

Asthma Management Policy

Quality Area 2



1. Purpose

This service is committed to providing an environment that fosters the growth and development of children while protecting their health, safety and wellbeing. This includes the implementation of policies and procedures in relation to asthma.

The purpose of this policy is to ensure that the service provides a safe environment, minimising the risks associated with asthma, to ensure staff responds appropriately in the event of a child suffering an asthma attack, and to raise awareness of asthma and its management through education and policy implementation.

2. Scope

This policy applies to children, families, staff, volunteers and visitors at the service.

3. Background

Asthma is clinically defined as a chronic lung disease that can be controlled but not cured. In clinical practice, asthma is defined by the presence of both excessive variation in expiratory airflow that is greater than that seen in healthy children, and respiratory systems that vary over time and may be present or absent at any point in time. While asthma is the most common reason for childhood admission to hospital, with effective management people with asthma need not restrict their daily activities.

Symptoms of asthma may vary between children but may include wheezing, coughing, chest tightness, difficulty breathing and shortness of breath. It is generally accepted that children under six years of age do not have the skills to recognise and manage their own asthma without adult assistance. It can also be difficult to diagnose asthma with certainty in children under six years of age.

Common triggers for asthma include viral respiratory infections, cigarette smoke, physical exercise, allergens such as mould, pollens or pets, irritants such as dust, pollution, wood smoke, chemicals and strong smells such as perfumes and cleaning products, stress or high emotions, and changes in air temperature or atmospheric pressure.

4. Principles

MACSEYE is committed to:

- providing a safe and healthy environment for all children, early childhood teachers, educators, staff, and others attending the service.
- providing an environment in which all children with asthma can participate to their full potential.
- providing a clear set of guidelines in relation to asthma management.

- educating and raising awareness about asthma among staff, parents/guardians and any other persons working with children enrolled at the service.

5. Roles and responsibilities

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 upon employment at the service
- providing approved Certified First Aid training, which also includes Asthma Training (HLTAID012 - Provide First Aid in an education and care setting) to staff as required under the National Regulations
- ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training is on duty at all times
- ensuring the details of approved Emergency Asthma Management (EAM) training are included on the staff record
- providing parents/guardians with a copy of the service's Asthma Management Policy via the MACSEYE website
- identifying children with asthma during the enrolment process and informing staff
- providing parents/guardians with an Asthma Care Plan to be completed in consultation with, and signed by, a medical practitioner
- developing a Risk Minimisation Plan 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
- 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 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
- 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 Management Policy and strategies
- identifying and minimising asthma triggers 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
- ensuring that medication is administered in accordance with the Medical Conditions 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

- 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 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, and are approved by ACECQA
- ensuring that medication is administered in accordance with the Medical Conditions 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
- ensuring an asthma first aid kit is taken on all excursions and other offsite activities
- 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
- 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 Management Policy
- 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 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 Medical Conditions Policy of the service
- developing a Risk Minimisation Plan 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 Management 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 are completed prior to commencement at the service
- working with staff to develop a Risk Minimisation Plan 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.

6. Related policies

- Attachment 1 - Asthma First Aid Procedure
- Administration of First Aid Policy
- Medical Conditions and Administration of Medication Policy
- Enrolment and Orientation Policy
- Excursions and Incursions Policy
- Incident, Injury, Trauma, and Illness Policy
- Supervision Policy

7. Legislative requirements

NATIONAL QUALITY STANDARDS (NQS)

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| Quality Area 2 | Children's Health and Safety |
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EDUCATION AND CARE SERVICES NATIONAL LAW ACT

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| Section 167 | Offence relating to protection of children from harm and hazards |
| Section 169 | Offence relating to staffing arrangements |
| Section 174 | Offence to fail to notify certain information to Regulatory Authority |

EDUCATION AND CARE SERVICES NATIONAL LAW REGULATIONS

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| Regulation 12 | Meaning of a serious incident |
| Regulation 85 | Incident, injury, trauma and illness policies and procedures |
| Regulation 86 | Notification to parents of incident, injury, trauma and illness |
| Regulation 87 | Incident, injury, trauma and illness record |
| Regulation 88 | Infectious diseases |

EDUCATION AND CARE SERVICES NATIONAL LAW REGULATIONS

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| Regulation 89 | First aid kits |
| Regulation 90 | Medical conditions policy |
| Regulation 90(1)(iv) | Medical Conditions Communication Plan |
| Regulation 91 | Medical conditions policy to be provided to parents |
| Regulation 92 | Medication record |
| Regulation 93 | Administration of medication |
| Regulation 94 | Exception to authorisation requirement—anaphylaxis or asthma emergency |
| Regulation 95 | Procedure for administration of medication |
| Regulation 136 | First aid qualifications |
| Regulation 162 | Health information to be kept in enrolment record |
| Regulation 168 | Education and care service must have policies and procedures |
| Regulation 170 | Policies and procedures to be followed |
| Regulation 174 | Time to notify certain circumstances to Regulatory Authority |

RELATED LEGISLATIONS

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| Health Records Act 2001 (Vic) |
| Occupational Health and Safety Act 2004 (Vic) |
| 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) |

8. Definitions

| Term | Meaning |
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| Approved first aid qualifications | A qualification that includes training in the matters set out below, that relates to and is appropriate to children, and has been approved by ACECQA and published on the list of ACECQA's approved first aid qualifications and training. Matters are likely to include: emergency life support and cardiopulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device. |
| Approved provider | A person who holds a provider approval (National Law). A provider approval authorises a person to apply for one or more service approvals and is valid in all jurisdictions. |
| Approved Emergency | Training that is approved by the National Authority in accordance with Division 7 of the National Regulations and is listed on the ACECQA |

| Term | Meaning |
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| Asthma Management (EAM) training | 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 |
| Asthma emergency | The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication. |
| Asthma first aid kit | Kits should contain: <ul style="list-style-type: none"> • Ventolin CFC-Free 100mcg Asthma Inhaler Dose Counter 1 – Salbutamol • 1 Breathe-a-Tech Cardboard Spacer • Oral Space Chamber Combo Child Spacer Plus Mask |
| 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 reasonably foreseeable risk of injury |
| Education and care service premises | In relation to a centre-based service, means each place at which an education and care service operates or is to operate. |
| Educational program | A program that: <ul style="list-style-type: none"> • is based on an approved learning framework; and • is delivered in a manner that accords with the approved learning framework; and • is based on the developmental needs, interests, and experiences of each child; and • is designed to take into account the individual differences of each child (National Law). |
| Excursion | An outing organised by an education and care service, but does not include an outing organised by an education and care service provided on a school site if the child or children leave the education and care service premises in the company of an educator and the child or children do not leave the school site (National Regulations). |
| MACSEYE | Melbourne Archdiocese Catholic Early Years Education Ltd, a subsidiary of Melbourne Archdiocese Catholic Schools Ltd established to conduct early childhood education and care services. |
| 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. |
| Metered dose inhaler (puffer) | A common device used to administer reliever medication. |
| National Law | Unless otherwise specified, the Education and Care Services National Law Act. This applied law system sets a national standard for children's education and care across Australia. See the ACECQA website for the Application Act or legislation that applies in each jurisdiction. |

| Term | Meaning |
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| National Regulations | The Education and Care National Regulations. The National Regulations support the National Law by providing detail on a range of operational requirements for an education and care service. |
| Nominated supervisor | In relation to an education and care service, means a person who: <ul style="list-style-type: none"> • is nominated by the approved provider of the service under Part 3 to be a nominated supervisor of that service; and • unless the individual is the approved provider, has provided written consent to that nomination (National Law). |
| Person in day-to-day charge | A person is in day-to-day charge of an education and care service if: <ul style="list-style-type: none"> • the person is placed in day-to-day charge by the approved provider or a nominated supervisor of the service; and • the person consents to the placement in writing (National Regulations). There are minimum requirements for the person in day-to-day charge. |
| Person with management or control | In relation to an education and care service, means: <ul style="list-style-type: none"> • if the provider or intended provider of the service is a body corporate, an officer of the body corporate within the meaning of the Corporations Act 2001 of the Commonwealth who is responsible for managing the delivery of the education and care service; or • if the provider of the service is an eligible association, each member of the executive committee of the association has the responsibility, alone or with others, for managing the delivery of the education and care service; or • if the provider of the service is a partnership, each partner who has the responsibility, alone or with others, for managing the delivery of the education and care service; or • in any other case, a person who has the responsibility, alone or with others, for managing the delivery of the education and care service (National Law). |
| 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 assessment | A systematic process of evaluating the potential likelihood and consequences of risks that may be involved in a projected activity or undertaking. |
| 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. |

9. Policy information

| Policy information | | | |
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| Policy title: | Asthma Management Policy | Version: | 2.0 |
| Authorised Executive: | Director, Quality, Safety and Compliance | Responsible Manager: | General Manager, WHS, Wellbeing |
| Approving authority: | Managing Director | Approval date: | 06/09/2024 |
| Effective date: | 06/09/2024 | Review date: | 06/09/2025 |
| Review approval date: | 28/01/2026 | Next review date: | 28/01/2027 |

| Version control | | |
|-----------------|------------|---|
| Version | Date | Changes |
| 1.0 | 06/09/2024 | Policy developed and approved |
| 1.1 | 06/01/2026 | Policy reviewed to ensure it meets current regulatory and business requirements. Policy updated to accord with current style and branding requirements |
| 2.0 | 28/01/2026 | Policy approved |

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.