form SI01 Notification of Serious Incident within 48 hours.

- staff/educators will be aware of children with asthma in the service and have knowledge of the symptoms, triggers and treatment procedures for each child
- encourage open communication between parents/guardians and staff/educators regarding the status and impact of a child's asthma
- ensure that children with asthma are given the same opportunities as other children in the program
- identify and, where practicable, minimise asthma triggers
- promptly communicate any concerns to parent/guardian or management should it be considered that a child's asthma is limiting his/her ability to participate fully in the program
- only administer prescribed asthma medication in accordance with the information on the child's asthma action plan and Policy 2.8 Administration of Medication
- ensure child's asthma medication is accessible at all times and is taken on excursions
- staff manage their own asthma effectively

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### **Emergency asthma management process**

If a child 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.

**Step 1. Sit the person upright**

- Be calm and reassuring
- Do not leave them alone

**Step 2. Give 4 puffs of blue reliever puffer medication**

- Use a spacer to deliver the puffer medication
- Shake the blue reliever puffer
- Put 1 puff into the spacer
- Take 4 breaths from the spacer

**Repeat Step 2 until 4 puffs have been taken**

**Step 3. Wait 4 minutes**

- If there is no improvement, give 4 more puffs as above

**Step 4. If there is still no improvement call emergency assistance (dial 000)**

- Tell the operator the person is having an asthma attack

If written instructions for treatment of an asthma attack are listed on a child's Asthma Action Plan, follow these instructions immediately. If no instructions are available then immediately commence the standard asthma first aid steps detailed below.

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**First or unknown Asthma attack**

If a child suddenly collapses, develops or complains of difficulty in breathing and/or has an incessant cough or wheeze, appropriate care must be given immediately **whether or not** the child is known to have asthma:

- **Call an ambulance immediately (dial 000) and state that the child is having breathing difficulty.**
- **Staff/educator to follow steps 1 to 3 in the above box and keep giving 4 puffs every 4 minutes until emergency assistance arrives.**

**Note: Only staff members/educators/contractors who have completed a course in emergency asthma management may access the blue/grey reliever medication for first aid purposes from the first aid kit. The treatment given should be recorded in the Incident, Injury, Trauma and Illness Record and/or the Medication Record.**

- **The parent/guardian/guardians of any child who becomes ill at the service are to be notified as soon as possible, even if the child has a complete recovery from the asthma attack.**

This treatment could be life saving for a child whose asthma has not been previously recognised or diagnosed.

Asthma Australia advises that giving blue/grey reliever medication to someone who doesn't have asthma is unlikely to harm them. An overdose cannot be given following the steps outlined in the Asthma First Aid Plan on page 7. However, it is important to note that some children may experience an increased heart rate or tremors and that these will pass quickly.

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### **Link to Council policies**

This Policy and Procedures have been informed by Council's Excellence in Governance, Information Privacy, Risk Management, and Occupational Health and Safety: Emergency and Response policies and procedures.

### **Resources and useful websites**

This Policy and Procedures are aligned to National Quality Standard.

<http://acecqa.gov.au/national-quality-framework/the-national-quality-standard>

Asthma Australia (provides an Asthma Action Plan template on their website) — [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)

The Asthma Foundation of Victoria — [www.asthma.org.au](http://www.asthma.org.au)  
<https://www.asthmaaustralia.org.au/vic/about-asthma/resources>

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### **Schedule 1: Questions to consider when developing the Risk Minimisation Plan**

- What is the process for completing and implementing risk minimisation plans?
- What are the known asthma triggers for individual children? (Is information provided on their Asthma Action Plan?)
- What are potential asthma triggers?
- What source(s) of exposure or trigger could have the potential to trigger asthma attacks?
- Does the child have any other health conditions, such as allergies or history of anaphylaxis?
- Do you have a Risk Minimisation Plan for each health condition?
- Do plants around the service attract bees, wasps or ants?
- Have you considered planting a low-allergen garden?
- Have you considered where food and drink consumption and disposal of waste items is occurring (including food and drink consumed by all staff, students and visitors)?
- Could traces of food allergens be present on craft materials used by the child (eg. egg cartons, cereal boxes, milk cartons)?
- Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the service when children are present?
- Do your staff use heavy perfumes or spray aerosol deodorants while at work?
- Are you in a bushfire-prone area where controlled burning may occur?
- What special activities do you have planned that may introduce children to asthma triggers?
- Do all children with asthma attend with their blue/grey reliever puffer and a spacer?
- Do you have one member of staff on duty at all times who has current and approved emergency asthma management training?
- Who else needs training in the use of asthma emergency equipment?
- where are the asthma emergency kits kept
- Do you have a second asthma emergency kit for excursions?
- Do all staff, students and visitors to the service know where asthma emergency kits are kept?
- Who is responsible for the contents of asthma emergency kits, checking reliever medication expiry dates, and replacing spacers and face masks as needed?
- What happens if a child's reliever medication and spacer are not brought to the service?
- Does the bullying policy include health-related bullying?
- Is there age-appropriate asthma education for children at the service and are children actively encouraged to seek help if they feel unwell?

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- Where are children's Asthma Action Plans and Risk Minimisation Plans kept and displayed?

Child's Medical Condition: Asthma			Date Diagnosed:	
Parent's/Guardian's Name:			Preferred Contact Number:	
What information are we communicating?	How will we communicate?	When we will communicate?	Who is responsible?	Date Completed & Signature
Where the child's Asthma Action Plan, medication, medication records are located	Parent induction, Staff meetings and induction sessions	Before the child attends the Service and during induction of staff, relievers, students, volunteers	Responsible Person	
Any changes to the child's Asthma Action Plan	In writing	As soon as possible after sign-off from Family's registered medical practitioner	Parent/Guardian	
All relevant information and concerns (i.e. if asthma symptoms were present last night)	Verbally/by telephone	As soon as practicable, but no later than 24 hours after condition became apparent	Parent/Guardian and Educator	
	Documented in Accident, Injury, Trauma and Illness Record Book	As soon as notified	Responsible Person/Educator	
Asthma First Aid poster in key Service locations	Poster displayed next to medication bag	At all times	Responsible Person	
Medical Emergency Action Plan and Ambulance Card '000'	Plan displayed on noticeboard above Service phone	At all times and when inducting relievers, students, volunteers	Responsible Person	
Procedure for excursions: • Child's Asthma Action Plan, medication, and mobile first aid kit to be taken	<ul style="list-style-type: none"> <li>• Formal meeting</li> <li>• Parent/Guardian's preferred emergency contact number</li> <li>• Contact number of registered medical practitioner</li> </ul>	Prior to excursion	Educator	
Prescribed medication reaching expiry date	Verbally and in writing	As soon as practicable after quarterly check of medicines	Responsible Person/Educator	
Risk Minimisation Plan review due	Verbally and in writing	Annual review during first week of attendance	Responsible Person/Educator	

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## Risk Minimisation Plan

This plan is to be completed by the Responsible Person or Primary Nominee in consultation with the parent/ guardian on the basis of information provided by the child's medical practitioner.

Child's name:		
Date of birth:	Group:	
Asthma Action Plan provided by parent/guardian (please circle): YES / NO		
Asthma triggers:		
Medication at the service:		
Parent/guardian contact:	Parent/guardian information (1)	Parent/guardian information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Address:	Address:
Other emergency contacts (if parent/guardian not available):		
Medical practitioner contact:		
Emergency care to be provided at service:		
Medication storage:		
The following Asthma Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on _____.		
Signature of Parent/guardian:		Date:
Signature of Responsible Person or Primary Nominee:		Date:

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**Strategies to avoid asthma triggers**

Child's name:			
Date of birth:		Group:	
Predominant asthma triggers:			
Other asthma triggers:			
Risk	Strategy	Who is responsible?	Date

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## Schedule 2

# Kids' First Aid for Asthma

**1** **Sit the child upright.**  
Stay calm and reassure the child.  
Don't leave the child alone.

**2** **Give 4 separate puffs of a reliever inhaler – blue/grey puffer** (e.g. Ventolin, Asmol or Ailomir)  
Use a spacer, if available.  
Give one puff at a time with 4–6 breaths after each puff.  
Use the child's own reliever inhaler if available.  
If not, use first aid kit reliever inhaler or borrow one.

**3** **Wait 4 minutes.**  
If the child still cannot breathe normally, **give 4 more puffs.**  
Give one puff at a time (Use a spacer, if available).

**4** If the child still cannot breathe normally,  
**CALL AN AMBULANCE IMMEDIATELY (DIAL 000)**  
Say that a child is having an asthma attack.  
**Keep giving reliever.**  
Give 4 separate puffs every 4 minutes until the ambulance arrives.


**OR**

Give 2 separate doses of a Bricanyl inhaler  
If a puffer is not available, you can use Bricanyl for children aged 6 years and over, even if the child does not normally use this.

Wait 4 minutes.  
If the child still cannot breathe normally, **give 1 more dose.**


If child still cannot breathe normally,  
**CALL AN AMBULANCE IMMEDIATELY (DIAL 000)**  
Say that a child is having an asthma attack.  
**Keep giving reliever**  
Give one dose every 4 minutes until the ambulance arrives.

**WITH SPACER**  
Use spacer if available\*




- Assemble spacer (attach mask if under 4)
- Remove puffer cap and shake well
- Insert puffer upright into spacer
- Place mouthpiece between child's teeth and seal lips around it OR place mask over child's mouth and nose forming a good seal
- Press once firmly on puffer to fire one puff into spacer
- Child takes 4–6 breaths in and out of spacer
- Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- Replace cap

**WITHOUT SPACER**  
Kids over 7 if no spacer



- Remove cap and shake well
- Get child to breathe out away from puffer
- Place mouthpiece between child's teeth and seal lips around it
- Ask child to take slow deep breath
- Press once firmly on puffer while child breathes in
- Get child to hold breath for at least 4 seconds, then breathe out slowly away from puffer
- Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- Replace cap

**BRICANYL**  
For children 6 and over only



- Unscrew cover and remove
- Hold inhaler upright and twist grip around then back
- Get child to breathe out away from inhaler
- Place mouthpiece between child's teeth and seal lips around it
- Ask child to take a big strong breath in
- Ask child to breathe out slowly away from inhaler
- Repeat to take a second dose – remember to twist the grip both ways to reload before each dose
- Replace cover

**Not Sure if it's Asthma?**  
**CALL AMBULANCE IMMEDIATELY (DIAL 000)**  
If the child stays conscious and their main problem seems to be breathing, follow the asthma first aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have asthma.

**Severe Allergic Reactions**  
**CALL AMBULANCE IMMEDIATELY (DIAL 000)**  
Follow the child's Action Plan for Anaphylaxis if available. If you know that the child has severe allergies and seems to be having a severe allergic reaction, use their adrenaline autoinjector (e.g. EpiPen, Anapen) before giving asthma reliever medicine.

For more information on asthma visit: Asthma Foundations [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au) National Asthma Council Australia [www.nationalasthma.org.au](http://www.nationalasthma.org.au)  
If an adult is having an asthma attack, you can follow the above steps until you are able to seek medical advice.  
Although all care has been taken, this chart is a general guide only which is not intended to be a substitute for individual medical advice/treatment. The National Asthma Council Australia expressly disclaims all responsibility (including for negligence) for any loss, damage or personal injury resulting from reliance on the information contained. © National Asthma Council Australia 2011.

Group	Responsible Manager	Document	Document No	Approval Date	Review Date
Family and Children's Service	Michele Leonard	2.2 Asthma Management Procedure	17/150870	August 2017	August 2019