ASTHMA MANAGEMENT

QUALITY AREA 2 | ELAA VERSION 1.3

This policy was reviewed by Asthma Australia., visit Asthma Australia's website: www.asthma.org.au for more information.

PURPOSE

This policy will outline the procedures to:

- ensure ECT's/educators, staff and families are aware of their obligations and the best practice management of asthma at Middle Park Kindergarten
- ensure that all necessary information for the effective management of children with asthma enrolled at Middle Park Kindergarten is collected and recorded so that these children receive appropriate attention when required
- requirements for medical management plans are provided by parents/guardians for the child
- ensuring Asthma Action Plans are provided by parents/guardians for the child prior to commencement
- develop risk-minimisation and communication plans with parents/guardians
- 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 families 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

The safety, health, wellbeing, rights and best interests of every child are the paramount consideration and must guide all decisions, actions and practices of educators within the education and care service.

VALUES

Middle Park Kindergarten 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, families and any other person(s) dealing with children enrolled at the service.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, families, children, and others attending the programs and activities of Middle Park Kindergarten, including during offsite excursions and activities.

Asthma management should be viewed as a shared responsibility. While Middle Park 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 registered medical practitioner.

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RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Families	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
1. Providing all staff with access to the service's *Asthma Management Policy*, and ensuring that they are aware of asthma management strategies *(refer to Procedures)* upon employment at the service	**R**	√			
2. Providing families with access of the service's *Asthma Management Policy* and *Dealing with Medical Conditions Policy* upon enrolment of their child *(Regulation 90, 91)*	**R**	√			
3. 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	**R**	**R**			
4. Providing approved Emergency Asthma Management (EAM) training *(refer to Definitions)* to staff as required under the *National Regulations 136*	**R**	√			
5. Ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training *(refer to Definitions)* is on duty at all times	**R**	√			
6. Ensuring that all educators' approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current (within the previous 3 years), meet the requirements of the *National Law (Section 169(4)) and National Regulations (Regulation 136, 137)*, and are approved by ACECQA	**R**	√			
7. Maintaining current approved Emergency Asthma Management (EAM) *(refer to Definitions)* qualifications		**R**	**R**		√
8. Ensuring the details of approved Emergency Asthma Management (EAM) training *(refer to Definitions)* is included on the staff record *(refer to Definitions)*	**R**	√			
9. Organising asthma management information sessions for families of children enrolled at the service, where appropriate	**R**	√			
10. Acting on advice and warnings from the Department's Emergency Management Division associated with a potential thunderstorm asthma activity, and implement a communication strategy to inform families	**R**	√	√		√

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11. Implementing procedures to avoid exposure, such as staying indoors with windows and doors closed associated with a potential thunderstorm asthma	**R**	√	√		√
12. Identifying children with asthma during the enrolment process and informing staff	**R**	√			
13. Ensuring families provide a copy of their child's Asthma Action Plan *(refer to Definitions and Attachment 2)*, in consultation (if possible) with their registered medical practitioner, following enrolment and prior to the child commencing at the service *(Regulation 90).* The Asthma Action Plan should be reviewed and updated at least annually	**R**	√		√	
14. Developing a Risk Minimisation Plan *(refer to Definitions and Attachment 4)* for every child with asthma, in consultation with families	**R**	√	√	√	
15. Developing and implementing a communication plan *(refer to Definitions)* ensuring that relevant staff members and volunteers are informed about the child medical conditions policy, the Asthma Action Plan and Risk Minimisation Plan for the child in consultation with families *(Regulation 90 (c) (iv)(A)(B)) (refer to Dealing with Medical Conditions)*	**R**	√	√	√	√
16. Maintaining ongoing communication between ECT/educators/staff and families in accordance with the strategies identified in the communication plan *(refer to Definitions)*, to ensure current information is shared about specific medical conditions within the service *(refer to Dealing with Medical Conditions)*	**R**	√	√		
17. Ensuring all details on their child's enrolment form and medication record *(refer to Definitions)* are completed prior to commencement at the service				√	
18. Ensuring a copy of the child's Asthma Action Plan is accessible and known to staff in the service. *(Regulations 90 (iii)(D))*. Prior to displaying the Asthma Action Plan, the nominated supervisor must explain to families the need to display the plan for the purpose of the child's safety and obtain their consent *(refer to Privacy and Confidentiality Policy)*	R	√		√	
19. Ensuring that all children with asthma have an Asthma Action Plan, Risk Minimisation Plan and Communication Plan filed with their enrolment record	**R**	√		√	
20. Notifying staff, in writing, of any changes to the information on the Asthma Action Plan, enrolment form or medication record				√	
21. 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				√	
22. Consulting with the families of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma	**R**	√		√	

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23. Communicating any concerns to families if a child's asthma is limiting their ability to participate fully in all activities	√	√	√		
24. 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	√	√	√		
25. Ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Action Plans and the asthma first aid kit	**R**	√	√		
26. Ensuring that medication is administered in accordance with the child's Asthma Action Plan and the *Administration of Medication Policy*	**R**	**R**	**R**		
27. Ensuring a medication record is kept for each child to whom medication is to be administered by the service *(Regulation 92)*	**R**	√	√		
28. Ensuring families 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	**R**	√		**R**	
29. Implementing an asthma first aid procedure *(refer to Procedures)* consistent with current national recommendations	**R**	**R**	**R**		
30. Ensuring that all staff are aware of the asthma first aid procedure	**R**	√			
31. Ensuring adequate provision and maintenance of asthma first aid kits *(refer to Definitions)*	**R**	√			
32. Ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks that are from the services first aid kits are replaced after every use	**R**	√	√		
33. Facilitating communication between management, ECT, educators, staff and families regarding the service's *Asthma Management Policy* and strategies	**R**	√			
34. Identifying and minimising asthma triggers *(refer to Definitions)* for children attending the service as outlined in the child's Asthma Action Plan, where possible	**R**	√	√		
35. Ensuring that children with asthma are not discriminated against in any way	√	√	√		√
36. Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma	√	√	√		√
37. Ensuring that children with asthma can participate in all activities safely and to their full potential	√	√	√		√
38. Immediately communicating any concerns with families regarding the management of children with asthma at the service	**R**	√	√		
39. Displaying Asthma Australia's Asthma First Aid poster *(refer to Sources and Attachment 3)* in key locations at the service	**R**	√			

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40. Ensuring that medication is administered in accordance with the *Administration of Medication Policy*	**R**	**R**	**R**		
41. Ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, medical practitioner or emergency services the parent/guardian of the child and emergency services are notified as soon as is practicable *(Regulation 94)*	**R**	**R**	**R**		
42. 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	**R**	**R**	**R**		√
43. Ensuring an Asthma Emergency Kit *(refer to Definitions)* is taken on all excursions and other offsite activities *(refer to Excursions and Service Events Policy)*	**R**	**R**	√		

PROCEDURES

Asthma Australia's Asthma First Aid 2023: https:/asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2023-A3_CMYK_v10_Blue.pdf

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 families 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)

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- Public Health and Wellbeing Regulations 2009 (Vic)

The most current amendments to listed legislation can be found at:

Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

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: 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 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. An Asthma Action Plan template specifically for use in children's services can be downloaded from Asthma Australia's website: 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 Emergency 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.

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SOURCES AND RELATED POLICIES

SOURCES

- Asthma Australia: www.asthma.org.au or phone 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.

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

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
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk *(Regulation 172 (2))*.

ATTACHMENTS

- Attachment 1: Asthma Action Plan – download from the Asthma Australia website: https://asthma.org.au/treatment-diagnosis/asthma-action-plan/
- Attachment 2: Asthma First Aid poster 2023– download from the Asthma Australia website: https:/asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2023-A3_CMYK_v10_Blue.pdf
- Attachment 3: Asthma Risk Minimisation Plan – download from the Asthma Australia website: https://asthma.org.au/support/how-we-can-help/resources/

AUTHORISATION

This policy was adopted by the approved provider of Middle Park Kindergarten on 4th of May 2026.

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