

What is Asthma?

Asthma is a medical condition that affects the airways; the breathing tubes that carry air into our lungs. Symptoms include wheezing (a high-pitched sound coming from the chest while breathing), a feeling of not being able to get enough air or being short of breath, a feeling of tightness in the chest and coughing. Asthma triggers may include exercise, cigarette smoke, colds, the flu, extreme weather/storms and allergen exposure.

Teacher/Educator Responsibilities

Implement the following risk minimisation strategies

Medication storage

- Store medication and spacer (if applicable):
 - in a clean environment
 - out of direct sunlight or heat
 - not in the refrigerator
 - in zip lock bag or container clearly labelled with child's name
 - in a known location (clearly signed), inaccessible to children but easily accessible to educators
- Keep a copy of child's medical management plan with medication.

In collaboration with parents (where possible) include /adapt risk minimisation strategies responsive to a child's health needs. Document in the Risk Minimisation Plan, as part of a child's Medical Condition Record.

Extreme Weather – Storms

- During a storm, stay inside, with windows and doors shut. Closely observe children for signs and symptoms of Asthma.

Curriculum

- Supervise closely when the child is:
 - Experiencing an asthma flare-up e.g. parent/guardian informs of wheezing and breathing problems at home.
 - Engaging in physical activity, especially if weather is cold and dry.
 - In a polluted environment e.g. smoke, traffic, pollens, dust. If required, consider redirecting child to indoor activities.

What is an Asthma emergency?

Telephone 000 for an ambulance, and follow operator instructions if child displays the following:

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| ○ symptoms get worse very quickly | ○ pallor, sweating | ○ unable to speak normally |
| ○ little or no relief from inhaler | ○ progressively more anxious, subdued or panicky | ○ loss of consciousness |
| ○ severe shortness of breath | ○ blue lips, face, earlobes, fingernails | ○ focused only on breathing |

Asthma First Aid

- Follow child's medical management plan if applicable.
- If unsure child is having an Asthmatic episode and/or child does not have an Asthma diagnosis, follow below first aid steps, telephone 000 and follow operator instructions.
- Follow DRSABC.
- Sit the child upright. Be calm and reassuring.
- Do not leave the child unattended.
- Administer 4 reliever (blue/grey) puffs via spacer. Administer 1 puff at a time with 4 breaths after each puff.
- Wait 4 minutes. If child still cannot breathe normally, administer 4 more puffs of reliever; 1 puff at a time using a spacer.
- If there is no improvement, administer 4 more separate puffs of reliever as above.
- Keep administering 4 puffs every 4 minutes (as above) until ambulances arrives.

Asthma emergency medication

- In an asthma emergency, Salbutamol can be administered without written authorisation of a registered medical practitioner i.e. pharmacy label.
- Salbutamol is kept at the centre in case of children (undiagnosed) who experience Asthma for the first time whilst attending the centre.
- C&K employees with current first aid qualifications are permitted to administer appropriate emergency medication without parent/guardian consent (*s94 - Exception to authorisation requirement—anaphylaxis or asthma emergency*). This exception can be relied upon even where a parent has responded "No" to the administration of a Salbutamol consent questions in the child's Enrolment Booklet/Online Form. It is important to note that, s94 requires:
 - a. the centre **must** notify emergency services; and
 - b. the centre **must** notify the child's parent/guardian as soon as practicable.

References - National Asthma Council Australia (2021): My Asthma Guide