

Background

C&K is committed to supporting the inclusion and participation of all children, including children diagnosed with Asthma. The safe management of Asthma relies on ongoing collaboration and open communication between the centre and parents. This procedure outlines the responsibilities and actions of both parents and the centre to ensure each child's medical needs are appropriately and safely managed. This procedure is implemented alongside the Medical Condition Procedure and Administration of Medication Procedure.

Not in scope

A Preschool Wheeze, sometimes referred to as reactive airways disease, is commonly caused by a viral infection. Children may be prescribed short-term reliever medication typically prescribed for Asthma to manage symptoms, as per a Wheeze Action Plan. For the purposes of this procedure, a Preschool Wheeze is not considered a diagnosed medical condition or Asthma, but rather a temporary illness managed in accordance with the Administration of Medication Procedure.

For the purposes of this procedure:

- **Medical Condition:** A current condition diagnosed by a registered medical practitioner that requires a medical management plan.
- **Medical Management Plan:** A current plan developed and authorised by a registered medical practitioner (practitioner's name, signature OR practice stamp with practitioner's name and provider number), outlining how a child's medical condition must be managed. A Medical Management Plan is deemed current if not older than 18 months or recorded expiry date. The plan must include:
 - the child's full name and recent photo
 - the name of the medical condition
 - management and care tasks
 - (if applicable) signs and symptoms, first aid and/or emergency treatment
 - (if applicable) medication details e.g. name, frequency, dosage, method.
 A plan may be in any format e.g. a letter from registered medical practitioner or a template from a recognised peak body, such as National Asthma Council Australia or Asthma Australia.
- **Registered Medical Practitioner:** A person registered with the Australian Health Practitioner Regulation Agency under the *Health Practitioner Regulation National Law Act 2009 (Qld)*, (excluding students), including general practitioners, specialists and credentialed diabetes educators.
- **Parent:** A parent or guardian with the lawful authority and responsibility to make decisions for a child; in this document, the term "parent" will be used to refer to both parent and guardian.
- **Asthma:** A diagnosed medical condition that affects the airways. Common symptoms include:
 - Wheezing (a high-pitched sound when breathing)
 - Shortness of breath or difficulty getting enough air
 - Chest tightness
 - Persistent or recurring coughing

MILD/MODERATE	SEVERE	LIFE-THREATENING
<ul style="list-style-type: none"> ▪ Minor difficulty breathing ▪ May have a cough ▪ May have a wheeze <p>Signs of severity:</p> <ul style="list-style-type: none"> ▪ Able to talk in full sentences ▪ Able to walk / move around 	<ul style="list-style-type: none"> ▪ Obvious difficulty breathing ▪ May have a cough ▪ May have a wheeze <p>Signs of severity:</p> <ul style="list-style-type: none"> ▪ Cannot speak in a full sentence in one breath ▪ Tugging in of the skin between ribs or at the base of the neck ▪ Sore tummy (young children) ▪ Reliever medication not lasting as long as usual 	<ul style="list-style-type: none"> ▪ Gasping for breath ▪ May no longer have a cough ▪ May no longer have a wheeze <p>Signs of severity:</p> <ul style="list-style-type: none"> ▪ Unable to speak one or two words per breath ▪ Confused or exhausted ▪ Collapsing ▪ Turning blue (skin discolouration) ▪ Not responding to reliever medication

Reference: Asthma Guidelines for Australian Schools 2024

Asthma may be triggered by a range of factors, including exercise, respiratory infections (such as colds and flu), exposure to smoke, sudden changes in weather, storms and allergens. A child may experience an asthma attack suddenly at any time. All Asthma attacks must be treated as serious and require immediate action.

Risk Minimisation Strategies

In consultation with a child's parent(s) and centre team (where possible), the Centre Director/Nominated Supervisor is responsible for developing and documenting a Risk Minimisation Plan in the child's Medical Condition Record. Risk minimisation strategies must be responsive to a child's specific medical condition and health needs. Teachers and educators are required to read, understand, implement and follow Risk Minimisation Plans.

The following strategies outline measures to reduce the risk of:

- Exposure to known triggers
- Vigorous physical activity (especially outdoors or in cold air) can trigger wheezing, coughing, or shortness of breath.
- Colds, flu, or other respiratory infections can worsen asthma symptoms or lead to severe flare-ups.
- Poor ventilation, sudden temperature changes, storms or strong odours (e.g. paint, cleaning chemicals, perfumes) may trigger symptoms.

Implement the following risk minimisation strategies to reduce risks and support children diagnosed with Asthma:

- Maintain good ventilation and regular cleaning to reduce dust and allergens.
- Avoid use of aerosols, air fresheners or strong fragrances when children are present.
- Minimise exposure to triggers identified by the parent and/or outlined in the child's Medical Management Plan. Common triggers may include dust, pollen, smoke, strong scents, cold air or storms.
- Encourage children to wear weather-appropriate clothing.
- During storms, keep child indoors. Closely monitor all children for signs and symptoms of asthma.
- During physical activity, monitor child with Asthma carefully, particularly in cold, dry or windy weather. Modify or limit activity if needed.
- When a parent has advised that their child is experiencing Asthma symptoms at home, increase monitoring throughout the day.
- When smoke, traffic fumes, pollen or dust levels are high, closely monitor child with Asthma and, if required, redirect them to suitable indoor activities.
- Consistently implement *Exclusion Due to Illness Procedure* and good personal hygiene such as regular hand washing and covering coughs and sneezes with elbow.

Asthma Emergency Medication

As outlined in the Administration of Medication Procedure, the Nominated Supervisor/Centre Director or Responsible Person in Charge will maintain a supply of Reliever Inhaler (Zempreon), Spacer and Facemask (recommended for children under 5 or those unable to form a good seal around the mouthpiece of a spacer) in case of an undiagnosed child experiences a suspected Asthma medical emergency.

How to support a child use an inhaler

With a spacer

- Assemble spacer (attach mask if under 4yrs).
- Remove cap and shake well.
- Insert puffer upright into spacer.
- Place mouthpiece between 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.
- Encourage child to take 4-8 breaths in and out of spacer.
- Repeat 1 puff at a time until 4 puffs are taken, shaking the puffer before each puff.
- Replace cap.

Without a spacer

- Remove the puffer cap and shake well.
- 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.
- Encourage the child to hold breath for at least 4 seconds, then breath out slowly away from puffer
- Repeat 1 puff at a time until 4 puffs are taken, shaking the puffer before each puff.
- Replace cap.

First Aid for Asthma

Follow the Child's Medical Management plan. Blue/Grey reliever medication (Airomir, Asmol, Ventololin, Zempron and Bricanyl) is unlikely to harm, even if the child does not have Asthma. If unsure and/or the child does not have an asthma diagnosis, follow first aid steps, telephone 000 and follow operator instructions.

Always treat anaphylaxis first before treating breathing difficulties.

Follow child's Medical Management Plan.

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| 1. Sit the child upright. | <ul style="list-style-type: none"> • Be calm and reassuring. • Do not leave the child unattended. |
| 2. Administer 4 reliever (blue/grey) puffs via spacer | <ul style="list-style-type: none"> • Shake puffer • Put 1 puff into spacer • Have child take 4 breaths from spacer • Repeat until 4 separate puffs have been administered |
| 3. Wait 4 minutes | <ul style="list-style-type: none"> • If breathing does not return to normal, give 4 more separate puffs of reliever as above. |
| 4. If breathing does not return to normal dial 000 for an ambulance | <ul style="list-style-type: none"> • Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives |

References

- Asthma Australia - [*Asthma Guidelines for Australian Schools*](#)
- National Asthma Council Australia - [*My Asthma Guide*](#)
- Queensland Government - [*Pre-school Wheeze*](#)