

Asthma is a chronic health condition, which is one of the most common reasons for childhood admission to hospital. Correct asthma management will assist to minimise the impact of asthma. Children under the age of six usually do not have the skills or ability to recognise and manage their own asthma effectively. With this in mind, our Service recognises the need to educate its staff and families about asthma and to promote responsible asthma management strategies.

SCOPE

This policy applies to children, families, Educators, staff, students, volunteers and visitors of the Service.

PURPOSE

We aim to promote a safe and healthy environment for all children enrolled at the Service and an environment in which all children with asthma can participate to their full potential. We are committed to being an Asthma Friendly Service as outlined by Asthma Australia. The majority of our staff have current training in Asthma First Aid
and routine management, conducted or approved by the local
Asthma Foundation.
☐ At least one staff member on duty at any time holds a current
certificate for ACECQA with approved competency assessed
Emergency Asthma Management training.
☐ Asthma Emergency Kits (AEKs) are accessible to staff and include
in-date reliever medication, single person use spacers with masks
for under 5 year olds.
☐ Asthma First Aid posters are on display and information is
available for staff and parents.
☐ Policies are Asthma Friendly

RELATED POLICIES

- Acceptance and Refusal of Authorisations Policy
- Administration of First Aid Policy
- Administration of Medication Policy
- Child Protection
 Policy
- Excursion Policy
- Health and Safety Policy
- Incident, Illness, Accident & Trauma Policy

Quality Area 2: Children's Health and Safety

2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Education and Care Services National Regulations Children (Education and Care Services) National Law

90	Medical conditions policy
90 (1) (1v)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Approved Emergency Asthma Management (EAM) training: Training that is approved by the National Authority in accordance with Division 7 of the National Regulations, and is listed on the ACECQA website: http://www.acecqa.gov.au. EAM training provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.

Asthma Child and Adolescent Program (ACAP): A Commonwealth Government funded, one-hour asthma training program available free of charge to all preschool staff (four-year-old funded program). This training covers asthma management and first aid in an emergency. Asthma Australia recommends that all education staff working on site (teaching and non-teaching) attend an ACAP session. The program also provides resources to parents/guardians and carers of children with asthma.

Asthma Action Plan: A record of information on an individual child's asthma and its management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency. Asthma Action Plan templates can be downloaded from The Asthma Foundation of Victoria's website: www.asthma.org.au. A sample plan specifically for use in children's services is available from this website

Asthma emergency: The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication

Asthma first aid kit: Kits should contain:

reliever medication

1 small volume spacer device

1 compatible children's face mask

record form

asthma first aid instruction card.

Asthma triggers: Things that may induce asthma symptoms, for example, pollens, colds/viruses, dust mites, smoke and exercise. Asthma triggers will vary from child to child.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

Metered dose inhaler (puffer): A common device used to administer reliever medication.

Puffer: The common name for a metered dose inhaler

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Reliever medication: This comes in a blue/grey metered dose inhaler containing salbutamol, a chemical used to relax the muscles around the airways to relieve asthma symptoms. This medication is always used in an asthma emergency. Reliever medication is commonly sold by pharmacies as Airomir, Asmol, Epaq or Ventolin.

Spacer device: A plastic device used to increase the efficiency of delivery of reliever medication from a puffer. It should always be used in conjunction with a puffer device and may be used in conjunction with a face mask.

Staff record: Must be kept by the service and include details of the Nominated Supervisors, the educational leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Regulations 146–149).

DUTY OF CARE

Our Service has a legal responsibility to provide a. A safe environment b. Adequate Supervision Educators and staff members, including relief staff, need to know enough about Asthma reactions to ensure the safety of children.

BACKGROUND

Asthma is a chronic, treatable health condition affecting approximately one in 10 Australian children. It is the most common reason for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact. 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. With this in mind, our Service recognises the need to educate the staff and parents/guardians about asthma and to promote responsible asthma management strategies. Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. Our Service will ensure that there is at least one Educator on duty at all times who has current approved emergency asthma management training in accordance with the Education and Care Services National Regulations.

Implementation

We will involve all Educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs. A copy of all medical conditions policies will be provided to all Educators and volunteers and families of the Service. It is important that communication is open between families and Educators to ensure appropriate asthma management. It is imperative that all Educators and volunteers at the Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

Management and Nominated Supervisor will ensure:
\Box All Educators, staff, students and volunteers read and are aware of all medical condition
policies and procedures, and ensuring that they are aware of asthma management strategies upon employment at the Service.
\Box To provide approved Emergency Asthma Management (EAM) training to all staff as required under the National Regulations.
\square That all Educators' approved first aid qualifications, anaphylaxis management training and
Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law and National Regulations, and are approved by ACECQA.
\Box At least one staff member with current approved Emergency Asthma Management (EAM) training (refer to Definitions) is on duty at all times.
\Box The details of approved Emergency Asthma Management (EAM) training are included on the staff record.
\square Families are provided with a copy of the Service Asthma Management Policy upon enrolment of
their child.
☐ When medication has been administered to a child in an asthma emergency without
authorisation from the parent/guardian or authorised nominee, the parent/guardian of the chill and emergency services are notified as soon as is practicable.
☐ To identify children with asthma during the enrolment process and informing staff.
☐ To provide families with an Asthma Action Plan to be completed in consultation with, and signe by, a Medical Practitioner.
☐ To develop a Risk Minimisation Plan for every child with asthma, in consultation with parents/guardians.
☐ That all children with asthma have an Asthma Action Plan and Risk Minimisation Plan filed wit their enrolment record.
☐ A Medication Record is kept for each child to whom medication is to be administered by the Service.
☐ Families of all children with asthma provide reliever medication and a spacer (including a

child's face mask, recommended for children under 5 years of age) at all times their child is

attending the Service.

☐ The asthma first aid procedure is consistent with current national recommendations.
☐ That all Educators and staff members are aware of the asthma first aid procedure.
☐ The expiry date of reliever medication is checked regularly and replaced when required, and
that spacers and facemasks are replaced after every use.
☐ Communication between Management, Educators, staff and parents/guardians regarding
the Service Asthma Policy and strategies is reviewed and discussed regularly to ensure compliance.
☐ All Educators and staff are able to identify and minimise asthma triggers for children attending the Service, where possible.
☐ Children with asthma are not discriminated against in any way.
☐ Children with asthma can participate in all activities safely and to their full potential.
☐ To communicate any concerns with parents/guardians regarding the management of children with asthma at the Service.
☐ Asthma Australia's Asthma First Aid posters are displayed in key locations at the Service.☐ That medication is administered in accordance with the Administration of Medication Policy
In the event that a child suffers from an asthma emergency the Service and staff will:
☐ Follow the child's Asthma Action Plan.
\Box If the child does not respond to steps within the Asthma Action Plan call an ambulance immediately by dialing 000.
☐ Continue first aid measures.
☐ Contact the parent/guardian when practicable.
☐ Contact the emergency contact if the parents or guardian can't be contacted when
practicable.
☐ Notify the regulatory authority within 24 hours.

Educators and Staff will ensure:
$\hfill\square$ They are aware of the Service Asthma Management Policy and Asthma First Aid Procedure
(ensuring that they can identify children displaying the symptoms of an asthma attack and
locate their personal medication, and Asthma Action Plans.
☐ To maintain current approved Asthma Management qualifications.
$\hfill\square$ They are able to identify and, where possible, minimising asthma triggers as outlined in the
child's Asthma Action Plan.
☐ Asthma first aid kit, children's personal asthma medication and Asthma Action Plans are
taken on excursions or other offsite events.
\square To administer prescribed asthma medication in accordance with the child's Asthma Action
Plan and the services Administration of Medication Policy.
☐ A Risk Minimisation Plan is developed for every child with asthma in consultation with
parents/guardians.
\square To discuss with parents/guardians the requirements for completing the enrolment form and
medication record for their child.
$\hfill\square$ To consult with the parents/guardians of children with asthma in relation to the health and
safety of their child, and the supervised management of the child's asthma.
\square Communicate any concerns to parents/guardians if a child's asthma is limiting his/her
ability to participate fully in all activities.
☐ Children with asthma are not discriminated against in any way.
☐ Children with asthma can participate in all activities safely and to their full potential.

 \Box Document any attack, advising parents as a matter of priority.

Families will:
☐ Read the Service Asthma Management Policy.
☐ Inform Educators and staff, either on enrolment or on initial diagnosis, that their child has
asthma.
☐ Provide a copy of their child's Asthma Action Plan to the Service and ensure it has been
prepared in consultation with, and signed by, a Medical Practitioner.
☐ Have the Asthma Action Plan reviewed and updated at least annually.
$\hfill\square$ Ensure all details on their child's enrolment form and medication record are completed prior
to commencement at the Service.
☐ Work with staff to develop a Risk Minimisation Plan for their child.
$\hfill\square$ Provide an adequate supply of appropriate asthma medication and equipment for their child
at all times.
\square Notify staff, in writing, of any changes to the information on the Asthma Action Plan,
enrolment form or medication record.
\square Communicate regularly with Educators and staff in relation to the ongoing health and
wellbeing of their child, and the management of their child's asthma.
☐ Encourage their child to learn about their asthma, and to communicate with Service staff if
they are unwell or experiencing asthma symptoms.

Plan of action for a child with diagnosed asthma The staff, together with the parents/guardians of a child with asthma, will discuss and agree on a plan of action for the emergency management of an asthma attack based on the Asthma First Aid Plan. This plan will be included as part of, or attached to, the child's asthma action plan and enrolment record. This plan should include action to be taken where the parents/guardians have provided asthma medication, and in situations where this medication may not be available.

Sources

☐ Australian Children's Education & Care Quality Authority (2014).
\square Guide to the Education and Care Services National Law and the Education and Care Services
National Regulations.
☐ ECA Code of Ethics.
☐ Guide to the National Quality Standard.
☐ Staying Healthy in Child Care. 5th Edition.
☐ Asthma Australia – www.asthmaaustralia.org.au
☐ Revised National Quality Standard.

Review

Policy Reviewed	Modifications	Next Review Date
2017	Updated the references to comply with the Revised National Quality Standard.	2020
2021		