

## **Asthma Policy [Mandatory] (QA 2 Children's Health and Safety)**

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### **Purpose**

This policy will outline the procedures to:

- ensure ECT's/educators, staff and parents/guardians are aware of their obligations and the best practice management of asthma at MEYM
- ensure that all necessary information for the effective management of children with asthma enrolled at MEYM 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
- ensure ECT's/educators, staff and parents/guardians follow the advice from Emergency Management Victoria associated with thunderstorm asthma event

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

### **Policy Statement**

MEYM 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.

Asthma management should be viewed as a shared responsibility. While MEYM 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.

### **Scope**

This policy applies to:

- a) The Approved Provider (MEYM) or Persons with Management or Control,
- b) Nominated Supervisor;
- c) Persons in Day to Day Charge;
- d) Educators;
- e) Staff;
- f) Students on placement;
- g) Volunteers;

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- h) Parents/guardians;
- i) Children; and
- j) Others attending the programs and activities of MEYM including during offsite excursions and activities.

### 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
- Education and Care Services National Regulations 2011
- 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)

#### Definitions

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

**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:

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<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](http://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. These used items can be provided to the child/family as a means of suitability.

**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.

**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, Ventolin or Zempreon.

**Risk minimisation plan:** Provides information about child-specific asthma triggers and strategies to avoid these in the service (refer to Attachment 3).

**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.

### **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 (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);

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- 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;
- Ensuring that the service meets the requirements to be recognised as an Asthma Friendly Children's Service (refer to *Definitions*) with The Asthma Foundation of Victoria;
- 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*;

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- 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;

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- 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 and in date 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.

### **Supporting Documents and Templates**

#### **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 Foundation of Victoria website: [www.asthma.org.au](http://www.asthma.org.au)

### **Sources**

- Asthma Australia: [www.asthma.org.au](http://www.asthma.org.au) or phone 1800 278 462 (toll free)

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- Australian Children's Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA.

### **Related Policies**

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

### **Policy Control**

Approving Authority	Merri-bek Early Years Management Board
Date Approved	
Date Effective	
Review Date	Feb 2023

### **Version History**

Edition	Approved By	Approval Date	Summary of Changes/Notes
2	GM	17 Feb 2023	Update from DE and ELAA

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### **Acknowledgement**

MEYM acknowledges the contribution of The Asthma Foundation of Victoria in developing this policy. If your service is considering changing any part of this model policy please contact The Asthma Foundation of Victoria to discuss your proposed changes (refer to *Sources*).



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ATTACHMENT 1

### **Asthma First Aid Procedure**

This Asthma First Aid Procedure has been reproduced from The Asthma Foundation of Victoria's *Asthma & the Child in Care Model Policy*, Version 2, and March 2014.

#### **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.

#### ***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.

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### ***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.

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### Attachment 2

#### **Sample Asthma Care Plan**

Download from the *Resources* section of The Asthma Australia website:

<https://asthma.org.au/treatment-diagnosis/asthma-action-plan/>

### 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 Foundation of Victoria website: [www.asthma.org.au](http://www.asthma.org.au)

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Approved Asthma Plan 2023

### ASTHMA ACTION PLAN

Take this when you visit your doctor

**WELL CONTROLLED** is any of these...

- needing reliever medication no more than 2 days/week
- no asthma at night
- no asthma when I wake up
- can do all my activities

How many days in last 4 weeks:

**EMERGENCY CONTACT**

Name:

Phone:

Address:

**FLARE-UP** is any of these...

- needing reliever medication more than usual 2-3 days/week
- wake up overnight with asthma
- had asthma when I woke up
- can't do all my activities

How many days in last 4 weeks:

**TAKE preventer**

on  /  puffs/inhalations

**TAKE reliever**

puffs/inhalations as needed

**SEVERE** is any of these...

- reliever medication not lasting 2 hours
- wake up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

How many days in last 4 weeks:

**TAKE preventer**

on  /  puffs/inhalations for  days then back to well controlled dose

**TAKE reliever**

puffs/inhalations as needed

**START other medication**

**MAKE an appointment to see my doctor TODAY**

if unable to see my doctor/hospital

**START other medication**

**EMERGENCY** is any of these...

- reliever medication not working
- can't speak a full sentence
- extreme difficulty breathing
- feet swollen to end of content
- lips turning blue

How many days in last 4 weeks:

**CALL AMBULANCE NOW**  
Call Triple Zero (000)

**START ASTHMA FIRST AID**  
See page 4 of Asthma First Aid

If you are using a dual purpose reliever, your doctor will discuss the correct plan for you. ©2022 updated on September 2022

### ASTHMA FIRST AID

**Blue/Grey Reliever**  
Alramin, Asmol, Ventolin or Zempren and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma

**1** **DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:**

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- has a known allergy to food, insects or medication and has **SUDDEN BREATHING DIFFICULTY**. GIVE ADRENALINE AUTOINJECTOR FIRST (if available), even if there are no skin changes, then use a reliever

**2** **SIT THE PERSON UPRIGHT**

- Be calm and reassuring
- Do not leave them alone

**3** **GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER**

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken

If using Bricanyl, give 2 separate inhalations (2 years or older)

If you don't have a spacer handy in an emergency, take 1 puff as you take 4 deep breaths and hold each for as long as comfortable. Repeat until all puffs are given

**4** **WAIT 4 MINUTES**

- If breathing does not return to normal, give 4 more separate puffs of reliever as above




Bricanyl: Give 2 more inhalations

**IF BREATHING DOES NOT RETURN TO NORMAL**

**5** **DIAL TRIPLE ZERO (000)**

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

Bricanyl: Give 2 more inhalations every 4 minutes until emergency assistance arrives

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