

ASTHMA POLICY

Mandatory – Quality Area 2

This policy was written in consultation with Asthma Australia. Asthma Australia's *Asthma & the Child in Care Model Policy* has been incorporated into this policy by ELAA. For more detailed information, visit Asthma Australia's website: www.asthma.org.au

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 Wilson Street Kindergarten
- ensure that all necessary information for the effective management of children with asthma enrolled at Wilson Street Kindergarten 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*.

POLICY STATEMENT

1. VALUES

Wilson Street Kindergarten 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.

2. 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 Wilson Street Kindergarten.

Asthma management should be viewed as a shared responsibility. While Wilson Street Kindergarten 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.

3. BACKGROUND AND LEGISLATION

Background

Asthma is a chronic, treatable health condition that affects approximately one in 9 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.

Epidemic thunderstorm asthma is the phenomenon where a large number of people develop asthma symptoms over a short period of time. It is thought to be triggered by an uncommon combination of high pollen levels and a certain type of thunderstorm. Those at risk of epidemic thunderstorm asthma include; people with asthma, People with a past history of asthma, those with undiagnosed asthma, people with seasonal hay fever who have not ever had asthma. Please refer to the Asthma Australia web site for more information.

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/>

4. 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 the *Resources* section of Asthma Australia's website: www.asthma.org.au

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.

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, and also depend upon the weather.

Duty of care: A common law principle 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. A risk minimisation plan template specifically for use in children's services can be downloaded from the *Resources* section of Asthma Australia website: www.asthma.org.au

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

5. SOURCES AND RELATED POLICIES

Sources

- Asthma Australia: www.asthma.org.au
- 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: Sample Asthma Care Plan – download from the *Resources* section of the Asthma Australia website:
<https://www.asthmaaustralia.org.au/ArticleDocuments/1806/AACPED2016%20Care%20Plan%20for%20Early%20Childhood%20A4.pdf.aspx>
- Attachment 3: Asthma First Aid poster – download from the Asthma Australia website:
<https://www.asthmaaustralia.org.au/national/about-asthma/resources/first-aid>
- Attachment 4: Asthma Risk Minimisation Plan – download from the *Resources* section of the Asthma Australia website: www.asthma.org.au

AUTHORISATION

This policy was adopted by the Committee of Management of Wilson Street Kindergarten on 19 October 2020.

REVIEW DATE: TERM 4, 2022

ACKNOWLEDGEMENT

Early Learning Association Australia (ELAA) acknowledges the contribution of Asthma Australia in developing this policy. If your service is considering changing any part of this model policy, please contact Asthma Australia to discuss your proposed changes (refer to *Sources*).

ATTACHMENT 1

Asthma First Aid Procedure

This Asthma First Aid Procedure has been reproduced from Asthma Australia First Aid.

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 blue 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 reliever puffer medication

- Use a spacer if there is one
- Shake the puffer
- Put 1 puff into the spacer
- Take 4 breaths from spacer

Repeat until 4 puffs have been taken.

Remember: Shake, 1 puff, 4 breaths

(This medication is safe to administer and may be lifesaving).

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 puffs every 4 minutes until emergency assistance arrives.

ATTACHMENT 2
Sample Asthma Care Plan

T

ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

NAME _____

DATE _____

NEXT ASTHMA CHECK-UP DUE _____

DOCTOR'S CONTACT DETAILS

EMERGENCY CONTACT DETAILS

Name _____

Phone _____

Relationship _____

WHEN WELL *Asthma under control (almost no symptoms)* ALWAYS CARRY YOUR RELIEVER WITH YOU

Your preventer is: _____
(NAME & STRENGTH)

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is: _____
(NAME)

Take _____ puffs _____

When: You have symptoms like wheezing, coughing or shortness of breath

Use a spacer with your inhaler

Peak flow* (if used) above:

OTHER INSTRUCTIONS
(e.g. other medicines, trigger avoidance, what to do before exercise)

WHEN NOT WELL *Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)*

Keep taking preventer: _____
(NAME & STRENGTH)

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is: _____
(NAME)

Take _____ puffs _____

Use a spacer with your inhaler

Peak flow* (if used) between _____ and _____

OTHER INSTRUCTIONS Contact your doctor
(e.g. other medicines, when to stop taking extra medicines)

IF SYMPTOMS GET WORSE *Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)*

Keep taking preventer: _____
(NAME & STRENGTH)

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is: _____
(NAME)

Take _____ puffs _____

Use a spacer with your inhaler

Peak flow* (if used) between _____ and _____

OTHER INSTRUCTIONS Contact your doctor today
(e.g. other medicines, when to stop taking extra medicines)

Prednisolone/prednisone:

Take _____ each morning for _____ days

DANGER SIGNS *Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)*

**DIAL 000 FOR
AMBULANCE**

Peak flow (if used) below:

Call an ambulance immediately
Say that this is an asthma emergency
Keep taking reliever as often as needed

Use your adrenaline autoinjector (EpiPen or Anapen)

National Asthma Council Australia
leading the attack against asthma

nationalasthma.org.au

* Peak flow not recommended for children under 12 years.

ATTACHMENT 3
Asthma First Aid poster

This poster is available for download from The Asthma Australia website.

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.)



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

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

(OR 1 dose of Bricanyl or Symbicort every 4 minutes — up to 3 more doses of Symbicort).



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 is not available
- If you are not sure if it's asthma
- If 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



Asthma Australia

Contact your local Asthma Foundation

1800 ASTHMA (1800 278 462) asthmaaustralia.org.au

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ATTACHMENT 4

Asthma Risk Minimisation Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (Asthma Action Plan) provided by the parent.

It is the parents' responsibility to provide the school with a copy of the student's Asthma Action Plan containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Known Asthma Triggers			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		

Emergency care to be provided at school	
Storage of reliever medication	

ENVIRONMENT

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

This Individual Asthma Risk Minimisation Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition, insofar as it relates to asthma, changes
- as soon as practicable after the student has a severe / life-threatening asthma attack at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Asthma Risk Minimisation Plan.
I consent to the risk minimisation strategies proposed.

Signature of parent:	
Date:	
I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Asthma Risk Minimisation Plan.	
Signature of principal (or nominee):	
Date:	