

Medical Conditions Pack



Asthma

Child's Name:	Insert child's photo here
Known Triggers:	

Emergency Contacts:		
Name	Relationship to Child	Phone

Action Plan and Medication Expiry Dates:	
Action Plan Expires:	
Medication 1:	Expiry:
Medication 2:	Expiry:
Medication 3:	Expiry:

This pack contains documents for children enrolled at Lady Forster Kindergarten, who have been diagnosed with asthma.

The pack contains:

1. Asthma First Aid Procedures
2. Template – Asthma Care Plan
3. Asthma Communication Plan
4. Asthma Risk Minimisation Plan

These documents are to be read in conjunction with the *LFK Asthma Policy*.

Please insert the
child's
Asthma Care Plan
here.

Asthma First Aid Procedure

This Asthma First Aid Procedure has been reproduced from Asthma Australia's Asthma First Aid 2018.

ASTHMA FIRST AID PROCEDURE

Follow the written first aid instructions on the child's Asthma Care Plan, if available and signed by a medical practitioner. If no specific and signed instructions are available, the instructions are unclear, or the child does not have an Asthma Care Plan, **begin the first aid procedure outlined below.**

Reliever medication is safe to administer to children, even if they do not have asthma, however if there is no Asthma Care Plan you must also **call emergency assistance to attend (000)** and notify the parent/carer of the child as soon as possible.

Call emergency assistance immediately (Dial 000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a reliever puffer is not available
- If you are not sure it is asthma.
- If the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid

Step 1. Sit the person upright

- Be calm and reassuring
- Do not leave them alone.

(Send someone else to get the asthma first aid kit)

(Sitting the child in an upright position will make it easier for them to breathe).

Step 2. Give 4 separate puffs of blue/grey reliever puffer

- Use a spacer if there is one
- Shake the puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken.

Remember: Shake, 1 puff, 4 breaths

Step 3. Wait 4 minutes

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

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

- Say ambulance and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives.

Asthma Care Plan

ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Student's name: _____ DOB: _____

PHOTO OF STUDENT
(OPTIONAL)

Plan date
___/___/20___

Review date
___/___/20___

MANAGING AN ASTHMA ATTACK

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

DAILY ASTHMA MANAGEMENT

This student's usual asthma signs:

Cough

Wheeze

Difficulty breathing

Other (please describe): _____

Frequency and severity:

Daily/most days

Frequently (more than 5 x per year)

Occasionally (less than 5 x per year)

Other (please describe) _____

Known triggers for this student's asthma (e.g. exercise*, colds/flu, smoke) — please detail:

Does this student usually tell an adult if s/he is having trouble breathing? Yes No

Does this student need help to take asthma medication? Yes No

Does this student use a mask with a spacer? Yes No

*Does this student need a blue/grey reliever puffer medication before exercise? Yes No

MEDICATION PLAN

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

NAME OF MEDICATION AND COLOUR	DOSE/NUMBER OF PUFFS	TIME REQUIRED

DOCTOR

Name of doctor _____

Address _____

Phone _____

Signature _____ Date _____

PARENT/GUARDIAN

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature _____ Date _____

Name _____

EMERGENCY CONTACT INFORMATION

Contact name _____

Phone _____

Mobile _____

Email _____

For asthma information and support or to speak with an Asthma Educator call **1800 ASTHMA** (1800 278 462) or visit asthma.org.au



Date of approval: June 2018 | Approved by: CEO Asthma Australia | Date of review: June 2018 | AACPE2018 Care Plan for Schools A4 | 16 June 2018

Asthma First Aid

ASTHMA FIRST AID

- 

1 SIT THE PERSON UPRIGHT

 - Be calm and reassuring
 - Do not leave them alone
- 

2 GIVE 4 SEPARATE PUFFS OF BLUE/GREY RELIEVER PUFFER

 - Shake puffer
 - Put 1 puff into spacer
 - Take 4 breaths from spacer
 - Repeat until **4 puffs** have been taken
 - Remember: **Shake, 1 puff, 4 breaths**

OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)
- 

3 WAIT 4 MINUTES

 - If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more dose of Bricanyl or Symbicort inhaler

IF THERE IS STILL NO IMPROVEMENT

- 

4 DIAL TRIPLE ZERO (000)

 - Say **'ambulance'** and that someone is having an asthma attack
 - Keep giving **4 separate puffs** every **4 minutes** until emergency assistance arrives

OR give 1 dose of a Bricanyl or Symbicort every 4 minutes – up to 3 more doses of Symbicort

 Translating and Interpreting Service
131 450



Contact Asthma Australia

1800 ASTHMA
(1800 278 462)

asthma.org.au

CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it's asthma
- the person is known to have Anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.

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Asthma Communication Plan



Asthma is a chronic, treatable health condition that affects approximately one in 10 Australian children. Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance.

Relevant people	What information needs to be included?	How/where will the information be distributed?
All staff involved with children diagnosed with asthma, including teachers, assistants, casual/relief staff, volunteers and students	<ul style="list-style-type: none"> • Causes, symptoms and treatment of asthma • Identities of children diagnosed with asthma • Preventative strategies in place • Where medication (eg, Ventolin inhalers) are kept • Kindergarten first aid and emergency response procedures • Their role in responding to a child experiencing breathing difficulties (suspected asthma attack) 	<ul style="list-style-type: none"> • Asthma policy • Administration of first aid policy • Administration of medication policy • First aid training (including emergency asthma management training) • Asthma emergency action plan • Staff meetings
Parents/carers of children at risk of anaphylaxis	<ul style="list-style-type: none"> • Information parents must provide about the child, including: <ul style="list-style-type: none"> ○ Information about the diagnosis, including symptoms and asthma triggers (based on a diagnosis from a medical practitioner) ○ Strategies to minimise the risk of exposure to asthma triggers while the child is at kindergarten ○ The child's emergency contact details ○ The child's Asthma Action Plan • Details of an incident 	<ul style="list-style-type: none"> • Asthma policy • Administration of first aid policy • Administration of medication policy • Discussions with Director and child's teacher • Director/teacher will contact parents by phone if an incident involving their child occurs at the kindergarten • Director/teacher will provide a written account of any incident to the parents and keep a copy on the child's enrolment file
Parents of other children attending the kindergarten	<ul style="list-style-type: none"> • Causes, symptoms and treatment of asthma • Kindergarten's Asthma policy • Preventative strategies at the kindergarten 	<ul style="list-style-type: none"> • Letter to all parents at the beginning of the year, detailing allergens to avoid (if necessary) • Regular updates in the newsletter about children diagnosed with asthma, including referral to the kindergarten's Asthma policy
Other children attending the kindergarten	<ul style="list-style-type: none"> • Always take breathing difficulties seriously • If your friend becomes sick, get help immediately 	<ul style="list-style-type: none"> • Teachers have discussions with children throughout the year about children with asthma

Strategies used at Lady Forster Kindergarten

Details of children diagnosed with asthma (name, photograph, triggers, treatment) are displayed in the kindergarten room

Each child at risk of asthma has medication (eg, Ventolin inhaler and spacer) kept at the kindergarten

The Director/teacher prepares an Asthma Risk Minimisation Plan for each child

All staff are trained annually in asthma management.



Asthma Risk Minimisation Plan

This Plan is to be completed by the Director or nominee on the basis of information from the student's medical practitioner provided by the parent/carer.

Lady Forster Kindergarten	
Phone: 9531 6812	
Child's name:	
Date of birth:	Kindergarten Program(s):
Asthma Action Plan provided by parent/carer (please circle): YES / NO	
Asthma Triggers:	
Other health conditions:	
Medication at kindergarten:	
Parent/carer information (1)	Parent/carer information (2)
Name:	Name:
Relationship:	Relationship:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:
Address:	Address:
Other emergency contacts (if parent/carer not available):	
Medical practitioner contact:	
Emergency care to be provided at LFK:	
Medication Storage:	
<i>The following Asthma Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on (record date):</i>	
Name and Signature of parent/carer:	Date:
Name and Signature of Educator:	Date:

Strategies to Avoid Asthma Triggers

Child's name:		
Date of birth:	Kindergarten Programs:	
Predominant Asthma Trigger/s:		
Other Asthma Triggers:		
PLAN	WHO IS RESPONSIBLE?	STRATEGIES
All LFK staff (permanent and casual) have current training in	Educators	All staff at LFK have training in Asthma Management.
Child has a current Medical Action Plan and a Wall Action Plan containing their photograph so the child can be recognised by all staff (permanent, casual and visitors)	Parent/Guardian/Educator	Current Asthma Action Plan and current photo of child to be provided as part of enrolment process and <u>before</u> child attends. LFK Educators will display the
The child may not attend LFK without their prescribed medication.	Parent/Guardian/Educator	Ensure medication is on the premises and has not expired or the child cannot attend LFK.
The child's prescribed medication expiry date is checked at enrolment and again at the start of each term.	Parent/Educator	Medication 1: Expiry Date: Medication 2: Expiry Date:
Staff and volunteer induction process includes information regarding asthma management at LFK, including location of spare reliever puffer medication and spacer, asthma action plans and risk minimisation plans for at risk children	Educator	Staff and Volunteer Induction

Appendix

Examples of risks, situations, concepts to consider when completing the Asthma Risk Minimisation Plan

- Who are the children and what are their asthma triggers (is information provided on their Asthma Action Plan)?
Each child with a diagnosed Medical Condition has a Medical 'wallet' that hangs on the wall in their kindergarten room. Contained in the wallet is a photo of the child; emergency contact information; relevant medical management information/Action Plans; medication(s) and dispensers and in the case of Asthma, a list of known asthma triggers for each child and strategies to minimise risks.. Medical wallets accompany the child whenever they are off site including excursions and weekly beach walks.
- What are the potential sources of exposure to their asthma triggers?
Parents/carers and educator to discuss and document in Risk Management Plan where relevant.
- Where will the potential source of exposure to their asthma triggers occur?
Parents/carers and educator to discuss and document in Risk Management Plan where relevant.
- Are all staff (including relief staff, visitors and parent/carer volunteers) aware of which children have asthma?
All permanent and casual staff and volunteers are advised of the children with medical conditions in the program during induction. This includes showing the location of the medical wallet for each child and identifying the child on site.
- Are children actively encouraged to seek help if they feel unwell?
Staff are vigilant in supervision of children with medical conditions at all times and encourage children to tell staff if they are feeling unwell.
- Do you have asthma information available at the service for parents/carers?
Websites providing information are included in the Asthma Risk Minimisation Plan.
- Do you have one member of staff on duty at all times who has current and approved Emergency Asthma Management training?
All members of our staff undertake annual Asthma Management training.
- What happens if a child's reliever medication and spacer are not brought to the service?
Children with a diagnosed asthma condition are not permitted to attend LFK without a current Action Plan and associated medication that is current and has not expired.
- **Does the child have any other health conditions, such as allergies or anaphylaxis?**
- **Does the child have an Action Plan and Risk Minimisation plan for each health condition?**
- Does the child react to any of the following common asthma triggers? If so, make sure the trigger is listed on the cover of this Plan.
Parents/Carers and educator to discuss and document triggers:
 - Colds, flu and other respiratory infections
 - Cigarette smoke
 - Allergy-related triggers (e.g dust mites, mould, pollen, pets, food additives etc)
 - Exercise
 - Weather eg cold air, change in temperature, thunderstorms
 - Environmental factors e.g bushfire smoke, wood dust, chemicals
 - Stress and high emotions such as crying
 - Other triggers not listed above?