



Asthma Policy

Authorisation	DSCC Management Committee
Review Date	May 2021
Approved Date	22 June 2021
Next Review Date (Frequency)	May 2024 (3 years) or sooner as required.
Relevant Documents	<p>Dealing with Medical Conditions Policy</p> <p>Administration of Medication Policy</p> <p>Incident, Injury, Trauma and Illness Policy</p> <p>Privacy and Confidentiality Policy</p> <p>Attachment 1: Asthma First Aid Procedure</p> <p>Attachment 2: Asthma Care Plan</p> <p>Attachment 4: Medical condition risk minimisation and communication plan</p>

AUTHORISATION

This policy was reviewed and adopted by the Dawson Street Child Care Co-operative (DSCC), at a committee meeting on the Approved Date defined above.

POLICY STATEMENT

Values

DSCC is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with asthma can participate to their full potential
- providing a clear set of guidelines and procedures to be followed with regard to the management of asthma
- educating and raising awareness about asthma among educators, staff, parents/guardians and any other person(s) dealing with children enrolled at the service.

Purpose

This policy will outline the procedures to:

- ensure educators, staff and parents/guardians are aware of their obligations and the best practice management of asthma at Dawson Street Child Care Co-operative (DSCC)
- ensure that all necessary information for the effective management of children with asthma enrolled at DSCC is collected and recorded so that these children receive appropriate attention when required
- respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.

SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day-to-Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of DSCC.

Asthma management should be viewed as a shared responsibility. While DSCC recognises its duty of care towards children with asthma during their time at the service, the responsibility for ongoing asthma management rests with the child's family and medical practitioner.

BACKGROUND AND LEGISLATION

Background

Asthma is a chronic, treatable health condition that affects approximately one in nine Australian children and is one of the most common reasons 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, a service must recognise the need to educate staff and parents/guardians about asthma and 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 are protected from hazards and harm. The Approved Provider 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 2011* (Regulation 136(c)). As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved emergency asthma management training (refer to *Definitions*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 90, 92, 93, 94, 95, 96, 136, 137
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *Privacy Act 1988* (Cth)
- *Privacy and Data Protection Act 2014* (Vic)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>

Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

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 Care 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. An Asthma Care Plan template specifically for use in children's services can be downloaded from Asthma Australia's website: www.asthma.org.au (refer to Attachment 2)

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
- 2 small volume spacer devices
- 2 compatible children's face masks (for children under the age of four)
- record form
- asthma first aid instruction card.

The Asthma Australia recommends that spacers and face masks are for single-use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.

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.

Reliever medication: This comes in a blue/grey metered dose inhaler containing salbutamol, an ingredient 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, or Ventolin.

Risk minimisation plan: Provides information about child-specific asthma triggers and strategies to avoid these in the service (refer to Attachment 4).

Spacer: A plastic chamber 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). A sample staff record is available on the ACECQA website: www.acecqa.gov.au

SOURCES AND RELATED POLICIES

Sources

- Asthma Australia: www.asthma.org.au or phone (03) 9326 7088 or 1800 278 462 (toll free)
- Australian Children’s Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA.

Service policies

- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Dealing with Medical Conditions Policy*
- *Emergency and Evacuation Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy.*

PROCEDURES

The Approved Provider or Persons with Management and Control is responsible for:

- providing the Nominated Supervisor and all staff with a copy of the service’s *Asthma Policy*, and ensuring that they are aware of asthma management strategies (refer to Attachment 1) upon employment at the service
- providing approved Emergency Asthma Management (EAM) training (refer to *Definitions*) to staff as required under the National Regulations
- ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (refer to *Definitions*) is on duty at all times
- ensuring the details of approved Emergency Asthma Management (EAM) training (refer to *Definitions*) are included on the staff record (refer to *Definitions*)
- providing parents/guardians with a copy of the service’s *Asthma Policy* upon enrolment of their child (Regulation 91)
- identifying children with asthma during the enrolment process and informing staff
- providing parents/guardians with an Asthma Care Plan (refer to *Definitions and Attachment 2*) to be completed in consultation with, and signed by, a medical practitioner

- developing a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for every child with asthma, in consultation with parents/guardians
- ensuring that all children with asthma have an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
- ensuring parents/guardians of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) at all times their child is attending the service
- implementing an asthma first aid procedure (refer to Attachment 1) consistent with current national recommendations
- ensuring that all staff are aware of the asthma first aid procedure
- ensuring adequate provision and maintenance of asthma first aid kits (refer to *Definitions*)
- ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use
- facilitating communication between management, educators, staff and parents/guardians regarding the service's *Asthma Policy* and strategies
- identifying and minimising asthma triggers (refer to *Definitions*) for children attending the service, where possible
- ensuring that children with asthma are not discriminated against in any way
- ensuring that children with asthma can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children with asthma at the service
- displaying Asthma Australia's *Asthma First Aid* poster (refer to *Sources* and Attachment 3) in key locations at the service
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring that 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 child and emergency services are notified as soon as is practicable (Regulation 94)
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

The Nominated Supervisor or Person in Day to Day charge is responsible for:

- ensuring 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 (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring that 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 child and emergency services are notified as soon as is practicable (Regulation 94)
- ensuring an asthma first aid kit (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)

- compiling a list of children with asthma and placing it in a secure, but readily accessible, location known to all staff. This should include the Asthma Care Plan for each child
- ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with asthma, and the location of their medication and action plans
- organising asthma management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma.

Educators and other staff are responsible for:

- ensuring that they are aware of the service's *Asthma Policy* and asthma first aid procedure (refer to Attachment 1)
- ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Care Plans and the asthma first aid kit
- maintaining current approved Emergency Asthma Management (EAM) (refer to *Definitions*) qualifications
- identifying and, where possible, minimising asthma triggers (refer to *Definitions*) as outlined in the child's Asthma Care Plan
- taking the asthma first aid kit, children's personal asthma medication and Asthma Care Plans on excursions or other offsite events
- administering prescribed asthma medication in accordance with the child's Asthma Care Plan and the *Administration of Medication Policy* of the service
- developing a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for every child with asthma in consultation with parents/guardians
- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- consulting 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
- communicating any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- ensuring that children with asthma are not discriminated against in any way
- ensuring that children with asthma can participate in all activities safely and to their full potential.

Parents/guardians are responsible for:

- reading the service's *Asthma Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has asthma
- providing a copy of their child's Asthma Care Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Care Plan should be reviewed and updated at least annually
- ensuring all details on their child's enrolment form and medication record (refer to *Definitions*) are completed prior to commencement at the service
- working with staff to develop a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for their child
- providing an adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is appropriately labelled with the child's name
- notifying staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record

- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- encouraging their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: [Asthma First Aid Procedure](#)
- Attachment 2: Asthma Care Plan – download from the Asthma Australia website: https://asthma.org.au/wp-content/uploads/About_Asthma/Schools/AACPED2018-Care-Plan-for-Schools-A4_2019.pdf
- Attachment 3: Asthma First Aid poster – download from the Asthma Australia website: <https://asthma.org.au/about-asthma/how-we-can-help/first-aid/>
- Attachment 4: Medical Condition Risk Minimisation and Communication Plan

REVIEW DATE:

Date Reviewed	Details of Changes (if any)	Date of Next Review
May 2021	Minor update in line with ELAA policy and update on Minimisation and Communication Plan.	May 2024
Sept 2017	General Update	Sept 2021
June 2013	General Update	June 2017

ATTACHMENT 1

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's 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.

ATTACHMENT 2

Asthma Care Plan – download from the Asthma Australia website: https://asthma.org.au/wp-content/uploads/About_Asthma/Schools/AACPED2018-Care-Plan-for-Schools-A4_2019.pdf

ATTACHMENT 3

Attachment 3: Asthma First Aid poster – download from the Asthma Australia website: <https://asthma.org.au/about-asthma/how-we-can-help/first-aid/>

ATTACHMENT 4

MEDICAL CONDITION RISK MINIMISATION AND COMMUNICATION PLAN

To be attached to child's Medical Action Plan

Child's Name: _____
Child's Room: _____
Medical Condition: _____
Record of when family has notified and provided a copy of Action Plan: Parent/ Guardian's Name who made the notification: _____ Date of notification: _____
Staff that was notified of the medical condition: _____
Medical Action Plan received: YES / NO Date Received: _____
Medication Provided: YES / NO Type of Medication: _____
Date Medical Action Plan displayed, and staff notified: _____
Date of Staff Meeting where it was discussed with all staff: _____

1. What are the triggers/symptoms for this medical condition:

ALLERGEN	SOURCES OF EXPOSURE	RISK MINIMISATION
		Consider: <ul style="list-style-type: none"> removal of/limiting access to allergens food preparation, storage, handling, consumption and the serving of food signs and list of triggers.
Food allergies	In traces, in contact and in presence in food that is cooked and in packaging.	Cook and all staff are aware of know food allergy and ensure that food that are only for the at-risk child are clearly labelled and kept in a separate container. Food is to be prepared for clearly labelled for the child with a photo to the food prepared from the kitchen. Food packaging of risk foods is kept separate and in labelled containers. Food Safety and Hygiene Policy will be followed by

		staff when serving food
	Routine outings and Excursions.	Medication is taken on all outings attended by the at-risk child (including fire drills).
	If child has an allergic reaction:	Familiar educator to stay and administer the medication to minimise distress of child. Director/ Certified Supervisor/ Responsible Person to telephone the ambulance and parent. As well as give permission to paramedics into the service and administer the child. All other educators and staff to supervise other children and clear the area, if needed.
	Ensuring regular checks and updates of the expiry date to medication and Action Plan	Assistant Director (Dee) and OH&S officer (Lucy) are responsible in ensuring medication and Action Plans are up to date.

2. Does everyone recognise the at-risk child?

STRATEGIES TO INFORM ALL STAFF / RELIEF STAFF / VOLUNTEERS / STUDENTS	
<p>Ensure all staff, relief staff, volunteers and students are familiar with:</p> <ul style="list-style-type: none"> • the child with the specific health need, allergy or medical conditions • Child's Medical Management and Risk Assessment Plan • Location of Child's medication: <p>Location of Child's Medication is with the Action Plan located in the Emergency Medication basket within the child's room and is accessible to staff at all times.</p>	<p>How will relief staff/volunteers/students be notified:</p> <ul style="list-style-type: none"> • Relief staff are notified through the Relief staff communications book • Medical Management Plans with photos are visible in all rooms. Relief staff/ students/ volunteers are directed to this when they start work. • Students/volunteers will be informed during their orientation to the centre via the Induction checklist for volunteers/students as per the Participation of Volunteers and Students Policy.
<p>The service ensures there is a first aid officer on duty at all time.</p>	<p>All staff have up to date Anaphylaxis and Asthma Training and is updated annually.</p>
<p>The service displays the Asthma First Aid poster in key locations, and emergency call information posters near all telephones.</p>	<p>Asthma First Aid posters up in hallway, staff room and office.</p>

STRATEGIES TO INFORM FAMILIES	
<p>Do families know how the centre manages medical conditions?</p>	<p>Upon enrolment, all families are provided the details of where the centre's policies can be accessed and updated.</p> <p>The following policies are accessible to families on</p>

	<p>the website:</p> <ul style="list-style-type: none"> • Asthma Policy • Anaphylaxis Policy • Epilepsy Policy • Dealing with Medical Conditions Policy • Administration of Medication and First Aid Policy
Ensure families are aware of the policy that no child is permitted to attend the service without the prescribed and current medication.	As per policy, the medication must be always available while child is in attendance. Parents will be notified if medication and/or Action Plan is due for review and need to be updated.
If Medical Condition changes:	Families will notify staff as soon as possible on the changes to the medical condition and are to be documented in the child's Individual Medication Record Book.
Ensure all families are aware of any possible known allergens.	Families are communicated through posters and signs on the door of number of Anaphylaxis child/staff on premises. A sign to remind all staff, families, and visitors that we are a Nut Aware zone.

3. Review and updates of Medications, Action plan and Communication Plan.

MEDICATION (EPIPEN/VENTOLIN INHALER/OTHER MEDICATION)			
Type of Medication:	Expiry Date:	Quarterly Expiry checks:	
		Date:	Sign:
		Date:	Sign:
		Date:	Sign:
		Date:	Sign:
		Date:	Sign:
		Date:	Sign:

Communication Plan
Notifying new educators of medical action plan and risk minimisation strategies (communicated

annually at the start of each year):

Date:	Room:	List of Educators

Review of the risk minimisation plan annually:

Risk Minimisation Plan Annual Reviews:

Date:	Name & Signature	
Date:	Name & Signature	
Date:	Name & Signature	

Additional communication from parents/guardian:

Parent input to Risk Minimisation Plan

