

Asthma Management Policy

Scope

This policy applies to children, families, staff, management, the approved provider, nominated supervisor, students and visitors of the Service.

Statement

Asthma is a chronic health condition, which is one of the most common reasons for childhood admission to hospital. Correct asthma management will assist to minimise the impact of asthma. Children under the age of six usually do not have the skills or ability to recognise and manage their own asthma effectively. With this in mind, our Service recognises the need to educate its staff and families about asthma and to implement responsible asthma management strategies.

Legislative Requirements

NATIONAL QUALITY STANDARD (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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy

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

Related Policies

Administration of First Aid Policy Administration of Medication Policy Enrolment Policy Handwashing Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Supervision Policy
---	--

Goal

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for medical conditions including asthma management. We aim to create and maintain a safe and healthy environment for all children enrolled at the Service where all children with asthma can fully participate by ensuring all staff and educators follow our *Asthma Management Policy* and procedures and children’s medical management plans.

Duty of Care

We are committed to be an *Asthma Friendly Service* as outlined by Asthma Australia. This means:

- the majority of staff have current training in Asthma First Aid and routine Asthma management
- at least one staff member is on duty at all times children are in attendance at the Service who holds a current ACECQA-approved Emergency Asthma Management certificate
- Asthma Emergency Kits (AEKs) are accessible to staff and include in-date reliever medication, and single use spacers with masks for children under 5
- Asthma First Aid posters are on display and information is available for staff and parents
- policies are Asthma Friendly

Asthma Management Policy

Source: Australian Children's Education & Care Quality Authority (acecqa.gov.au)

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide

- a. a safe environment free from foreseeable harm and
- b. adequate Supervision for children.

Staff members, including relief staff, must have adequate knowledge of the signs and symptoms of asthma to ensure the safety and wellbeing of the children. Management will ensure all staff are aware of children's medical management plans and risk management plans.

Background

Asthma is clinically defined as a chronic lung disease, which can be controlled but not cured. In clinical practice, asthma is defined by the presence of both excessive variation in lung function, i.e. variation in expiratory airflow that is greater than that seen in healthy children ('variable airflow limitation'), and respiratory symptoms (e.g. wheeze, shortness of breath, cough, chest tightness) that vary over time and may be present or absent at any point in time (National Asthma Council Australia, 2015, p.4).

Asthma affects approximately one in 10 Australian children and adults. It is the most common reason for childhood admission to hospital. However, with correct 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 may vary between children, but may include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and 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. Our Service recognises the need to educate the staff and parents/guardians about asthma and to promote responsible asthma management strategies.

Asthma causes three main changes to the airways inside the lungs, and all of these can happen together:

- the thin layer of muscle within the wall of an airway can contract to make it tighter and narrower – reliever medicines work by relaxing these muscles in the airways.
- the inside walls of the airways can become swollen, leaving less space inside – preventer medicines work by reducing the inflammation that causes the swelling.
- mucus can block the inside of the airways – preventer medicines also reduce mucus.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. Our Service 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.

It can be difficult to diagnose asthma with certainty in children aged 0–5 years, because:

- episodic respiratory symptoms such as wheezing, and coughing are very common in children, particularly in children under 3 years
- objective lung function testing by spirometry is usually not feasible in this age group
- a high proportion of children who respond to bronchodilator treatment do not go on to have asthma in later childhood (e.g., by primary school age).

Asthma and Covid-19

There is no specific data as yet to suggest people with asthma are at greater risk of contracting COVID-19 however as this is a serious respiratory illness, anyone with asthma should implement strict hygiene measures to protect themselves and others.

Health practitioners have encouraged parents of children with asthma to:

- update their child's asthma medical management/action plan with their general practitioner
- ensure their child uses their reliever and preventer medicines (if required) as prescribed
- ensure their child continues taking medication to keep their asthma well controlled
- practice good hygiene and other measures to reduce contact with people who may be infected
- have their child tested for COVID-19 if they develop any symptoms (cough, fever, shortness of breath, sore throat)

(Asthma Australia, June 2020)

Strategies

All strategies detailed below will be implemented to the extent reasonably practicable.

Implementation

We will involve all educators, families, and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs. It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

Management, Nominated Supervisor/Responsible Person will ensure:

- that as part of the enrolment process, **all** parents/guardians are asked whether their child has a medical condition and clearly document this information on the child's enrolment record
- if the answer is *yes*, the parents/guardians are required to provide a medical management plan and signed by a registered medical practitioner prior to their child's commencement at the Service [see section below- *In Services where a child is diagnosed with asthma*]

- parents are provided with a copy of the Service's *Medical Conditions Policy, Asthma Management Policy* and *Administration of Medication Policy* upon enrolment of their child
- written consent is requested from families on the enrolment form to administer emergency asthma medication or treatment if required
- at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) is in attendance at all times education and care is provided by the Service as per Regulation 136(c)
- all staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises
- all educators have completed anaphylaxis management training and emergency asthma management training every two years [not mandated, but recommended as best practice]
- that all staff members are aware of
 - any child identified with asthma enrolled in the service
 - the child's individual medical management plan/action plan
 - symptoms and recommended first aid procedure for asthma and
 - the location of the child's asthma medication
- all staff members are able to identify and minimise asthma triggers for children attending the Service where possible
- upon employment at the Service all staff will read and be aware of all medical condition policies and procedures including this policy, maintaining awareness of asthma management strategies
- children with asthma are not discriminated against in any way
- children with asthma can participate in all activities safely and to their full potential
- *Asthma Australia's Asthma First Aid* for posters are displayed in key locations at the Service
- that medication is administered in accordance with the *Administration of Medication Policy*
- that in the event of a serious incident such as a severe asthma attack, notification to the regulatory authority is made within 24 hours of the incident
- that when medication has been administered to a child in an asthma emergency, the parent/guardian of the child are notified as soon as is practicable or within 24 hours of the incident
- communication between management, educators, staff and parents/guardians regarding the Service's *Asthma Management Policy* and strategies are reviewed and discussed regularly to ensure compliance and best practice
- that updated information, resources, and support for managing asthma is regularly provided for families.

Nominated Supervisor/Responsible Person/Educators will ensure:

- in the event that of a high-risk scenario where a child suffers from an allergic reaction, incident, situation, or event related to a medical condition the Service and staff will follow the child's emergency medical management plan as per Regulation 90(1)(c)(ii)
- the first aid responder will commence first aid measures immediately as per the child's medical management plan
- urgent medical attention from a registered medical practitioner is contacted if required
- an ambulance is called by dialing 000 if the child does not respond to initial treatment
- the Nominated Supervisor/Responsible Person will contact the child's parent/guardian or emergency contact when practicable, but as soon as possible
- the Director/Nominated Supervisor/Responsible Person will ensure the *Incident, Injury, Trauma and Illness Record* is completed in its entirety
- the Director/Nominated Supervisor will notify the regulatory authority (within 24 hours) in the event of a serious incident.

In Services where a child diagnosed with asthma is enrolled, the Nominated Supervisor/ Responsible Person will:

- meet with the parents/guardians to begin the communication process for managing the child's medical condition
- not permit the child to begin education and care until a medical management plan developed in consultation with parents and the child's medical practitioner is provided
- develop and document a risk minimisation plan in collaboration with parents/guardian [see Risk Minimisation Plan section]
- discuss with the requirements for completing an *Administration of Medication Record* for their child
- ensure the medical management plan includes:
 - specific details of the child's diagnosed medical condition
 - supporting documentation (if required)
 - a recent photo of the child
 - triggers for asthma (signs and symptoms)
 - list of usual asthma medicines including doses
 - response for an asthma emergency including medication to be administered
 - contact details and signature of the registered medical practitioner
 - date the plan should be reviewed

- keep a copy of the child's asthma medical management plan and risk minimisation plan in the enrolment record
- ensure families provide reliever medication and a spacer (including a child's face mask, if required) whilst their child is attending the Service
- collaborate with parents/guardians to develop and implement a communication plan and communicate any concerns with parents/guardians regarding the management of their child's asthma whilst at the Service [see Communication Plan section]
- ensure that a staff member accompanying children outside the Service carries a copy of each child's individual asthma medical management action plan and required medication
- ensure an *Administration of Medication Record* is kept for each child to whom medication is to be administered by the Service
- ensure families update their child's asthma medical management/action plan regularly or whenever a change to the child's management of asthma occurs
- regularly check the expiry date of reliever medication and ensure that spacers and facemasks are cleaned after every use

Educators will:

- ensure they are aware of the Service's *Asthma Management Policy* and asthma first aid procedure (ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication and Asthma management/action plans)
- maintain current approved *Emergency Asthma Management* qualifications [recommended as best practice]
- ensure a copy of the child's medical management plan is visible and known to staff, visitors, and students in the Service
- be able to identify and, where possible, minimise asthma triggers as outlined in the child's asthma medical management plan and risk minimisation plan
- ensure the first aid kit, children's personal asthma medication and asthma medical management/action plans are taken on excursions or other offsite events, including emergency evacuations and drills
- administer prescribed asthma medication in accordance with the child's asthma medical management/action plan and the Service's *Administration of Medication Policy*
- complete the *Administration of Medication Record* whenever medication is provided to a child
- ensure any asthma attacks are clearly documented in the *Incident, Injury, Trauma or Illness Record* and advise parents as a matter of priority, when practicable

- communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- ensure that children with asthma are not discriminated against in any way and
- ensure that children with asthma can participate in all activities safely and to their full potential, ensuring an inclusive program.

Families will ensure:

- inform management and staff at the child's service, either on enrolment or on diagnosis, that their child has asthma
- read and be familiar with the *Service's Asthma Management Policy*
- provide a copy of their child's Asthma medical management/action plan to the Service ensuring it has been prepared in consultation with, and signed by, a medical practitioner
- develop a risk minimisation plan in collaboration with the Nominated Supervisor/Responsible Person and other service staff
- ensure all details on their child's enrolment form and medication record are completed prior to commencement at the Service
- provide an adequate supply of appropriate asthma medication and equipment for their child when they attend the Service (including spacer and medication)
- provide an updated plan at least annually or whenever medication or management of their child's asthma changes
- communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- encourage their child to learn about their asthma, and to communicate with Service staff if they are unwell or experiencing asthma symptoms.

If a child suffers from an asthma emergency the Service and staff will:

- Follow the child's asthma medical management/action plan
- If the child does not respond to steps within the Asthma medical management/action plan call an ambulance immediately by dialling 000
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours

Reporting Procedures

Any incident involving serious illness of a child while the child is being educated and cared for by the Service for which the child attended, or ought reasonably to have attended a hospital e.g., severe asthma attack is considered a serious incident (Regulation 12).

- staff members involved in the incident are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- place a copy of the record in the child's file
- the Nominated Supervisor will inform the Service management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours through the [NQA IT System](#) (as per regulations)
- staff will be debriefed after each serious incident and the child's individual medical management plan/action plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used
- staff will discuss the exposure to the allergen/trigger and the strategies that need to be implemented and maintained to prevent further exposure.

Risk Minimisation Plan for a Child with Diagnosed Asthma

The staff, together with the parents/guardians of a child with asthma, will discuss and agree on a risk minimisation plan for the emergency management of an asthma attack based on the child's asthma medical management/action plan. This plan will be included as part of, or attached to, the child's asthma medical management/action plan and enrolment record.

The plan will assess and minimise risks relating to the child's diagnosed health care need including any known allergens. Strategies for minimising the risk are developed and implemented.

The risk minimisation plan is to be updated whenever the child's medical management plan is changed or updated.

Common asthma triggers include:

- viral infections- such as colds, flu and respiratory conditions
- cigarette smoke
- physical exercise
- allergens- mould, pollens, pets
- irritants in the environment- dust, pollution, wood/bush fire smoke
- weather- changes in air temperature or thunderstorms

- chemicals and strong smells- perfumes, cleaning products
- stress or high emotions (including laughter or crying)

Betterhealth.vic.gov

Communication Plan

A communication plan will be created in accordance with our Medical Conditions Policy. The communication plan will be developed in collaboration with parents/guardians. It will detail the negotiated and documented manner to communicate any changes to the child's medical management plan and risk management plan for the child with relevant staff, educators, and volunteers.

Any changes to a child's medical management plan and risk minimisation plans will be documented in the communication plan.

Resources

[Asthma First Aid A4 Poster](#)

[Asthma Action Plan](#)

[FIRST AID FOR ASTHMA CHILDREN UNDER 12](#)

[Aiming for Asthma Improvement in Children](#)

[Supporting the Continuity of Asthma Care \(for patients with severe asthma during Coronavirus \(COVID-19\) pandemic\)](#)

Continuous Improvement/Reflection

Our *Asthma Management Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

Source

Asthma Australia: <https://asthma.org.au>

Australian Children's Education & Care Quality Authority. (2021). Dealing with Medical Conditions in Children Policy Guidelines

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Guide to the National Quality Framework (2017). (Amended 2023).

National Asthma Council Australia. (2015). *Australian asthma handbook: Quick reference guide*.

<https://www.astmahandbook.org.au/>

National Asthma Council Australia. (2019). *My asthma guide*. <https://www.nationalasthma.org.au/living-with-asthma/resources/patients-carers/brochures/my-asthma-guide>

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

[Revised National Quality Standard](#). (2018).

Review

POLICY REVIEWED	JULY 2023	NEXT REVIEW DATE	JULY 2024
VERSION	V12.7.23		
MODIFICATIONS	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • hyperlinks checked and repaired as required • minor formatting edits within text • continuous improvement/reflection section added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JULY 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required (Updated September) • separated from <i>Medical Conditions Policy</i> 	July 2023	
JULY 2021	<ul style="list-style-type: none"> • Major changes/rearrangement of policy for consistency with related medical conditions policies (anaphylaxis, diabetes, epilepsy) • deletion of repetitive statements in all sections • new sections added- '<i>In services where a child is diagnosed with asthma</i>' and 'Reporting procedures' • Policy review includes ACECQA policy guidelines/components (June 2021) • additional resources for service included 	JULY 2022	

Appendix A

Asthma Action Plan

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

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

Peak flow* (if used) above: _____

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

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

Peak flow* (if used) between _____ and _____ Contact your doctor

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

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

Prednisolone/prednisone:
Take _____ each morning for _____ days

Peak flow* (if used) between _____ and _____

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

DIAL 000 FOR AMBULANCE

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)

Peak flow (if used) below: _____

nationalasthma.org.au

* Peak flow not recommended for children under 12 years.

ASTHMA ACTION PLAN

what to look out for

WHEN WELL



THIS MEANS:

- you have no night-time wheezing, coughing or chest tightness
- you only occasionally have wheezing, coughing or chest tightness during the day
- you need reliever medication only occasionally or before exercise
- you can do your usual activities without getting asthma symptoms

WHEN NOT WELL



THIS MEANS ANY ONE OF THESE:

- you have night-time wheezing, coughing or chest tightness
- you have morning asthma symptoms when you wake up
- you need to take your reliever more than usual
- your asthma is interfering with your usual activities

THIS IS AN ASTHMA FLARE-UP

IF SYMPTOMS GET WORSE



THIS MEANS:

- you have increasing wheezing, cough, chest tightness or shortness of breath
- you are waking often at night with asthma symptoms
- you need to use your reliever again within 3 hours

THIS IS A SEVERE ASTHMA ATTACK (SEVERE FLARE-UP)

DANGER SIGNS



THIS MEANS:

- your symptoms get worse very quickly
- you have severe shortness of breath, can't speak comfortably or lips look blue
- you get little or no relief from your reliever inhaler

**CALL AN AMBULANCE IMMEDIATELY: DIAL 000
SAY THIS IS AN ASTHMA EMERGENCY**

**DIAL 000 FOR
AMBULANCE**

ASTHMA MEDICINES

PREVENTERS

Your preventer medicine reduces inflammation, swelling and mucus in the airways of your lungs. Preventers need to be taken **every day**, even when you are well.

Some preventer inhalers contain 2 medicines to help control your asthma (combination inhalers).

RELIEVERS

Your reliever medicine works quickly to make breathing easier by making the airways wider.

Always carry your reliever with you – it is essential for first aid. Do not use your preventer inhaler for quick relief of asthma symptoms unless your doctor has told you to do this.

To order more Asthma Action Plans visit the National Asthma Council website. A range of action plans are available on the website – please use the one that best suits your patient.
nationalasthma.org.au

Developed by the National Asthma Council Australia and supported by GSK Australia.

National Asthma Council Australia retained editorial control. © 2015

National Asthma Council Australia
leading the attack against asthma