



## ASTHMA POLICY 2021

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Mandatory – Quality Area 2

### AUTHORISATION

This policy was adopted by the Approved Provider of Holy Trinity Kindergarten on 4 March 2021

**Review date:** MARCH 2024

This policy was written in consultation with Asthma Australia. The Foundation's *Asthma & the Child in Care Model Policy* has been incorporated into this policy by ELAA. For more detailed information, visit Asthma Australia's website: <https://asthma.org.au/>

### PURPOSE

This policy will outline the procedures to:

- ensure educators, staff and parents/guardians are aware of their obligations and the best practice management of asthma at Holy Trinity Kindergarten (HTK)
- ensure that all necessary information for the effective management of children with asthma enrolled at HTK is collected and recorded so that these children receive appropriate attention when required
- respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service.

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

### POLICY STATEMENT

#### 1. VALUES

HTK 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.

#### 2. SCOPE

This policy applies to the Approved Provider, Persons with Management and Control, Nominated Supervisor, Persons in Day-to-Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of HTK.

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

#### Background

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)). HTK strongly encourages all educators to have current approved asthma training. If an educator does not have current approved asthma qualifications, a plan to achieve this qualification will be put in place.

#### Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Child Safe Standards* (Vic)
- *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)
- *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)

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

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

### 4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

**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 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 for Education and Care Services" template specifically for use in children's services can be downloaded from the *Resources* section of the Asthma Australia website: <https://asthma.org.au/>. A sample plan is provided in this policy as Attachment 2.

**Asthma emergency:** The onset of unstable or deteriorating breathing difficulties and 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.

**Asthma triggers:** People with asthma have airways that are more sensitive to some things that may not impact other people without asthma. The things that set off or start symptoms are called triggers. Every person with asthma has a different experience, and everyone may have a different trigger. Common triggers include cold and flu, dust mites, smoke, exercise and pollen. Remember, for most people with asthma, triggers are only a problem when asthma is not well-controlled with preventer medicine.

**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 reasonably 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.

**Risk minimisation plan:** Provides information about child-specific asthma triggers and strategies to avoid these in the service. A risk minimisation plan template specifically for use in children's services can be downloaded from the *Resources* section of Asthma Australia website: <https://asthma.org.au/>

**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](http://www.acecqa.gov.au)

## 5. SOURCES AND RELATED POLICIES

### Sources

- Asthma Australia: <https://asthma.org.au/>
- Asthma Australia Head Office E: [info@asthma.org.au](mailto:info@asthma.org.au)
- Asthma Educators P: 1800 ASTHMA | 1800 278 462 (Mon-Fri 9-5pm)
- The Victorian office of Asthma Australia: (03) 9326 7088
- 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

### Service policies

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

## PROCEDURES

**The Approved Provider or Persons with Management and Control are responsible for:**

- providing the Nominated Supervisor and all staff with a copy of this policy and ensuring that they are aware of asthma management strategies (refer to Attachment 1)
- 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*) and on the staff training register in the staff book
- providing parents/guardians with access to this policy upon enrolment of their child (Regulation 91), which is available at HTK or online and hard copies can be provided as requested. Information regarding policies is outlined in the Family Handbook
- 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 3) 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 HTK (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 HTK
- 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 washed after every use ready for the next use
- facilitating communication between management, educators, staff and parents/guardians regarding HTK's *Asthma Policy* and strategies
- identifying or minimising asthma triggers (refer to *Definitions*) and eliminating (where possible) for children attending HTK, where possible
- ensuring that children with asthma are not discriminated against in any way and 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 HTK
- displaying Asthma Australia's *Asthma First Aid* poster (refer to *Sources* and Attachment 1) in key locations at HTK
- 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 HTK that results in injury or trauma.

**The Nominated Supervisor or Persons in Day-to-Day Charge are 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*
- 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 HTK 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 HTK, 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 HTK'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 HTK
- developing a Risk Minimisation Plan (refer to *Definitions* and Attachment 3 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 HTK's *Asthma Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has asthma
- providing a copy of their child's Asthma Care Plan to HTK 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 HTK



- working with staff to develop a Risk Minimisation Plan (refer to *Definition* and Attachment 3) for their child
- 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
- 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 HTK, 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 as part of HTK's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy.

## **ATTACHMENTS**

- Attachment 1: Asthma First Aid Procedure
- Attachment 2: Asthma Care Plan
- Attachment 3: Asthma Risk Minimisation Plan



## ATTACHMENT 1

### Asthma First Aid Procedure

This Asthma First Aid Procedure has been reproduced from Asthma Australia's Asthma First Aid 2018.

#### 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 Asthma First Aid procedure as outlined poster below.**

Reliever medication is safe to administer to children, even if they do not have asthma, however if there is no Asthma Care Plan begin administering Asthma First Aid straight away and you must also **call emergency assistance to attend (000)** and notify the parent/carer of the child as soon as possible.

<https://asthma.org.au/wp-content/uploads/2020/06/AAFAA4-First-Aid-2020-A4.pdf>

## ASTHMA FIRST AID

1



**SIT THE PERSON UPRIGHT**

- Be **calm** and reassuring
- Do not leave** them alone

2



**GIVE 4 SEPARATE PUFFS OF BLUE/ GREY RELIEVER PUFFER**

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

OR give 2 separate inhalations of Bricanyl (6 years or older)  
OR give 1 inhalation of Symbicort Turbuhaler (12 years or older)  
OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

**If no spacer available:** Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3



**WAIT 4 MINUTES**

- If there is no improvement, **give 4 more separate puffs of blue/grey reliever** as above

OR give 1 more inhalation of Bricanyl  
OR give 1 more inhalation of Symbicort Turbuhaler  
OR give 2 puffs of Symbicort Rapihaler through a spacer

**IF THERE IS STILL NO IMPROVEMENT**

4



**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

OR give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes – up to a max of 4 more inhalations of Symbicort Turbuhaler  
OR give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes – up to a max of 8 more puffs of Symbicort Rapihaler

#### CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it is asthma
- the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid

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



Translating and  
Interpreting Service  
131 450



**ASTHMA  
AUSTRALIA**

**1800 ASTHMA**  
(1800 278 462)

[asthma.org.au](https://asthma.org.au)

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## ATTACHMENT 2

[https://asthma.org.au/wp-content/uploads/About\\_Asthma/Schools/AACPED2018-Care-Plan-for-Schools-A4\\_2019.pdf](https://asthma.org.au/wp-content/uploads/About_Asthma/Schools/AACPED2018-Care-Plan-for-Schools-A4_2019.pdf)

# ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES

**CONFIDENTIAL:** Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

**PLEASE PRINT CLEARLY**

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Plan date  
\_\_\_\_/\_\_\_\_/20\_\_\_\_

Review date  
\_\_\_\_/\_\_\_\_/20\_\_\_\_

**MANAGING AN ASTHMA ATTACK**

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DAILY ASTHMA MANAGEMENT**

**This student's usual asthma signs:**

☐ Cough

☐ Wheeze

☐ Difficulty breathing

☐ Other (please describe): \_\_\_\_\_

**Frequency and severity:**

☐ Daily/most days

☐ Frequently (more than 5 x per year)

☐ Occasionally (less than 5 x per year)

☐ Other (please describe): \_\_\_\_\_

**Known triggers for this student's asthma (e.g. exercise\*, colds/flu, smoke) — please detail:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this student usually tell an adult if s/he is having trouble breathing? ☐ Yes ☐ No

Does this student need help to take asthma medication? ☐ Yes ☐ No

Does this student use a mask with a spacer? ☐ Yes ☐ No

\*Does this student need a blue/grey reliever puffer medication before exercise? ☐ Yes ☐ No

**MEDICATION PLAN**

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

NAME OF MEDICATION AND COLOUR	DOSE/NUMBER OF PUFFS	TIME REQUIRED

**DOCTOR**

Name of doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN**

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the school in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for patients of any emergency medical cases.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**


Contact name \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

For asthma information and support or to speak with an Asthma Educator call **1800 ASTHMA** (1800 278 462) or visit [asthma.org.au](http://asthma.org.au)



**ASTHMA AUSTRALIA**

Date of approval: June 2018 | Approved by CEO Asthma Australia | Date of review: June 2018 | AACPED2018 Care Plan for Schools A4 | 18 June 2018



### ATTACHMENT 3 Asthma Risk Minimisation Plan

Holy Trinity Kindergarten	8 Thomas Street, Hampton, Vic 3188	Ph: 9598-8836
Child's name:		
Date of birth:	Group/s:	
Asthma Action Plan provided by parent/carer (please circle): YES / NO		
Asthma Triggers:		
Other health conditions:		
Medication at HTK:		
Parent/carer contact:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Address:	Address:
Other emergency contacts (if parent/carer not available):		
Medical practitioner contact:		
Emergency care to be provided at HTK:		
Medication Storage:		
The following Asthma Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on (record date): .....		





## Appendix

### Examples of Risks, Situations, Concepts to consider when completing the Asthma Risk Minimisation Plan

- Who are the children and what are their asthma triggers (is information provided 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 staff (including relief staff, visitors and parent/carer volunteers) aware of which children have asthma?
- 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/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 Asthma Action Plan and where is it kept?
- Is each Child's Asthma Action Plan easily accessed and read in an emergency?
- 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?
- 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 allergies 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 all staff and visitors)
- Could traces of food allergens be present on craft materials used by the children? (e.g. egg cartons, cereal boxes, milk cartons)
- 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?