
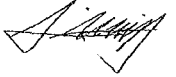


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|  YMCA We build strong PEOPLE strong FAMILIES strong COMMUNITIES | Management Area: CHILDRENS SERVICES | Pages: [03] Version No: [02] Date: [01/12/2009] |
| | Sub section (if applicable): | Signed:  |
| Policy Title: ASTHMA | | Author: CHILDCARE TASKFORCE |

1. Scope

- 1.1. Staff, management, families & children.

2. Policy Statement

The YMCA believe that all staff, children and visitors in the centre and while on excursions should actively support all children and their families in the management of asthma and follow the asthma friendly guidelines.

3. Related Policies & Procedures/Guidance Notes

- 3.1. Duty of Care
- 3.2. Allergies
- 3.3. Child Management
- 3.4. Confidentiality
- 3.5. First Aid
- 3.6. Hygiene
- 3.7. Medication
- 3.8. Occupation Health and Safety
- 3.9. Storage

4. Responsibilities & Delegations


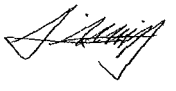
- 4.1. The Childcare Taskforce is responsible for the review of this policy.
- 4.2. The Childcare staff & management are responsible for the implementation of this policy.
- 4.3. The families and children are responsible for the support of this policy.

5. Considerations

- 5.1. Asthma Foundation
- 5.2. NOSHA – National Out of School Hours Services Association.

6. Records Maintenance

- 6.1. This policy is to be reviewed annually.

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PROCEDURES (Please see attached copy of asthma record plan)

- A minimum of 1 staff member present at all times will be currently qualified in first aid and know where the asthma first aid kit is stored, what is in it and how to use the spacer and reliever puffer.
- Staff and relief workers will be made aware of all children in their care who have asthma and know and understand the 4 step asthma first aid procedure.
- Asthma record plans will be provided to all children with asthma and kept in a central and accessible location. All staff will be made aware of the location of the asthma kit, asthma first aid posters and the children's asthma record cards.
- Asthma education will be provided to staff.
- A fully stocked and updated asthma first aid kit will be kept in the designated place in the centre. All staff will be made aware of its location.
- A separate travelling first aid kit will be also maintained and taken on all excursions.
- Children will be encouraged to carry or have available an appropriate blue reliever puffer and delivery device and wherever possible self administer.
- Asthma reliever medication is not considered in the same context as prescription medication and children are allowed to carry this with them.
- Parents/guardians are responsible for ensuring that their children have an adequate supply of reliever medication at the service and that it is clearly labelled with the child's name.
- Staff to complete "Excursion Checklist" sheet before all excursions (see attached)

Checklist for Excursions in OSHC Services


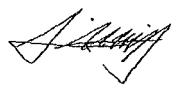
Responsibility Sheet:

Staff should be alert for:

- Children with a high risk history of asthma.
- Children who show asthma symptoms before departure on an out of service outing.
- The need to modify an activity for children with asthma.
- Strategies to prevent exercise induced asthma.
- A child who denies symptoms of asthma.
- The need for early intervention of emergency treatment for asthma symptoms.
- Signs of worsening asthma.

Staff should ensure the following:

- Child asthma records and individual asthma treatment plans are taken on all excursions and kept with the group leader.
- Be familiar with the preferred Asthma first aid management required for the children in their care.
- Mobile phone is made available and there is suitable reception.

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- Emergency asthma first aid kit accompanies each group and the contents are checked before leaving the service and this should include checking the expiry date and making sure the medication is full.
- Make sure all students with asthma carry their asthma medications and delivery devices with them at all times.
- If children are not all together, make sure asthma first aid kits go with all groups.
- Check emergency services near excursion site.
- All staff taking children to these excursions have had Emergency Asthma Management Training.

7. Version History

| Version | Description of changes | Author | Effective Date |
|---------|----------------------------------|-----------|----------------|
| 2 | Review and update. New format | M. Rupnik | December 2009 |
| | | | |
| | | | |

I endorse the Asthma Policy.

Name: *Maryann Rupnik*
 Childrens Services Program Manager

Signature: 

Date: 7 December 2009

Name: *Liam Whitley*
 Group Manager

Signature: 

Date: 7 December 2009



YMCA of Sydney

Child Asthma Record

This record is to be completed by parents/carers OR their child's doctor (general practitioner).
Please tick the appropriate box, and print your answer clearly in the blank spaces where indicated.

Personal Details

Child's name:
.....

Gender: M F

Date of birth/...../..... Grade

School

**Please
Affix
Child's
photo**

Usual Asthma Management Plan

Child's symptoms (eg cough)
.....

Triggers (e.g. exercise, pollens)
.....

In an **EMERGENCY**, follow the Plan below that has been ticked (*please tick preferred box*)

Standard Asthma First Aid Plan

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

Step 2 Give 4 puffs of a blue reliever puffer (*Airomir, Asmol, Epaq or Ventolin*), one puff at a time, preferably through a spacer device*. Ask the child to take 4 breaths from the spacer after each puff.

Step 3 Wait 4 minutes.

Step 4 If there is little or no improvement, repeat steps 2 and 3.
If there is still little or no improvement, call an ambulance immediately (dial 000).
Continue to repeat steps 2 and 3 while waiting for the ambulance.

*use a blue reliever puffer (*Airomir, Asmol, Epaq or Ventolin*) on its own if no spacer is available

OR

My child's Asthma First Aid plan
(Full details must be attached or staff will use the standard 4 step plan)

Additional Comments:

.....
.....

I authorise the staff at the service to follow the preferred Asthma First Aid Plan and assist my child with taking asthma medication should he/she require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms whilst attending the service.

Signature of Parent/Carer..... **Date:**

I verify that I have read the preferred Asthma First Aid Plan and agree with its implementation

OR

Signature of Doctor: **Date:**