

Asthma Policy

1. Policy Statement

Values

NERPSA 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

This policy outlines procedures to:

- ensure educators, staff and parents/guardians are aware of their obligations and the best practice management of asthma
- ensure that all necessary information for the effective management of children with asthma enrolled at NERPSA Kindergartens 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.

2. Scope

This policy applies to NERPSA, individual kindergartens within the NERPSA cluster, their committees and staff and parents/guardians who wish to have their children enrolled, or have children already enrolled at NERPSA.

Asthma management should be viewed as a shared responsibility. While NERPSA recognises its duty of care towards children with asthma during their time at the service, the responsibility for ongoing asthma management rests with the child's family and medical practitioner.

3. Background and Legislation

Asthma is a chronic, treatable health condition that affects approximately one in 10 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*).

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 90, 92, 93, 94, 95, 96, 136, 137
- *Health Records Act 2001* (Vic)
- *Information Privacy Act 2000* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

4. Definitions

Approved Emergency Asthma Management (EAM) training: Training that is approved by the National Authority in accordance with Division 7 of the National Regulations, and is listed on the ACECQA website: <http://www.acecqa.gov.au>. EAM training provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.

Asthma Friendly Children's Services Program: A program developed by The Asthma Foundation of Victoria to provide a safer environment for children in kindergarten, childcare, family day care and out-of-school hours care. This program also gives staff the confidence and skills to care for a child with asthma and gives parents/guardians peace of mind. To be recognised as an Asthma Friendly Children's Service, services must address and fulfill five essential criteria, which will be assessed by The Asthma Foundation of Victoria. Upon accreditation, the service will receive a certificate and window sticker. This accreditation is valid for three years.

Asthma Action 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 Action Plan templates can be downloaded from The Asthma Foundation of Victoria's website: www.asthma.org.au. A sample plan specifically for use in children's services is provided in this policy as 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
- record form
- asthma first aid instruction card.

The Asthma Foundation of Victoria recommends that spacers and face masks are for single-use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.

Asthma triggers: Things that may induce asthma symptoms, for example, pollens, colds/viruses, dust mites, smoke and exercise. Asthma triggers will vary from child to child.

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 reasonable foreseeable risk of injury.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

Metered dose inhaler (puffer): A common device used to administer reliever medication.

Puffer: The common name for a metered dose inhaler.

Reliever medication: This comes in a blue/grey metered dose inhaler containing salbutamol, 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 as Airomir, Asmol or Ventolin.

Spacer device: A plastic chamber device used to increase the efficiency of delivery of reliever medication from a puffer. It should always be used in conjunction with a puffer device and may be used in conjunction with a face mask.

Staff record: Must be kept by the service and include details of the Nominated Supervisors, the educational leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Regulations 146–149). A sample staff record is available on the ACECQA website: www.acecqa.gov.au

5. Sources and Related NERPSA Policies

- Asthma Australia: www.asthmaaustralia.org.au
- The Asthma Foundation of Victoria: www.asthma.org.au or phone (03) 9326 7088 or 1800 278 462 (toll free)
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA
- *Medication Policy*
- *Anaphylaxis Policy*
- *Dealing with Medical Conditions Policy*
- *Emergency Policy*
- *Excursions Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy Policy*

6. Procedures

NERPSA is responsible for:

- 6.1. Providing approved Emergency Asthma Management (EAM) training (refer to *Definitions*) to staff as required under the National Regulations
- 6.2. Ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (refer to *Definitions*) is on duty at all times
- 6.3. Ensuring the details of approved Emergency Asthma Management (EAM) training (refer to *Definitions*) are included on the staff record (refer to *Definitions*)
- 6.4. Ensuring that all staff are aware of the asthma first aid procedure
- 6.5. Ensuring that children with asthma are not discriminated against in any way
- 6.6. Ensuring that children with asthma can participate in all activities safely and to their full potential

Educators are responsible for:

- 6.7. Providing parents/guardians with an Asthma Action Plan (refer to Attachment 2) to be completed in consultation with, and signed by, a medical practitioner
- 6.8. Developing a Risk Minimisation Plan (refer to Attachment 4) for every child with asthma, in consultation with parents/guardians
- 6.9. Ensuring that all children with asthma have an Asthma Action Plan and Risk Minimisation Plan filed with their enrolment record
- 6.10. Ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
- 6.11. Ensuring adequate provision and maintenance of asthma first aid kits (refer to *Definitions*)

- 6.12. 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 where for single use only
- 6.13. 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
- 6.14. Implementing an asthma first aid procedure (refer to Attachment 1) consistent with current national recommendations
- 6.15. 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)
- 6.16. 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*)
- 6.17. 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 Action Plan for each child
- 6.18. 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
- 6.19. Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma.

Parents/ guardians are responsible for:

- 6.20. Informing staff, either on enrolment or on initial diagnosis, that their child has asthma
- 6.21. Providing a copy of their child's Asthma Action Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Action Plan should be reviewed and updated at least annually
- 6.22. Ensuring all details on their child's enrolment form and medication record (refer to *Definitions*) are completed prior to commencement at the service
- 6.23. Working with staff to develop a Risk Minimisation Plan (refer to Attachment 4) for their child
- 6.24. 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
- 6.25. Notifying staff, in writing, of any changes to the information on the Asthma Action Plan, enrolment form or medication record
- 6.26. Communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- 6.27. Encouraging their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms.

7. Evaluation

In order to assess whether the values and purposes of the policy have been achieved, NERPSA will:

- Seek feedback regarding the effectiveness of the policy
- 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.

8. Authorisation

The policy was adopted by NERPSA on 19th March 2013.

9. Review date

The policy will be reviewed every two years from date of adoption.

Attachments

- Attachment 1: Asthma First Aid Procedure
- Attachment 2: Sample Asthma Action Plan
- Attachment 3: Asthma First Aid poster

- Attachment 4: Asthma Risk Minimisation Plan

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 March 2014.

ASTHMA FIRST AID PROCEDURE

Follow the written first aid instructions on the child's Asthma Action 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 Action 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 Action 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

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

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

ATTACHMENT 2
Sample Asthma Action Plan

This sample Asthma Action Plan is available for download from The Asthma Foundation of Victoria's website.

CHILDREN'S SERVICES ASTHMA ACTION PLAN

(To be updated at least annually and as needed)



**For children in childcare,
kindergarten, preschool, family day
care and out of school hours care**

Instructions

1. To be completed by parents/guardians in consultation with their child's doctor.
2. Parents/guardians should inform the children's services that their child attends immediately if there are any changes to this record.
3. Please tick the appropriate boxes or print your responses in the blank spaces where indicated.

Privacy

The information on this Plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child. The service will only disclose this information to others after they have obtained your consent if it is to be used elsewhere.

Child's name: Sex: M F Date of birth:/...../.....
(First Name) (Family Name)

PERSONAL DETAILS

Parent/Guardian's Name: Telephone: (H) (W) (M) Emergency contact person: Relationship (eg, parent/guardian/grandparent): Emergency contact telephone: (H) (W) (M) Doctor: Telephone: Ambulance member: <input type="checkbox"/> Yes <input type="checkbox"/> No Membership number:	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> PHOTO </div>
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USUAL ASTHMA ACTION PLAN

Usual signs of child's asthma	Signs of child's asthma worsening	What triggers the child's asthma?
<input type="checkbox"/> Wheeze <input type="checkbox"/> Tightness in chest <input type="checkbox"/> Coughing <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Other (Please specify)	Increased signs of: <input type="checkbox"/> Wheeze <input type="checkbox"/> Tightness in chest <input type="checkbox"/> Coughing <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Other (Please specify)	<input type="checkbox"/> Exercise <input type="checkbox"/> Colds/Viruses <input type="checkbox"/> Pollens <input type="checkbox"/> Dust <input type="checkbox"/> Smoke <input type="checkbox"/> Pets <input type="checkbox"/> Other (Please specify)

Does the child communicate when they experience symptoms and/or need medication? Yes No

Does the child take any asthma medication before exercise/play? Yes No

MEDICATION REQUIREMENTS USUALLY TAKEN IN CARE

(Include relievers, preventers, symptom controllers and combination medication before exercise).

Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g. puffer & spacer)	When and how much? (e.g. one puff morning and night)

ASTHMA FIRST AID PLAN

Please tick your preferred Asthma First Aid Plan

NATIONALLY RECOMMENDED ASTHMA FIRST AID PLAN

Step 1.	Sit the person upright <ul style="list-style-type: none"> - be calm and reassuring - Do not leave them alone.
Step 2.	Give medication <ul style="list-style-type: none"> - Shake the blue reliever puffer - Use a spacer and face mask if you have one, (use the puffer alone if a spacer and face mask are not available) - Give 4 separate puffs into the spacer - The person is to take 4 breaths from the spacer after each puff <p>Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them</p>
Step 3.	Wait 4 minutes <ul style="list-style-type: none"> - If there is no improvement, repeat step 2.
Step 4	If there is <u>still</u> no improvement call emergency assistance (DIAL 000). <ul style="list-style-type: none"> - Tell the operator the person is having an asthma attack - Keep giving 4 puffs, 4 breaths per puff, every 4 minutes while you wait for emergency assistance
Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse	

OR

CHILD'S ASTHMA FIRST AID PLAN (approved by doctor) (if different from above)

If the child's condition suddenly deteriorates or if at any time you are concerned — call an ambulance immediately (000).

- In the event of an asthma attack, I agree to my child receiving the treatment described above.
- I authorise children's services staff to assist my child with taking asthma medication should he/she require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.
- Please notify me if my child has received asthma first aid.

Parent's/Guardian's Signature: _____ Date: ____/____/____

Doctor's Signature: _____ Date: ____/____/____

For further information about asthma management, please contact **The Asthma Foundation of Victoria** on (03) 9326 7088, toll free 1800 645 130, or visit www.asthma.org.au

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ATTACHMENT 3 Asthma First Aid poster

This poster is available for download from The Asthma Foundation of Victoria's website.

Asthma First Aid

1

Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2

Give medication

- Shake the blue reliever puffer*
- Use a spacer if you have one
- **Give 4 separate puffs into the spacer**
- **Take 4 breaths from the spacer after each puff**



*You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer

Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them

3

Wait 4 minutes

- **If there is no improvement, repeat step 2**



4

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

- Tell the operator the person is having an asthma attack
- Keep giving 4 puffs every 4 minutes while you wait for emergency assistance



Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse

To find out more contact your local Asthma Foundation:

1800 645 130
asthmaaustralia.org.au

Translating and Interpreting Service: 131 450

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**Asthma
Australia**

**ATTACHMENT 4
Asthma Risk Minimisation Plan**

The Asthma Foundation of Victoria
 Telephone 03 9326 7088
 Facsimile 03 9326 7055
 Toll Free 1800 645 130
 ACN 004 583 313
 ABN 16 873 513 660
 491-495 King Street
 West Melbourne
 Victoria 3003
 afv@asthma.org.au
 www.asthma.org.au



Risk Minimisation and Assessment Plan: Strategies to Avoid Asthma Triggers

Children's Service: _____

Supervising Staff (person completing Risk Minimisation Plan): _____

Child's Name: _____ Parent/Carer Name: _____

Has an Asthma Action Plan been provided? (circle) YES / NO Parent/Carer Contact Details (telephone number): _____

What other health conditions does the child have? (please specify) _____

Have other Action Plans been provided (e.g. Anaphylaxis, Allergy)? (please specify) _____

Risk Description Describe the risk event, situation or issue. The cause/s and the consequence/s. Something occurs ... caused by ... leading to ... (See Appendix A)	Existing Controls Describe any existing policy, procedure, practice or device that acts to minimise a particular risk What is being done or what can be done?	Rating			Treatment For those risks requiring treatment in addition to the existing controls. List: • What will be done? • Who is accountable? • When will it happen?
		Effectiveness of existing controls Satisfactory Poor Unknown	Risk Consequences Major Moderate Minor Insignificant	Risk Likelihood Almost certain Likely Unlikely Rare	

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APPENDIX A

Examples of Risks, Situations, Concepts to consider when completing the Risk Minimisation and Assessment Plan: Strategies to Avoid Asthma Triggers

- Who are the children and what are their asthma triggers (information can be found on their Asthma Action Plan)?
- What are the potential sources of exposure to their asthma triggers?
- Where will the potential source of exposure to their asthma triggers occur?
- Are all the staff aware of which children have asthma? (Relief staff, coaches, boarding house staff, tuck shop staff, volunteers, etc.)
- Does the bullying policy include health related bullying?
- Is there age appropriate asthma education for children at the service and are children actively encouraged to seek help if they feel unwell?
- Do you have asthma information available at the service for parents and carers?
- What are the lines of communication in the children's service?
- What is the process for enrolment at the service, including the collection of medical information and Action Plans for medical conditions?
- Who is responsible for the health conditions policy, the medications policy, Asthma Action Plans and Risk Minimisation plans?
- Does the child have an action plan and where is it kept?
- Do all service staff know how to interpret and implement Asthma Action Plans in an emergency?
- Do all children with asthma attend with their blue/grey reliever puffer and a spacer? (a children's face mask is recommended for children unable to use a spacer correctly, consider face mask use in children under 5 years old)
- Where are the Asthma Emergency Kits kept? (every children's service is required to have at least one Asthma Emergency Kit)
- Do all staff and visitors to the service know where Asthma Emergency Kits are kept?
- Who is responsible for the contents of Asthma Emergency Kits? (checking reliever medication expiry dates, replacing spacers and face masks as needed)
- Do you have one member of staff on duty at all times who has current and approved Emergency Asthma Management training?
- Who else needs training in the use of asthma emergency equipment?
- Do you have a second Asthma Emergency Kit for excursions?
- What happens if a child's reliever medication and spacer are not brought to the service?
- Does the child have any other health conditions, such as allergy or anaphylaxis?
- Do they have an Action Plan and Risk Minimisation plan for each health condition?
- Do plants around the service attract bees, wasps or ants? Have you considered planting a low-allergen garden?
- Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by staff and visitors on-site)
- Could traces of food allergens be present on craft materials used by the children? (eg. egg cartons, cereal boxes etc.)
- Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the centre when children are present?
- Do your staff use heavy perfumes or spray aerosol deodorants while at work?
- Are you in a bushfire-prone area where controlled burning may occur?
- What special activities do you have planned that may introduce children to asthma triggers?

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