

	Asthma Policy & Procedure
Version No.	Version 6 2024
Authorisation	General Manager
Expiry Date	Policy to be reviewed Annually
Responsible Officer	Manager Evolve Early Learning & Kindergarten
Policy Owner	Evolve Early Learning & Kindergarten

Policy

Evolve Early Learning & Kindergarten service 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

Evolve Early Learning & Kindergarten is committed to:

- Ensure educators, staff and parents/guardians are aware of their obligations and the best practice management of Asthma at Evolve Early Learning & Kindergarten
- Ensure that all necessary information for the effective management of children with Asthma enrolled at Evolve Early Learning & 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 who experience breathing difficulties (suspected Asthma Attack) at the service.
- This policy has been adapted from *PolicyWorks* Manual - National Quality Framework released by the Early Learning Association Australia.

Scope

This policy applies to Evolve Early Learning & Kindergarten who is responsible for the direct education and care of children including offsite excursions and activities.

This policy applies to the Approved Provider, Nominated Supervisor/Primary Nominee, Nominated Certified Supervisor, Educators, Staff, Students on placement, Volunteers, Parents/guardians, Children and others attending Evolve Early Learning & Kindergarten.

Asthma Management should be viewed as a shared responsibility. While Evolve Early Learning & 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 **National Quality Standards (NQS)**

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.

Background

- Asthma is a long-term lung condition. People with asthma have sensitive airways in their lungs which react to triggers, causing a 'flare-up'. In a flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow and there is more mucus. These things make it harder to breathe.
- An asthma flare-up can come on slowly (over hours, days or even weeks) or very quickly (over minutes). A sudden or severe asthma flare-up is sometimes called an asthma attack Symptoms of Asthma vary between children and include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing, shortness of breath.
- 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/educators 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. Services operating within the National Regulations 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)).

Education and Care National Regulations

- Medical Conditions Policy (National Regulations 90)
- Medical Conditions Communication Plan (National Regulations 90(1)(iv))
- Medical Conditions policy to be provided to parents (National Regulations 91)
- Medical Record (National Regulations 92)

- Administration of medication (National Regulations 93)
- Exception to authorisation requirement - anaphylaxis or asthma emergency (National Regulations 94)
- Procedure for administration of medication (National Regulations 95)
- Self-administration of medication (National Regulations 96)

Responsibility/Accountability

The Approved Provider, according to Regulations is responsible for the implementation of this policy. This will be achieved through Centre Manager and the staff:

- Providing the Nominated Supervisor/Primary Nominee and all staff with access to the service's *Asthma Policy*
- Providing EAM Training (refer to *Definitions*) to staff as required under the National Regulations
- One staff member/educator with current Approved EAM Training (refer to *Definitions*) is on duty at all times
- Details of Approved EAM Training (refer to *Definitions*) are included on the Staff/educator Record (refer to *Definitions*)
- Providing parents/guardians with access to the service's *Asthma Policy* upon enrolment of their child (National Regulation 91)
- Identifying children with Asthma during the enrolment process and informing staff/educator
- 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
- Developing a Communication Plan for every child with Asthma, in consultation with parents/guardians
- All children with Asthma have an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment form
- Medication Record is kept for each child to whom medication is to be administered by the service (National Regulation 92)
- Parents/guardians of all children with Asthma provide Reliever Medication and a Spacer Device including a child's face mask, if required, at all times their child is attending the service
- Implementing an Asthma Procedure consistent with current national recommendations
- All staff are aware of the Asthma Procedure
- The expiry date of Reliever Medication is checked regularly (and medication is replaced when required), and that Spacer Devices 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
- Children with Asthma are not discriminated against in any way
- 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*) in key locations at the service

- Medication is administered in accordance with the *Administration of Medication Policy*
- When medication has been administered to a child in an Asthma Emergency without authorisation from the parent/guardian or authorised person, the parent/guardian of the child and emergency services are notified as soon as is practicable (National Regulations 94)

The Nominated Supervisor/Primary Nominee is responsible for:

- Ensuring that all First Aid qualifications, Anaphylaxis management and EAM held by educators are current and meet the requirements of the National Law (Section 169(4)), National Regulations 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 person, the parent/guardian of the child and emergency services are notified as soon as is practicable (National Regulation 94) National Regulations
- 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 educators. This should include the Asthma Care Plan for each child.
- Ensuring that induction procedures for casual and relief staff, students and volunteers, include information about children attending the service who have been diagnosed with Asthma, and the location of their Medication and Asthma Care Plans
- Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with Asthma.

Certified Supervisors/Nominees and other educators are responsible for:

- Ensuring that they are aware of the service's *Asthma Policy* and Asthma First Aid Procedure
- Ensuring that they can identify children displaying the symptoms of an Asthma Attack and locate their personal medication, Asthma Care Plan and the Asthma First Aid Kit
- Maintaining current Approved 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 for every child with Asthma in consultation with parents/guardians
- Developing a Communication 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 their 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/educators, 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 or as changes occur
- 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/educators to develop a Risk Minimisation Plan for their child
- Working with staff/educators to develop a Communication Plan for their child
- Providing an adequate supply of appropriate Asthma Medication and equipment for their child at all times
- Notifying staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or Medication Record
- Communicating regularly with staff/educators 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/educators if they are unwell or experiencing Asthma symptoms.
- Ensuring parents/guardians of all children with Asthma provide Reliever Medication and a Spacer Device including a child's face mask, if required, at all times their child is attending the service.
- Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Definitions

The terms defined in this section relate specifically to this policy and related procedures. For commonly used terms e.g. Approved Provider, Regulatory Authority etc. refer to the *Glossary of Terms*.

Word/Term	Definition
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 Australian Children's Education and Care Quality Authority (ACECQA) website. EAM Training provides knowledge about the underlying causes of Asthma, Asthma Triggers and the recognition and treatment of an Asthma Attack.
Asthma Attack	An asthmatic episode that usually requires the use of medication.

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. Asthma Care Plan templates can be downloaded from The Asthma Foundation of Victoria's website (see <i>Sources</i>).
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 Small volume Spacer Device

	Children's face mask Record form Asthma First Aid instruction card. The Asthma Foundation of Victoria recommends that Spacer Devices and face masks are for single-use only. Spacer Devices and face masks 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.
Communication Plan	A plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff/educators in relation to the policy. The Communication Plan also describes how parents/guardians and staff/educators will be informed about Risk Minimisation Plans and emergency procedures to be followed when a child diagnosed with Asthma is enrolled at a service.
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 (National Regulation 92). A sample Medication Record is available on the ACECQA website.
Metered Dose Inhaler (Puffer)	A common device used to administer Reliever Medication.
MICA Ambulance	Mobile Intensive Care Ambulance (MICA) paramedics have a higher clinical skill set and can perform more advanced medical procedures. MICA paramedics training goes beyond practical skill precision to include more detail in anatomy, physiology, pathophysiology and pharmacology to greater increase capacity to make complex clinical decisions without medical consultation.

Reliever Medication	This comes in a blue/grey Puffer 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 under names such as Airomir, Asmol, Epaq or Ventolin.
Risk Minimisation Plan	A service-specific plan that documents a child's Asthma, identifies the risks and practical strategies to minimise those risks. The Risk Minimisation Plan should include who is responsible for implementing those strategies. The Risk Minimisation Plan should be developed by families of children with Asthma that require an Asthma Care Plan, in consultation with the staff/educators at the service upon enrolment or diagnosis of Asthma.
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	A record which the Approved Provider of a service must keep containing information about the Nominated Supervisor/Primary Nominee, staff, educators, volunteers and students at a service, as set out under the National Regulations.

ASTHMA PROCEDURE

Purpose

This procedure will provide a process to:

- Ensure educators, staff and parents/guardians are aware of their obligations and the best practice management of Asthma at Evolve Early Learning & Kindergarten
- Ensure that all necessary information for the effective management of children with Asthma enrolled at Evolve Early Learning & 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 procedure applies to services responsible for the direct education and care of children including offsite excursions and incursions
- Asthma Management should be viewed as a shared responsibility. While Evolve Early Learning & 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

Procedure

In terms of daily routines for allergens the educator will ensure that the child's exposure to the identified allergen is, if possible, prevented and at least minimised

In terms of Asthma Care Plans:

- Once a child has been diagnosed with Asthma, prior to the child accessing care, the parent/guardian is to provide a current Asthma Care Plan (including a current photograph of the child), which is to be prepared and signed in consultation with a medical practitioner
- Educators are to follow the processes outlined in the Asthma Care Plan
- The Asthma Care Plan, or a description of its location, is required to be displayed at the service

In terms of Asthma Risk Minimisation Plans:

- Parents/guardians will be required to complete the Evolve Early Education & Kindergarten Risk Minimisation Plan for each child in the service who has been

diagnosed as at risk of Asthma. This plan is to be used in conjunction with the Asthma Care Plan

- Prior to accessing the service, educators are to develop a Risk Minimisation Plan in consultation with the parent/guardian, which includes the identified risks, identifies the child, their Asthma Care Plan and the location of their medication
- Educators are to ensure that the child does not attend the service without the medication prescribed by the child's medical practitioner. In the event that the service needs to supply a child with a spacer, the parent/guardian will be responsible for a new replacement

In terms of Communication Plan:

- A Communication Plan is to be developed that ensures all relevant staff, educators and volunteers are informed about the *Dealing with Medical Conditions Policy*, Asthma Care Plan, Risk Minimisation Plan and how the parent/guardian can communicate any changes to the Asthma Care Plan and Risk Minimisation Plan for their child
- All medication administered needs to be documented as per the *Administration of Medication Policy*
- Provide access to the *Asthma Policy* to all parents/guardians and educators
- At enrolment identify whether or not the child has been diagnosed at risk of Asthma
- In consultation with the parent/guardian develop a Risk Minimisation Plan
- Obtain an Asthma Care Plan from the parent/guardian that has been prepared and signed by the child's medical practitioner
- Attach a current photograph of the child provided by the parent/guardian to the Asthma Care Plan
- The staff member enrolling the child will identify the child at risk of Asthma to the appropriate educators
- Provide a copy of the Risk Minimisation Plan, Communication Plan and Asthma Care Plan to the educators
- All educators have access to the Asthma Care Plan
- Educators will communicate the allergen triggers to all other families in care as required to ensure best practice within programs
- Educators will identify any child at risk of Asthma to any staff, students, volunteers or visiting early childhood professionals and communicate to them the location of the child's Asthma Care Plan and identify where the Asthma medication is.
- Parents/guardians and educators are required to communicate any changes with one another. The Asthma Care Plan and Risk Minimisation Plan need to be updated each time a change occurs and a copy is to be provided to the educators of the service the child attends

In terms of emergency procedures:

- In the event of an Asthma Attack, educators will follow the Asthma Care Plan for that specific child. The educators must remain with child at all times until medical assistance arrives

- When speaking with the emergency services stay calm, speak clearly, give exact details of location, inform the operator you believe it is Asthma and request a MICA Ambulance. Do not hang up until directed by the operator
- Remove other children from area if possible
- Have somebody waiting outside for the ambulance to direct them to the patient if practicable
- Once medical attention has arrived and the Asthmatic attack has been confirmed by paramedics, contact parent/guardian and advise that the child has had an Asthma Attack and inform parent/guardian where the child is or which hospital child has been taken. If possible, allow paramedics to speak to parent
- Inform parents/guardians of other children to explain an ambulance had been called to the program and offer parents/guardians a choice to collect children. Ensure confidentiality is maintained
- Contact the Centre Manager & Approved Provider as soon as practicable
- The Centre Manager or Approved Provider needs to notify the Department of Education & Training (DET) as soon as practicable and no later than 24 hours after the emergency services has been called

References, Sources, Links to Legislation and Other Documents

Please refer to Reference and Sources

Related service policies:

Administration of Medication Policy

Administration of First Aid

Anaphylaxis Policy

Dealing with Medical Conditions Policy

Emergency and Evacuation Policy

Excursions and Service Events Policy

Incident, Injury, Trauma and Illness Policy

Inclusion and equity

Privacy and Confidentiality Policy Staffing Policy.