Out of School Hours Care

ASTHMA MANAGEMENT GUIDELINES
2013
Introduction

Outside School Hours Care (OSHC) is a unique play and leisure environment for school age children catering predominantly for 5-12 year olds. At this age children are beginning to take increasing responsibility for their health and wellbeing and management of their asthma is often one of those responsibilities. With one in ten children affected by asthma, staff skilled in supporting children to manage their asthma and emergency procedures for management of asthma is as essential as a first aid certificate for all staff.

These guidelines cater for the unique environment provided for children in the school age care and have been developed using sector expertise as well as the expertise of asthma experts. The “Asthma Aware” project is the culmination of many years of ongoing collaboration between Network of Community Activities and Sydney Children’s Hospitals Network - Randwick & Westmead.

The care and wellbeing of children is a priority in all school age care services. Quality school age care services will view the implementation of the appropriate asthma management guidelines and promotion of “Asthma Aware” service provision as a core component of ensuring a safe and healthy environment for all children.

Thank you for taking the time to make your service “Asthma Aware”.

Robyn Monro Miller
Chief Executive Officer
Network of Community Activities
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<td>OSHC</td>
<td>Out of School Hours Care</td>
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<tr>
<td>ACECQA</td>
<td>Australian Children’s Education and Care Quality Authority</td>
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<td>NAC</td>
<td>National Asthma Council Australia</td>
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Generic terms used in this document

<table>
<thead>
<tr>
<th>Term</th>
<th>Refers to and includes:</th>
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<tbody>
<tr>
<td>Parent</td>
<td>parent, carer, guardian</td>
</tr>
<tr>
<td>National Regulations</td>
<td>Education and Care Services National Regulations 2011</td>
</tr>
<tr>
<td>Nationally Recognised Asthma First Aid</td>
<td>Standard 4 step asthma first aid plan endorsed by National Asthma Council Australia and Asthma Foundations of Australia. Usually in chart format eg. Kids’ First Aid for Asthma, 4 x 4 x 4 Asthma First Aid Plan</td>
</tr>
<tr>
<td>Puffer</td>
<td>Metered Dose Inhaler (MDI)</td>
</tr>
<tr>
<td>Asthma Management Plan</td>
<td>Medical Management Plan, Asthma Action Plan</td>
</tr>
<tr>
<td>OSHC Service</td>
<td>All services catering for children outside of normal school hours eg. Out of School Hours Care (OSHC), Out Of School Hours (OOSH), Before and After School Care (BASC), Vacation Care</td>
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</tbody>
</table>

References

National Health & Medical Research Council “Australian Guidelines for the Prevention and Control of Infection in Healthcare 2010”.
Education and Care Services National Regulations, 2011.
National Asthma Council Australia: www.nationalasthma.org.au
National Asthma Council Australia (2011) Kids’ First Aid for Asthma

Acknowledgments

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Consultant in Respiratory Medicine & Head of Respiratory Department Sydney Children's Hospital, Randwick NSW.

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What is asthma?
Asthma is a breathing problem that affects many children in Australia. It can be managed effectively but there is no known cure. Children with asthma have sensitive or “twitchy” airways in their lungs. When exposed to certain trigger factors, these sensitive airways react causing them to narrow inside. This narrowing is due to inflammation and swelling inside the airways, tightening of the muscles around the airways, and an increased production of mucous (phlegm).

**Airways in the lungs**

Airways when asthma is well-controlled

- Relaxed muscle
- Mucosa (lining)
- Airway wide open

Airways during an asthma attack

- Muscle tightening
- Swollen mucosa
- Mucus (phlegm)
- Airway narrowed

**Common asthma symptoms include:**
- shortness of breath
- wheezing
- coughing
- tightness in the chest

(Adapted version of Airway illustration, Prince of Wales Hospital Dept Respiratory Medicine)

**Key facts about childhood asthma**

- First attack can occur at any age and without warning
- Can be triggered by a number of factors
- Requires regular medical review as a child’s frequency of asthma symptoms and severity often change during the childhood years
- Approximately 70% of children become symptom free by the time they reach adulthood.
Assessing the Severity of an Asthma Attack

When an asthma attack occurs it is important for staff to be able to recognise the symptoms and assess the severity. Below is a list of asthma symptoms for mild, moderate, and severe attacks.

<table>
<thead>
<tr>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mild difficulty in breathing.</td>
<td>• Obvious difficulty in breathing.</td>
<td>• Great difficulty in breathing with short, quick breaths</td>
</tr>
<tr>
<td>• Child feels like it is more difficult to breathe and may have faster breathing.</td>
<td>• A young child will be using stomach muscles to breathe, with the stomach moving in and out – they may complain of a “sore tummy”.</td>
<td>• “Sucking in” at the throat and chest</td>
</tr>
<tr>
<td></td>
<td>• An older child’s chest will be rising and falling fast, and they may complain of chest tightness.</td>
<td>• Very distressed and anxious</td>
</tr>
<tr>
<td></td>
<td>• For both young and older child you may see sucking in between the ribs</td>
<td>• Pale and sweaty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May have blue lips</td>
</tr>
<tr>
<td>• Soft wheeze</td>
<td>• Loud wheeze</td>
<td>• Often no wheeze</td>
</tr>
<tr>
<td>• (whistling noise when child breathes out)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Intermittent dry cough</td>
<td>• Persistent cough</td>
<td>• Persistent cough</td>
</tr>
<tr>
<td>• No difficulty speaking in sentences</td>
<td>• Speaks in short sentences only</td>
<td>• Speaks no more than a few words in one breath</td>
</tr>
</tbody>
</table>

Always call an ambulance for a severe attack

No matter what the severity of the asthma attack, staff need to respond quickly by following the child’s individual asthma management plan, or in the absence of this, Nationally Recognised Asthma First Aid eg. The National Asthma Council Australia “Kids’ First Aid for Asthma”. Refer to Appendix No. 1

Asthma symptoms can worsen within minutes if not treated immediately.

Mild Pattern of Asthma Vs Mild Asthma Attack – what’s the difference?

Some children may have very infrequent asthma attacks and parents may refer to this as their child having “mild asthma”. However they may still have a severe asthma attack. It is important to ask parents for all relevant information on their child’s asthma.
Asthma Triggers

An asthma attack can be triggered by a number of factors. The most common triggers in children are colds/flu, and exercise. Other common triggers include changes in weather, and exposure to pollens, dust, house dust mites, pets, moulds, and environmental tobacco smoke. Children with asthma often have more than one trigger factor, but it is important to understand that asthma triggers may not be the same for each child. Avoiding or minimising exposure to known asthma triggers of individual children with asthma is the desired aim. Parents are to be encouraged to document any known asthma triggers for their child and communicate this to the staff.

Exercise and play is a common asthma trigger relevant to OSHC services

Exercise that triggers an asthma attack, with symptoms occurring either during the exercise or some time after the exercise has finished, is known as exercise induced asthma (EIA). When exercising or playing, children breathe more quickly and often breathe through their mouth. This results in breathing air that remains cool and dry, causing a loss of moisture from the airways, and leading to the development of asthma symptoms. Exercise and play is important for normal growth and development and should be encouraged. However, when it triggers asthma symptoms, it may be a reason why some children avoid participating. Simple steps can be taken to manage exercise induced asthma or wheezing during vigorous play.

Strategies for managing exercise induced asthma

- Begin exercise and play with warm up exercises and finish with cool down exercises.
- Check the asthma records of children with asthma to determine if the parent / carer has provided instructions for extra steps to be taken. For example, administration of reliever medication 5 – 10 minutes prior to commencement of exercise may be helpful.
- Ensure children with asthma have access to their reliever medication if needed.
- Always have an asthma first aid kit available where the exercise is occurring.

Recommendations for when to avoid exercise for children affected by exercise induced asthma:

- when air quality is poor and the exercise or play is occurring outdoors
- if the child is unwell with cold/flu symptoms
- if the child already has asthma symptoms

For more information on asthma triggers go to:
Medications used in asthma first aid

As asthma symptoms can worsen quickly, within minutes, it is important that asthma first aid is implemented for all asthma attacks – mild, moderate, or severe. Knowing the appropriate medication to use, being able to identify this medication easily, and having the knowledge and skills to administer it correctly is essential in asthma first aid management.

There are many different medications used in the management of asthma.

Reliever Medication that is breathed directly into the lungs is the medication used in Asthma First Aid.

Reliever medication

Salbutamol (Ventolin, Asmol, Airomir) & Terbutaline (Bricanyl)

Reliever medication works quickly by relaxing tight muscles to open the airway making it easier to breathe. It can be a life saving medication, therefore a child’s own reliever medication should be accessible to them at all times. In addition, it is essential that staff have access to asthma first aid kits, containing a reliever medication puffer.

Refer to Appendix 2 for asthma first aid kit information.

- Identifiable by the blue, or blue and grey coloured plastic holder
- Works within minutes and usually effective for up to 4 hours
- Used in Asthma First Aid for mild, moderate, and severe asthma symptoms
- May also be used before exercise or play

Ventolin, Asmol, Airomir (Salbutamol) is available in a puffer to be used with a spacer device.

Bricanyl (Terbutaline) comes in a turbuhaler and is taken differently to a puffer and spacer device. Most children under 7 years of age cannot successfully use a turbuhaler device correctly.

Refer to Appendix No. 3 for correct use of a puffer & spacer device, and a turbuhaler device.

Does Reliever Medication Expire?

Yes. All medications expire – the expiry date for a reliever puffer can be found on the side of the canister, which fits inside the plastic holder. If the reliever medication has expired it can still be used for asthma first aid purposes, however, it may not be as effective as reliever puffer medication that has not expired, and should be replaced as soon as possible.

Note: Reliever medication may cause some children to experience palpitations (fast heart rate), shaky hands, hyperactivity, and excitability after taking reliever medication. These side effects can vary between children and subside without any harmful effects. Reliever medication should not be withheld because of these side effects.
Other Asthma Medications

Some children who have more frequent or troublesome asthma symptoms may require asthma medications on a regular or daily basis to help keep their asthma under control. These medications will belong to either the Preventer or Combination Medication group.

Although these medications would normally be taken at home there may be times when children will need to take them whilst attending the OSHC service i.e. on overnight excursions. Older children would normally administer these medications themselves, whereas a younger child may need assistance. As these medications are only available on prescription, it is important to obtain written authority and detailed instructions from the child's parent of how much medication to give and when to give it.

Preventer Medication

Non-steroid medication – e.g. Intal Forte, Singulair.
Steroid-based medication – e.g. Flixotide, Alvesco, Pulmicort, Qvar
- Identifiable by the autumn coloured canister - yellow, brown, burgundy, orange
- Prevent the likelihood of asthma symptoms and reduce the risk of an asthma attack by decreasing the inflammation (swelling) and making the airways less sensitive to trigger factors.
- To be effective, they need to be taken every day, even when symptoms are not present.
- Not every child needs to use them

THEY DO NOT WORK IMMEDIATELY – ARE NOT USED IN ASTHMA FIRST AID

Singulair is a chewable tablet taken orally once a day – usually at night.

Combination Medications

Seretide and *Symbicort

Combination Medications combine a steroid based preventer with a symptom controller (long acting reliever) and work in a similar way to preventer medications.

*Symbicort, although not belonging to the reliever group of medications, is an asthma medication that contains quick acting reliever medication. Therefore, it may be prescribed for some children (usually aged 12 years or over) for both symptom relief and the daily management of asthma in accordance with the Symbicort Maintenance And Reliever Therapy (SMART) plan. It is important that clear written instructions for using Symbicort be provided by the child's parent on advice from the child’s Doctor.

*Symbicort medication comes in a turbuhaler device.

For younger children, these medications (with the exception of Singulair) will be taken via a puffer and spacer device. However older children (generally over 7 years), may use alternative devices to take their medications. Refer to Appendix No. 4 for correct use of alternative asthma medication delivery devices.

A child should always rinse their mouth out after taking a steroid based medication.

For more information on asthma medications go to:
Spacer Devices

The most common way to take asthma medication is by breathing it directly into the lungs. During an asthma attack, the best way a child can breathe in the medication is by using a puffer with a spacer device. A spacer device helps children use their puffers more effectively as it does not require coordination of breathing when the medication is released from the puffer, nor does it require deep breaths.

It is highly recommended that all children who require a puffer use it with a spacer device as this will allow more medication to be delivered directly to the airways in the lungs.

It is important that OSHC staff has access to a spacer device, in particular for use during provision of asthma first aid, and have training in the technique for using it correctly.

Spacers come in 2 sizes – small volume and large volume. Either size is appropriate to use for children who attend the OSHC service.

Refer to Appendix No. 3 for instructions on correct technique for using a puffer with a spacer device.

Examples of common brands of spacer devices

<table>
<thead>
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<th>Small Volume Spacers</th>
<th>Large Volume Spacers</th>
<th>Short Term Use Spacers</th>
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<tbody>
<tr>
<td>Breath-a-tech</td>
<td>Volumatic</td>
<td>LiteAire</td>
</tr>
<tr>
<td>Space Chamber</td>
<td>Space chamber</td>
<td>La Petite</td>
</tr>
<tr>
<td>Able spacer</td>
<td></td>
<td>LiteAire spacers can be used for up to 1 week by the same child. La Petite spacers can be used for up to 12 months by the same child.</td>
</tr>
</tbody>
</table>

Newly purchased spacers require priming before first use to remove any static that may be present. This will prevent medication from clinging to the wall of the spacer thus optimising the dose of medication administered. Refer to Appendix No. 2 for priming instructions.

Note: LiteAire and La Petite spacers are made from non-static material and therefore do not require priming.

All children with asthma should have readily available access to their own asthma first aid medication and asthma medication device. It is important the OSHC service request that parents provide their child’s asthma first aid medication and device in accordance with the current National Regulations. Whilst it is preferable for the child to use their own reliever medication puffer and spacer device, in an emergency situation where time is crucial, the service asthma first aid kit may be the most relevant equipment to use if this is more readily accessible. Refer to Appendix No. 2 for information on correct contents and maintenance of the OSHC service asthma first aid kit.
*Responding to an asthma attack – Asthma First Aid*

Having an effective and easy to follow asthma first aid procedure is beneficial for both child and OSHC staff. Based on the guidelines set by the Thoracic Society of Australia & New Zealand, the National Asthma Council Australia (NAC) and Asthma Australia have adopted Nationally Recognised Asthma First Aid as being the asthma first aid procedure to follow in a community setting in the absence of individual asthma first aid instructions. The nationally recognised asthma first aid procedure is usually displayed in poster / chart format e.g. Kids' First Aid for Asthma. Refer to Appendix No. 1.

The poster can be downloaded at http://www.nationalasthma.org.au/uploads/content/22-NAC-First-Aid-for-Asthma-Chart-Kids-FINAL.pdf

Nationally Recognised Asthma First Aid is the asthma first aid procedure that OSHC staff are instructed in during emergency asthma management training

**For a child who has a diagnosis of asthma**

Nationally recognised asthma first aid is an effective procedure for children experiencing an asthma attack. It is the procedure that OSHC staff will be most familiar with and is the procedure recommended to parents to select on the Children's Services Asthma First Aid Record - Refer to Appendix No. 5 - as being their preferred asthma first aid instructions to be followed. In the absence of, and /or no immediate access to a child’s individual asthma management plan, nationally recognised asthma first aid is the recommended procedure to follow.

For children identified as having severe or troublesome asthma, requiring specific daily or frequent management intervention, the child’s individual Asthma Management Plan may be more appropriate for staff to use. It differs from the nationally recognised asthma first aid procedure in that it is individualised for each child to include graduated steps to follow for day to day asthma symptom management and escalating this management during an asthma emergency. This may also incorporate the nationally recognised asthma first aid procedure, or more intensive asthma first aid management.

As an Asthma Management Plan is a treatment prescribed specifically for each individual child it should be developed and signed by the child’s doctor and updated every 6 months. An Asthma Management Plan requires a more subjective assessment of asthma symptoms therefore it is important that OSHC staff thoroughly discuss the plan with the child’s parent so that instructions are clear and well understood. The information should subsequently be communicated to all centre staff.

**For a child who is not known to have asthma**

As children can experience their first asthma attack at any age this first attack may occur at the OSHC service. In the event that a child experiences difficulty in breathing consistent with symptoms of an asthma attack implementation of nationally recognised asthma first aid procedure and calling emergency services (DIAL 000) is the recommended first line of action.

* Should staff have concerns regarding authorisation and administering asthma first aid to children not diagnosed with asthma refer to Education & Care Services National Regulations 2011 – Division 4, No.94 – Exception to authorisation requirement – anaphylaxis or asthma.

* National Asthma Council Australia – www.nationalasthma.org.au
Asthma Attack of Severe Allergic Reaction (Anaphylaxis)?

For children who have a medical diagnosis of both asthma and severe allergy (anaphylaxis), it may not be initially clear which one is the cause of the child’s difficulty in breathing. If it suspected that the child may be having a severe allergic reaction, as recommended by the NAC “Kids’ First Aid for Asthma”:

- An ambulance is to be called immediately
- If available, the child’s Action Plan for Anaphylaxis is to be followed

“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” www.nationalasthma.org.au

In accordance with the current National Regulations, Emergency Services are to be called (DIAL 000) and the child’s parent contacted as soon as practical in the following instances for a child requiring Asthma First Aid:

- when the parent has not provided the service with a completed medical management plan
- if the child has not been previously diagnosed with asthma

Other reasons for calling emergency services include:

- child not responding to asthma first aid
- child experiencing severe asthma symptoms
- if ever you are unsure
- child has been identified by specialist as being a “high risk asthma child”
- child appears to be experiencing a severe allergic reaction.

If calling emergency services from a mobile phone & 000 is not working, dial 112.
Some Good Tips – Asthma First Aid

- **Salbutamol** is the reliever medication that is used in asthma first aid. Ventolin, Asmol, & Airomir, easily recognisable by their distinctive blue/grey coloured canisters, are all Salbutamol. Any one of these can be purchased for the service asthma first aid kit.

- **Bricanyl (Terbutaline)** is also a reliever medication used in asthma first aid. Specific instructions are required regarding the number of doses to be administered. As Bricanyl comes in a turbuhaler device which requires effort to breathe the medication into the lungs, it is not the recommended first line reliever medication to have in the service asthma first aid kit. Although Bricanyl medication is indicated for children 6 years and over, in reality, most children under the age of 7 years cannot master the technique for using a turbuhaler device.

- **Symbicort** is a medication that may also be used in nationally recognised asthma first aid, however it is mostly prescribed for children over 12 years of age. Like Bricanyl, it also comes in a turbuhaler and requires specific instructions regarding the number of inhalations to be administered.

- If the reliever puffer is empty, or missing from the asthma first aid kit it is quite appropriate to borrow one from another person for use.

- Where possible, bring the asthma first aid equipment to the child. Walking the child during an asthma attack will only increase their difficulty in breathing due to an increase in their activity level.

- Although it is best to use a reliever puffer with a spacer device, if you don't have one readily available, and the child is too breathless to form a good seal around the puffer to use it on its own, you can improvise until the first aid equipment containing a spacer device arrives:
  - Fire medication from the puffer through hands that have been cupped around the child's mouth and nose and ask the child to take 4 breaths in between each puff.
  - Roll up a sheet of paper to make a cone shape and use this as a spacer.
  - If a foam cup is available, punch a hole in the base (remove the punched out piece of foam), place puffer through hole and place open end of cup over child's mouth and nose.

- **Child not responding to asthma first aid? Do they have known allergies? If they seem to be having a severe allergic reaction (anaphylaxis), call an ambulance and manage according to child's action plan for anaphylaxis.**
Recommended Procedures for OSHC Services

What does your service need to know?

The management of asthma within an OSHC service involves a partnership between staff and parents to promote an ‘asthma aware’ environment. It is highly recommended that each OSHC service implements best practice asthma recommendations listed below and that these are reviewed on a regular basis.

**Staff Training**

- Facilitate staff participation in asthma management training at least every two years to ensure that each staff member has adequate training in the recognition of asthma symptoms, minimisation of asthma triggers, recognition of an asthma emergency, relevant asthma medication to use and how to administer it correctly, and implementation of the nationally recognised asthma first aid.
  - Training approved by the Australian Children’s Education & Care Quality Authority (ACECQA) to be conducted by Health Professionals experienced in paediatric asthma management and education. In accordance with Division 7 of the current National Regulations, approved training course are listed on the ACECQA website.
  - At least 1 educator who has current ACECQA approved training is to be on duty at all times.

- Implement processes to effect:
  - Feedback of relevant asthma first aid information to staff unable to attend training.
  - Regular updates for all staff including orientation for new or casual staff.

**Asthma First Aid Resources**

- Provide asthma first aid kits for use within the service including offsite excursions.
  - Ensure all kits contain recommended asthma first aid contents and are regularly maintained for immediate use as per the National Health & Medical Research Council “Australian Guidelines for the Prevention & Control of Infection in Healthcare 2010” [Refer to Appendix No.2](#)
  - Ensure the kits are readily accessible and easily recognisable to all staff.
  - Display posters of the Nationally Recognised Asthma First Aid procedure eg. Kids’ First Aid for Asthma and check regularly for correct location and condition.
Documentation

- Keep current detailed records of children with asthma
  - Obtain relevant documentation as outlined in the current National Regulations Medical Conditions Policy Division 3, Regulation 90, from parents of children with an asthma diagnosis who require regular / daily medication. Ensure a process is in place to facilitate notification by the parent to update this information whenever there are changes in their child’s asthma management.
  - Ensure parents detail their preferred asthma first aid instructions to be followed for their child through completion of a Children’s Service Asthma First Aid Record - Appendix No. 5 - or provision of an individual asthma management plan or medical management plan outlining clear steps to follow for asthma first aid.
  - Obtain information for children who have been previously treated for asthma in the past, regardless of how long ago
  - Ensure records identify children with asthma and are easily accessible by all staff members.

- Maintain a record of asthma first aid treatment provided to children whilst at the centre
  - Review the asthma treatment record regularly to identify children who frequently require asthma first aid – alert parents to this information. Refer to Appendix No. 7
  - Obtain additional documentation if child is identified as having allergies or at risk of having a severe allergic reaction (anaphylaxis). Information to include type of allergy (food, medication, topical i.e. bee stings etc.) including treatment. For a child who is at risk of severe allergic reaction, an anaphylaxis action a plan should also be obtained.

Effective policy and planning to include:

- Enabling children with asthma to have immediate access to their reliever medication whilst attending the service:
  - It is recommended that children always carry their reliever medication with them and/or mechanisms are in place for younger children - children in this age group are generally very responsible when it comes to looking after their asthma medication
  - If a child is using their reliever medication excessively, discuss this with the parent – but never stop a child from taking their reliever medication – some children may experience chest tightness before they display obvious asthma symptoms.
  - Check the Children’s Services Asthma First Aid Record to determine if the parent has provided permission for the child to self administer their asthma medication

- Minimising or avoiding potential asthma triggers where possible
  - Ask parents to provide you with information about their child’s asthma triggers
  - Ensure that staff are aware of children with known asthma triggers and implement recommended minimisation strategies accordingly. Refer to suggested further resources for information. Refer to Appendix No. 8 or speak with a local asthma educator.
Allocating at least one staff member to take responsibility for
- Maintaining the asthma first aid kits – checked for correct contents, serviceability, puffer expiry date, and replacement of spacer as required.
- Maintaining asthma first aid posters
- First aid records/asthma management plans, medical management plans
- Checking individual staff training status and facilitating attendance where needed

Having an asthma policy Refer to Appendix No. 9 for sample policy
- Individualise the policy to reflect the services needs, with consideration to the recommendations of these guidelines and, and requirements of the current National Regulations.
- Outline clear procedures for asthma first aid so staff can respond appropriately to an asthma attack.
- Update regularly and make accessible to staff and parents
- Ensure parents are provided with a copy of the asthma policy as well as the medical conditions policy as outlined in the National Regulations Division 3 Section 91

Making asthma information widely available to parents and carers to raise awareness
- Disseminate asthma newsletters or insert asthma information into newsletters, including websites for parent’s to access further asthma information Refer to Appendix No. 10
- Provide all parents with information regarding the recommended procedure staff will follow for a child who experiences an asthma attack or symptoms that may be consistent with asthma, highlighting Regulation 94 of the National Regulations – exception to authorisation requirement for anaphylaxis or asthma emergency.
- Have a small asthma information stand in a prominent position – include blank children’s services asthma first aid records as a prompt for parents to update their child’s asthma management
- Place asthma prompts in places to remind parents to provide their child’s asthma equipment, clearly labelled, with child’s name and puffer expiry date.

Contact Network of Community Activities for information regarding ACECQA approved asthma management training being offered by qualified health professionals.
Promoting a safe asthma aware OSHC - things to consider

- Is this service equipped appropriately to manage an asthma attack?
- Are all staff including casual staff aware of those children diagnosed with asthma, and have they been instructed in how to implement nationally recognised asthma first aid?
- Is staff training up to date? Is there at least 1 staff member who has current ACECQA approved asthma management training on duty at all times?
- Do children with asthma have immediate access to their reliever medication?
- Does this service have any children identified by a health professional as being a “high risk” or “severe” asthmatic?
- Is this service prepared for a “suspected first time” asthma attack for undiagnosed children?
  - Immediate access to asthma first aid equipment
  - Parent notified on enrolment of their child that a “suspected first time” asthma attack will be managed according to nationally recognised asthma first aid and an ambulance will be called
  - All staff are aware of the appropriate procedure and their duty of care in following it
  - Is the service asthma first aid equipment checked regularly and maintained in good order for immediate use by staff?
- Do staff know where to locate the asthma first aid equipment? Is it easily accessible?
- Are staff encouraged to view the nationally recognised asthma first aid poster i.e. kids’ first aid for asthma on a regularly basis to refresh their knowledge and practice their skills? Is this poster displayed in an eye catching position?
- How will this service maintain current asthma records for children enrolled?
- Is there a process for facilitating parents to provide their child’s asthma medication and medication device, as well as providing updated information when their child’s asthma management changes?
- Are all parents well informed about asthma management and procedures within the OSHC service?
- Does the service have ambulance cover?
- Is there a plan for minimising exposure to known asthma triggers within the service?
- What about off site excursions? Does the service have a policy in place to ensure the safety and well being of children with asthma when away from the centre?
- Does this service know how to access a health professional qualified to deliver ACECQA approved asthma management training for the staff?
- Does this service know how to access further information regarding asthma management and recommended procedures and policies?
- Are there any enrolled children with a diagnosis of both asthma and severe allergy?
- Are staff aware of the emergency procedure to take for a child experiencing difficulty of breathing, and who has a diagnosis of both asthma and severe allergy?
Appendix No. 1 – NAC Kids’ First Aid for Asthma

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, Aamol or Airomir)
   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.

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

*If spacer not available for child under 7, cup child’s helper’s hands around child’s nose and mouth to form a good seal. Fire puffer through hands into air pocket. Follow steps for WITH SPACER.

HOW TO USE INHALER

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.

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 National Asthma Council Australia 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.
Appendix No. 2

Asthma First Aid Kits

It is highly recommended that the asthma first aid kit within the OSHC service includes the following:

- A reliever medication puffer (blue/grey in colour) - e.g. Ventolin, Asmol, Airomir (Salbutamol)
- A Spacer Device (consider short term spacer options such as LiteAire or La Petite)
- Instructions on how to administer the reliever medication using a spacer device.
- Instructions on how to implement Nationally Recognised Asthma First Aid (e.g. Kids’ First Aid for Asthma).

It is recommended that:

- The Asthma First Aid Kit is separate from the regular first aid kit
- A spare unused spacer is available to replace the one that has been used
- There is a minimum of 2 Asthma First Aid Kits:
  - One for use at the OSHC Service
  - One to be taken on all excursions, sporting events or anytime when children are away from the OSHC centre

The number of Asthma First Aid Kits required by an OSHC service will depend on the number of groups that may be away from the service at any one time.

Check the Asthma First Aid Kits regularly for availability of contents and expiry date on the Reliever puffer. Store in an accessible location and ensure all staff are aware of location.

- Spacer devices can be purchased from pharmacies.
- LiteAire spacers are available for purchase through Network of Community Activities.
- Reliever puffers can also be purchased from pharmacies on presentation of a written request from the OSHC Service Director.

Newly purchased spacers need to be prepared prior to first use by following the below instructions: *(not required for La Petite or LiteAire spacers)*

- Dismantle the spacer and wash all the parts in a hot water and detergent solution.
- Do not rinse. Allow the pieces to air dry. **NB: It is important not to dry with a cloth** as this may cause static electricity to build up, resulting in the medicine clinging to the inside wall of the spacer. This could prevent the correct dose of medication being delivered.
- Reassemble the spacer when all pieces are dry.

The National Health & Medical Research Council “Australian Guidelines for the Prevention and Control of Infection in Healthcare 2010”, recommend that spacers from the OSHC asthma first aid kit are not to be re-used by another child. This applies also to reliever puffers from the OSHC asthma first aid kit if used directly by the child without a spacer.
Appendix No. 3

Inhaled Asthma Delivery Devices – Puffer & Spacer Device

Suitable for all aged children

* The below diagrams depict a large volume spacer being used however a small volume can also be used.

<table>
<thead>
<tr>
<th>1. Remove cap and shake the puffer. Insert puffer into the *spacer as shown.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Place mouthpiece between the teeth and close lips around it. Release 1 puff of medication into the spacer by pressing down on the top of the puffer.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image2.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Breathe in and out normally through the mouth 4 times.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image3.png" alt="Image" /></td>
</tr>
</tbody>
</table>

If more than one puff is required, repeat all 3 steps

*Remember to shake the puffer in between each puff*

---

Inhaled Asthma Delivery Devices – Turbuhaler

Suitable for children aged 7 years and over

<table>
<thead>
<tr>
<th>1. Unscrew and lift off the cover.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image4.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Hold the turbuhaler upright. Load by turning the coloured base to the right (1) as far as it will go and then turn back (2) until it clicks.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image5.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Breathe out slowly (do not breathe into the turbuhaler). Hold the base and place the mouthpiece between your lips. Breathe in strongly and deeply.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image6.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Remove the turbuhaler from your mouth before gently breathing out. Replace cover and screw shut. If more than one dose is required, repeat steps 2-4.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image7.png" alt="Image" /></td>
</tr>
</tbody>
</table>

Illustrations courtesy of Medical Illustrations Unit, UNSW Faculty of Medicine and Teaching Hospital, Randwick, NSW.
Appendix No. 4

Other Asthma Delivery Devices

As mentioned throughout these guidelines current best medical practice promotes the use of a puffer with a spacer delivery device to ensure optimal delivery of medication, in particular for asthma first aid. In the event that staff are unable to access a spacer device, or the child insists on not using it, it is important that staff are familiar with how to administer reliever medication using a puffer on its own.

Other asthma delivery devices in different shapes and sizes are also available within the community setting. The chart below lists step by step instructions on how to use these correctly.

**NB: An accuhaler device does not come in reliever medication so is not a device used in asthma first aid. However, as some children may use an accuhaler to take their day to day medication (preventer or combination medication), you may see this device on overnight excursions.**

<table>
<thead>
<tr>
<th>Metered dose inhaler (puffer)</th>
<th>Autohaler</th>
<th>Accuhaler</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Puffers require good coordination and children under 8 years cannot successfully manage them. It is highly recommended that a puffer be used with a spacer device as more medication gets into the lungs.</strong></td>
<td><strong>Recommended for children 7 years of age and above</strong></td>
<td><strong>Recommended for children 7 years of age and above</strong></td>
</tr>
<tr>
<td>1. Remove inhaler cap.</td>
<td>1. Remove autohaler cap.</td>
<td>1. Place thumb in groove and open accuhaler by pushing the groove to the right until it clicks.</td>
</tr>
<tr>
<td>2. Shake the inhaler.</td>
<td>2. Shake autohaler.</td>
<td>2. Slide lever to the right until it clicks.</td>
</tr>
<tr>
<td>3. Breathe out gently.</td>
<td>3. Holding autohaler upright, push the lever on top up.</td>
<td>3. Breathe out away from the accuhaler.</td>
</tr>
<tr>
<td>4. Keeping the inhaler upright, tilt head back and place in mouth between teeth and close lips.</td>
<td>4. Breathe out away from the autohaler.</td>
<td>4. Place the accuhaler in mouth, between teeth and close lips.</td>
</tr>
<tr>
<td>5. To give 1 puff of medication push the top of the inhaler down whilst breathing in</td>
<td>5. Place the autohaler in mouth, between teeth and close lips.</td>
<td>5. Breathe in slowly and deeply.</td>
</tr>
<tr>
<td>6. Continue to breathe in slowly and deeply.</td>
<td>6. Breathe in slowly and deeply, continuing to breathe in after hearing the click.</td>
<td>6. Remove the accuhaler from mouth and hold breath for up to 10 seconds.</td>
</tr>
<tr>
<td>7. Remove inhaler from the mouth and hold breath for up to 10 seconds.</td>
<td>7. Remove autohaler from mouth and hold breath for up to 10 seconds.</td>
<td>7. Breathe out.</td>
</tr>
<tr>
<td>9. If more medication is required repeat steps 2 to 8</td>
<td>9. Push the lever back down.</td>
<td>9. If more medication is required repeat steps 1 to 8.</td>
</tr>
<tr>
<td>10. Replace inhaler cap</td>
<td>10. If more medication is required repeat steps 2 to 9.</td>
<td><em>Accuhalers have a dose counter. The last 5 doses appear in red.</em></td>
</tr>
</tbody>
</table>

"Using Other Asthma Inhalation Devices" adapted from the Greater Western Child Health Network June 2005.
Appendix No. 5

Children’s Service Asthma First Aid Record
Applicable for children attending Childcare & Out of School Hours Care (OSHC) Services

CHILD’S NAME: ______________________________________
DATE OF BIRTH: ____/____/____

To assist staff, could you please complete this record, in consultation with your child’s doctor and return it to the Childcare / OSHC Service as soon as possible. It is important that the information on this record is current so please have it updated if any of the details change.

Child’s Asthma Triggers: ______________________________________________________________________________________________

Trigger Minimisation Strategies: ________________________________________________________________________________________

List any identified allergies: _____________________________________________________________________________________________

Is your child identified as being at risk of having a severe allergic reaction?  [ ] YES  [ ] NO

Emergency Contact Details

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Contact Number:</td>
<td>Alternative Contact Number:</td>
</tr>
<tr>
<td>Name:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Best Contact Number:</td>
<td>Alternative Contact Number:</td>
</tr>
<tr>
<td>Child’s Doctor:</td>
<td>Telephone:</td>
</tr>
</tbody>
</table>

The below ticked box is the preferred management plan to be followed in the event that my child requires asthma first aid

[ ] **Kids’ Asthma First Aid for Asthma

Step 1
Sit the child upright, remain calm and provide reassurance.
Do not leave the child alone.

Step 2
Give 4 puffs of a blue reliever inhaler (Salbutamol eg. Ventolin, Asmol, Airomir), one puff at a time, using a spacer if available (including a mask if required). Instruct the child to take 4 breaths from the spacer after each puff.

Step 3
Wait 4 minutes. If the child still cannot breathe normally give another 4 puffs of blue/grey reliever puffer

Step 4
If the child still cannot breathe normally, call an ambulance immediately (Dial 000) and continue giving 4 puffs of blue/grey reliever puffer every 4 minutes until the ambulance arrives.

Not sure if it’s Asthma? CALL AN 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.

[ ] Other

(please attach a detailed Asthma Action Plan that has been developed for your child in consultation with/ and signed by their doctor)

My child can self administer their asthma medication:  [ ] YES  [ ] NO (Only applicable to children over preschool age)

Parent/Guardian Signature: __________________________________________ Dated: ____________________

Doctor’s Signature: __________________________ Dated: ____________________

If your child requires regular (daily) asthma medication please provide the Childcare / OSHC Service with details in accordance with Education and Care Service’s National Regulation, 2011 – Division 4 – Administration of Medication.

* The Children’s Service Asthma First Aid Record has been adapted from the Child/Student Asthma First Aid Record, NSW Paediatric Hospitals’ Children’s Asthma Resource Pack for Parents and Carers – June 2010.

Disclaimer: The information contained in this form has been developed from current evidence based practice. It does not replace individual medical advice / treatment. The Sydney Children’s Hospitals Network, Randwick & Westmead expressly disclaims all responsibility (including negligence) for any loss, damage or personal injury resulting from reliance on the information contained herein.
Appendix No. 6

Cover Letter for Children’s Services Asthma First Aid Record

Dear Parent

______________________ Centre has undertaken a commitment to become a “Safe Asthma Aware OSHC” which involves implementing best practice asthma management procedures within the service.

As an asthma can occur without warning, your child may experience their FIRST ASTHMA ATTACK whilst attending this service.

In the event of a child with no previous medical history of asthma having difficulty in breathing consistent with symptoms of asthma, staff at this service will call an ambulance and administer Nationally Recognised Asthma First Aid. This is in accordance with The Education & Care Services National Regulations 2011- Regulation No. 94. Exception to authorisation requirement – anaphylaxis or asthma emergency “medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency”.

Nationally Recognised Asthma First Aid eg. *Kids’ First Aid for Asthma,* is the recommended asthma first aid procedure to be used in a community setting and endorsed by the National Asthma Council of Australia. The plan can be viewed on the attached Children’s Services Asthma First Aid Record.

Nationally recognised Asthma First Aid is a safe and easy to follow procedure that involves administering reliever medication from a Metered Dose Inhaler (puffer) and spacer device (if available), or turbuhaler device, over a time period that allows a gradual administration of the recommended dose. This is the recognised asthma first aid procedure taught to staff during OSHC asthma management training. Reliever medication is the mainstay treatment for acute asthma symptoms and works quickly to relax muscles and open the airway, making it easier to breathe.

If your child has current asthma, or has previously been treated for asthma, it is important that staff at the service are informed of this. To assist staff in providing appropriate asthma first aid management for your child should they experience an asthma attack the service requests that you complete the attached Children’s Services Asthma First Aid Record and return it as soon as possible. Please ensure that you select your preferred asthma first aid instructions to be followed.

To discuss this further please feel free to contact me on ________________ or at the centre on ________________

Yours Sincerely,

**Appendix No. 7**

**OSHC Asthma Treatment Record Card**

This document is useful for services to keep an accurate record of asthma treatment provided during a child's attendance at the service, including all asthma attacks.

<table>
<thead>
<tr>
<th>Date</th>
<th>Child's name</th>
<th>Time that parent or carer were notified</th>
<th>Time medication is given</th>
<th>Name of medication &amp; dosage given (eg Ventolin)</th>
<th>Name and signature of staff member administering medication</th>
<th>Name and signature of staff member who witnessed medication given</th>
<th>Symptoms before treatment</th>
<th>Symptoms after treatment</th>
<th>Name and signature of staff member notified</th>
</tr>
</thead>
</table>
Appendix No. 8

Resources and Support

Professional Organisation

Network of Community of Activities  
www.networkofcommunityactivities.org.au  02 9212 3244
Provides downloadable OSHC guidelines and resources. Including list of training dates for asthma emergency management training conducted by qualified health professionals in paediatric asthma education facilitated through Network.

Sydney Children’s Hospitals Network

Sydney Children’s Hospital Randwick NSW
Aiming for Asthma Improvement in Children Program
Health Professional support and consultancy by experienced Asthma Nurse Consultants, regarding the implementation of Asthma Management Best Practice Procedures for Out of School Hours Centre (OSHC).
Providers of ACECQA approved emergency asthma management training.
Phone 02 9113 3396 or 0410 489 995
Phone 02 9382 8376 or 0411 446 239
Website: http://www.seslhd.health.nsw.gov.au-AAIC/

The Children’s Hospital At Westmead NSW
Respiratory Department
Providers of ACECQA approved emergency asthma management training.
Support and consultancy regarding the implementation of the Best Practice Asthma Management Procedures for Out of School Hours Centre (OSHC)
Phone 02) 9845 2293
Website: http://www.chw.edu.au/site/directory/entries/asthma.htm

Consumer Organisations:


Kids with Asthma: www.kidswithasthma.com.au
• Interactive child friendly website developed by NAC, which includes children’s games and printable resources.

Asthma Australia: www.asthmaaustralia.org.au  1800 645 130
• Provides asthma information and resources with links to State Asthma Foundations.

Asthma Information available in languages other than English:

NSW Health Multicultural Health Communication Service:
• Parents and Carers Asthma Information Pack available in Chinese and Arabic

Asthma Foundation of Victoria: http://www.asthma.org.au/
• An Introduction to Asthma & Asthma Basic Facts in Italian, Greek, Vietnamese, Chinese, Arabic and Turkish.

• Multilingual health resources that can be searched by topic and language
SAMPLE ASTHMA POLICY FOR OSHC SERVICES

Service Name:………………………………………………………………………………………….

Service Address:…………………………………………………………………………………………

Authorised Supervisor Name:……………………………………………………………………………….

Effective Date……………………………………………Review Date……………………

1. **Scope**
   
   This policy applies to all children enrolled at the listed service, their parents/carers, the management committee, and the service staff.

2. **Background**
   
   The prevalence of Asthma in children living in Australia is high with an estimated 1 in 10 children currently affected.

   Asthma is a serious life threatening condition and when symptoms occur, they need to be managed immediately. Children not previously diagnosed with asthma may have their first attack whilst attending the service.

   It is therefore important that the OSHC service takes responsibility for ensuring that appropriate asthma management strategies are implemented within the OSHC environment. This includes supporting OSHC staff in their duty of care to ensure that they have the current skills and knowledge to manage asthma effectively within the service, minimise its impact, and promote best practice asthma management strategies to parents.

3. **Purpose of Policy**
   
   The purpose of this policy is to ensure the following:
   - The OSHC service integrates best asthma management strategies within its environment.
   - All children enrolled at the service who are diagnosed with asthma receive the appropriate management.
   - Staff respond appropriately to the care of children diagnosed with asthma during an asthma attack.
   - Staff respond appropriately to the care of children who are experiencing difficulty breathing which may be their first asthma attack.

4. **Relevant documents and legislation**
   
   - Asthma Aware Out Of School Hours Guidelines 2013
   - Education and Care Services National Regulations 2011.
   - National Quality Standards;
   - Quality Area 2, Children’s Health and Safety
   - Quality Area 7, Leadership and Service Management.
   - Guide to the Education and Care Services National Law and the Education and Care Services National Regulations.
   - Guide to the National Quality Standards.
   - Network of Community Activities policies and procedures;
   - Dealing with Medical Conditions and Administration of Medication
   - Management of incident, Injury, Illness and Trauma.
5. **Our Commitment**

Asthma management is a shared responsibility. The key groups listed below within the service (insert name of OSHC service) support the following undertakings:

**OSHC Service Implementation**

- Staff and management will work collaboratively to promote an asthma aware environment.
- Staff including new and casual will be familiar with the service asthma policy.
- Staff who are responsible for administering asthma medication and / or asthma first aid to a child attending the service will be required to participate in ACECQA approved Emergency Asthma Management Training, every 3 years.
- A minimum of one staff member who has participated in ACECQA approved Emergency Asthma Management Training is to be on duty at all times.
- Service Coordinators will facilitate opportunities for new and casual staff to receive feedback regarding important procedures in place for managing asthma within the OSHC environment, in particular the implementation of Nationally Recognised Asthma First Aid.
- Following notification of a child with a diagnosis of asthma, or previously treated with asthma medications, staff will ensure that the parents:
  - Complete the Children's Service Asthma First Aid Record which includes parental permission for the child to self administer asthma medication.
  - OR Provide their child's individual asthma management / medical management plan in accordance with ACECQA's Medical Conditions Policy and Administration of Medical requirements.
  - NB. If a child is unwell and / or requires medication for a limited period of time documentation in accordance with ACECQA's Medical Conditions Policy and Administration of Medical requirements will be required.
- A list of children with a diagnosis of asthma, together with copies of the child's asthma first aid documentation, will be compiled and be visible to staff only. This information will be taken on all offsite excursions.
- Staff will ensure that the child's asthma medication is in its original container, clearly labelled with the name of the child, medication dose, frequency, route of administration, and expiry date. Spacer device also to be labelled with same information.
- Staff will be aware of those children with asthma and encourage those permitted to self administer to carry their reliever medication and delivery device with them at all times. Staff will know where to access reliever medication and delivery device if immediate access is required.
- A record of asthma first aid treatment / medication given will be maintained via the Child Asthma First Aid Treatment Record or alternatively according to ACECQA regulation requirements for Medication Records. Parents will be notified if treatment has been provided.
- Make available asthma first aid kits including for off site excursions.
- Will display a nationally recognised asthma first aid plan within a prominent location in the service.
- Identify and, where practical, minimise exposure to asthma triggers.
- Staff will obtain relevant information in regards to a child who also has identified allergies or is at risk of having a severe allergic reaction (anaphylaxis)
- Ensure all parents are aware of the Education and Care Services Regulation. No 94- Exception to authorisation requirement – anaphylaxis or asthma emergency.

**Parents of children enrolled at the service responsibilities**

- Inform staff, either on enrolment or on initial diagnosis if their child has a history / diagnosis of asthma.
- Provide all relevant information regarding their child's asthma management through completion of the Children's Services Asthma First Aid Record (including permission for self administration) or their child's individual asthma management /medical management plan.
- Notify the service of any changes to their child's asthma management, and update this information on their child's relevant service documents.
- Provide the service with an adequate supply of the child's appropriate medication (reliever) in original container, including the spacer device, both clearly labelled with the child's name, medication dose, frequency, route of administration, and medication expiry date.
- Will ensure that they replace their child's reliever medication prior to the expiry date.
- Will notify the service of known asthma triggers including minimisation strategies.
- Will notify the service if their child also has identified allergies or is at risk of having a severe allergic reaction (anaphylaxis).
Children will:
- Where practical, be encouraged to carry their asthma reliever medication and spacer device and use this medication as soon as their symptoms develop.
- Be encouraged to report to staff if they are experiencing asthma symptoms / difficulty in breathing, and / or if they have self medicated

Asthma First Aid

An asthma first aid kits within the service will include the following:
- A reliever metered dose inhaler (Salbutamol) e.g. Ventolin, Asmol, Airomir  that is in date and fits the accompanying spacer device
- A spacer device (e.g. La Petite Spacer, LiteAire Spacer)
- Instructions on how to use the spacer device
- Instructions on how to implement nationally recognised asthma first aid.

It is recommended that there is a minimum of 2 asthma first aid kits:
- One for use in the OSHC service
- One to be taken on all off site excursions

- The Asthma First Aid Kits should:
  - be checked regularly for availability of correct contents and expiry dates of reliever medication.
  - be stored in an accessible location with all staff being aware of this location.
  - contain a spare unused spacer device to immediately replace the one that has been used

The Nationally Recognised Asthma First Aid poster will be located in the centre.

Responding to an Attack

- In the event of a child experiencing an asthma attack or difficulty breathing staff will follow :

  The child’s completed Children’s Services Asthma First Aid Record or the child’s individual Asthma Management /Medical Management Plan for children diagnosed with asthma
  OR
  Nationally Recognised Asthma First Aid for children not previously diagnosed with asthma, or in the event that the child’s asthma management plan is unavailable at the time of an attack, (Note: individual asthma management plan is to be implemented once sourced)

* Nationally Recognised Asthma First Aid Plan

- **Step 1.** Sit the child upright, remain calm and provide reassurance. Do not leave the child alone.

- **Step 2.** Give 4 puffs of a blue/grey reliever puffer (Salbutamol e.g. Ventolin, Asmol, Airomir), one puff at a time, using a spacer if available (including a mask if required). Instruct the child to take 4 breaths from the spacer after each puff.

- **Step 3.** Wait 4 minutes. If the child still cannot breathe normally give another 4 puffs of blue/grey reliever puffer

- **Step 4.** If the child still cannot breathe normally, **call an ambulance immediately (Dial 000) and continue giving 4 puffs of blue/grey reliever puffer every 4 minutes** until the ambulance arrives
Not sure if it’s Asthma? CALL AN 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.

* Adapted from Kids’ First Aid for Asthma – National Asthma Council Australia. 2011.

- Staff will call for an ambulance:
  - If a child is experiencing a severe attack
  - If a child not previously diagnosed with asthma is experiencing difficulty breathing.
  - If a child is not improving as per the instructions in the Nationally Recognised Asthma First Aid Plan
  - In accordance with the child’s individual asthma management plan
  - If staff have concerns or doubts.

All asthma treatment including asthma first aid to be recorded on the Asthma First Aid Treatment Record Card and filed with the services incident reports.

All parent/authorised nominees are to be notified of asthma first aid administration as soon as practicable.

Considered and accepted by the Management/Committee of Management (representative)

……………………………………………Signature …………………………………………Date ………………………

Considered and accepted by the staff (representative)

……………………………………………Signature …………………………………………Date ………………………

Considered and accepted by the parents (representative)

……………………………………………Signature …………………………………………Date ………………………

6. Further Resources and Support

Network of Community of Activities
www.networkofcommunityactivities.org.au Phone 02 9212 3244

Provides downloadable OSHC asthma management guidelines and asthma resources. Including a list of ACECQA approved emergency asthma management training facilitated through Network.

Sydney Children’s Hospitals Network

Sydney Childrens Hospital Randwick NSW

Aiming For Asthma Improvement in Children Program

Health Professional support and consultancy by experienced Asthma Nurse Consultants, regarding the implementation of Asthma Management Best Practice Procedures for Out of School Hours Care (OSHC).

Providers of ACECQA approved emergency asthma management training.

Phone 02 9113 3396 or 0410 489 995
Phone 02 9382 8376 or 0411 446 239
The Children’s Hospital at Westmead NSW
Respiratory Department
Providers of ACECQA approved asthma emergency management training. Support and consultancy regarding the implementation of the Best Practice Asthma Management Procedures for Out of School Hours Care (OSHC)
Phone 02 9845 2293
Website: http://www.chw.edu.au/site/directory(entries/asthma.htm

Children’s Asthma Resource Pack for Parents /Carers
A resource pack for parents, developed in collaboration with The Sydney Children’s Hospitals Network - Randwick and Westmead and Kaleidoscope- John Hunter Hospital,

Consumer Organisations:
Kids with Asthma: www.kidswithasthma.com.au
• Interactive child friendly website developed by NAC, which includes children’s games and printable resources.
Asthma Australia: www.asthmaaustralia.org.au  1800 645 130
• Provides asthma information and resources with links to State Asthma Foundations.
• Asthma Information available in languages other than English:
• Parents and Carers Information Pack available in Chinese and Arabic
Asthma Foundation of Victoria: http://www.asthma.org.au
• Asthma information in Indonesian, Italian, Greek, Vietnamese, Chinese, Arabic, & Turkish.
Health Translation Directory: www.healthtranslation.vic.gov.au
• Multilingual health resources that can be searched by topic.

7. References:
National Health & Medical Research Council “Australian Guidelines for the Prevention and Control of Infection in Healthcare 2010”
Asthma Australia: www.asthmaaustralia.org.au
National Asthma Council Australia: www.nationalasthma.org.au
National Asthma Council Australia (2011) Kids First Aid for Asthma
Appendix No. 10

OSHC ASTHMA SNIPPETS
AN INFORMATION NEWSLETTER FOR PARENTS OF CHILDREN ATTENDING THE OSHC SERVICE

What is asthma?

Children with asthma have sensitive or “twitchy” airways. When these airways are exposed to certain trigger factors, the muscles on the outside tighten and constrict, the inside lining becomes inflamed and swollen, and excess mucus is produced. This causes the airways to become narrow on the inside making it hard for the child to breathe.

How common is asthma?

In Australia, asthma currently affects 1 in 10 children. The prevalence of asthma in Australian children is amongst the highest in the world, and is a common reason why children visit their doctor or are admitted to hospital. Visits to local emergency departments increase at the beginning of each school term with 30-50% of those children requiring admission to hospital (Australian Bureau of Statistics 2006).

Can children with asthma lead normal lives?

Yes. When their asthma is well managed, children can participate in all the usual activities that children without asthma do, including exercise and sport.

But, asthma can ruin your day…..

When asthma is poorly controlled, children may be tired, irritable, lack concentration, have increased absenteeism, and decreased participation in sport.

That’s not much fun for anyone!

Spotting uncontrolled asthma

Common asthma symptoms include shortness of breath, wheezing, coughing and a feeling of tightness in the chest. Did you know that needing to use a reliever puffer more than 3 times a week due to these symptoms may be a sign of poorly controlled asthma?

How can I tell if my child’s asthma is worsening?

Having to take reliever medication more often than every four hours to relieve symptoms, having little or no relief after taking reliever medication, coughing and wheezing during the night or upon waking

Keeping asthma under control

If you don’t already have one, ask your child’s doctor to provide you with an individualised asthma action plan for your child. It is important to have this reviewed at each visit as from time to time your child’s asthma may change requiring a change in its management. Keep a diary of your child’s asthma symptoms and take this with you each time you visit your child’s doctor. Ask the doctor to check your child’s inhaler technique at each visit.
Avoid the common cold!!
The common cold is one of the biggest causes of lost school days each year, and it is one of the common triggers for asthma attacks. Here are some tips on how to avoid it:

- When coughing and sneezing encourage children to use a tissue and to throw it away after use so that they don't contaminate surfaces.
- After coughing, sneezing or blowing nose wash hands with soap and water.
- Don't smoke and avoid passive smoking – this irritates the airways.

OSHC Asthma Tips

- Ensure the OSHC service has a current record of your child's asthma management. Ask the service for a Children's Service's Asthma First Aid Record and always provide updated information if your child’s asthma management changes.
- Ensure your child brings their own clearly labeled reliever medication and delivery device to the OSHC service clearly labeled with their full name and medication expiry date so that staff can provide prompt treatment to them if needed.
- Inform the staff if your child also has identified allergies or is identified as being at risk of having a severe allergic reaction (anaphylaxis).

Spacers-what’s the big deal?
For some time the asthma experts have recommended the use of spacer devices when delivering inhaled medications.

When inhaled medications are taken using a “puffer” alone there is only one chance to breathe the medicine in, making the technique quite tricky. With a spacer more time can be taken, allowing the drug to reach the airways more effectively, and preventing it getting lost in the mouth and throat. It is for this reason that spacers used with a puffer are the most effective way to deliver inhaled medication in emergency asthma management.

The Treatment Plan
Below is the treatment plan that staff at this service have been advised to follow if your child requires asthma first aid. It is the Nationally Recognised Asthma First Aid procedure to be followed in a community setting, and is endorsed by the National Asthma Council Australia. If your child has a diagnosis of asthma we encourage you to select it on the Children's Service Asthma First Aid Record as your preferred plan to be followed. Should your child’s plan differ from this, please provide the service with written detailed instructions that have been developed in consultation with your child’s doctor. For a child who is not diagnosed with asthma, but experiences difficulty in breathing with symptoms consistent with having a “first” asthma attack, it is the recommended procedure that staff have been advised to follow. In this case, an ambulance will also be called and you will be notified as soon as practicable.

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
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<tbody>
<tr>
<td>Sit the child upright, stay calm and provide reassurance. Do not leave the child alone.</td>
<td>Give 4 puffs of a blue/grey reliever puffer (Salbutamol e.g. Ventolin, Asmol, Airomir), one puff at a time, using a spacer if available (including a mask if required). Instruct the child to take 4 breaths from the spacer after each puff.</td>
<td>Wait 4 minutes. If the child still cannot breathe normally give another 4 puffs of blue/grey reliever puffer</td>
<td>If the child still cannot breathe normally, call an ambulance immediately (Dial 000) and continue giving 4 puffs of blue/grey reliever puffer every 4 minutes until the ambulance arrives</td>
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</table>

Not sure if it’s Asthma? CALL AN 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.

Adapted from Kid’s First Aid for Asthma, National Asthma Council Australia 2011. www.nationalasthma.org.au
For more information on children’s asthma:
Children’s Asthma Resource Pack for Parents and Carers (also available in languages other than English)


National Asthma Council Australia: www.nationalasthma.org.au

Disclaimer: The information contained in this document has been developed from current evidence based practice, it does not replace individual medical advice / treatment. The Sydney Children's Hospital -Aiming For Asthma Improvement in Children Program and Network of Community Activites expressly disclaims all responsibility (including for negligence) for any loss, damage or personal injury resulting from reliance on the information contained herein.