

# Asthma Management Policy

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.

## National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	<b>Wellbeing and comfort</b>	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	<b>Health practices and procedures</b>	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	<b>Safety</b>	Each child is protected
2.2.1	<b>Supervision</b>	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	<b>Incident and emergency management</b>	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

## Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
85	Incident, Injury, trauma and illness policies and procedures
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



## RELATED POLICIES

Administration of First Aid Policy

Medical Conditions Policy

Administration of Medication Policy

Privacy and Confidentiality Policy

Enrolment Policy

Supervision Policy

Incident, Illness, Accident, Trauma Policy

## PURPOSE

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.

## SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

We are committed to being 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, conducted or approved by the local Asthma Foundation.
- 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 child under 5.
- Asthma First Aid posters are on display and information is available for staff and parents
- Policies are Asthma Friendly

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

## DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to provide;

- a. A safe environment free from foreseeable harm and
- b. Adequate Supervision

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 Plan 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, 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 date 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 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)*

## 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.

A copy of our *Medical Conditions Policy* will be provided to all educators, volunteers and families of the Service and reviewed on an annual basis. It is important that communication is open between families and educators to ensure appropriate asthma management.

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 and Nominates Supervisor will ensure:

- Upon employment at the Service all staff will read and be aware of all medical condition policies and procedures, maintaining awareness of asthma management strategies.
- That all educators approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management training are current, meet the requirements of the National Law and National Regulations, and are approved by ACECQA.
- At least one staff member with current approved Emergency Asthma Management training is on duty at all times that children are in attendance at the Service as per Regulations
- The details of approved Emergency Asthma Management training are included on the staff record.
- Parents are provided with a copy of the Service's Asthma Policy upon enrolment of their child.
- To identify children with asthma during the enrolment process and informing all staff.
- Written consent is requested from families on the enrolment form to administer emergency asthma medication or treatment if required.
- That when medication has been administered to a child in an asthma emergency without an action plan from the parent/guardian or authorised nominee, the parent/guardian of the child are notified as soon as is practicable, if the case is severe, emergency services will be called as well.



- Families are provided with an Asthma Action plan, or requested to provide one, completed in consultation with, and signed by, a medical practitioner prior the child starting at the Service.
- The Asthma Action Plan is updated regularly or wherever a change to their child's management of asthma changes.
- A Risk Minimisation Plan is developed for every child with asthma, in consultation with parents/guardians.
- That all children with asthma have an Asthma Action Plan and Risk Minimisation Plan filed with their enrolment record.
- An *Administration of Medication Record* is kept for each child to whom medication is to be administered by the Service.
- Families of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) whilst their child is attending the Service.
- The expiry date of reliever medication is checked regularly and replaced when required.
- The asthma first aid procedure is consistent with current national recommendations.
- That all staff members are aware of the asthma first aid procedure.
- Communication between management, educators, staff and parents/guardians regarding the Service's Asthma Policy and strategies are reviewed and discussed regularly to ensure compliance and best practice.
- All staff members are able to identify and minimise asthma triggers for children attending the Service, where possible.
- Children with asthma are not discriminated against in any way.
- Children with asthma can participate in all activities safely and to their full potential.
- To communicate any concerns with parents/guardians regarding the management of children with asthma at the Service.
- Asthma Australia's Asthma First Aid posters are displayed in key locations at the Service.
- That medication is administered in accordance with the Administration of Medication Policy.

**In the event that a child suffers from an asthma emergency the Service and staff will:**

- Follow the child's Asthma Action Plan.
- If the child does not respond to steps within the Asthma Action Plan call an ambulance immediately by dialing 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.



#### Educators will ensure:

- They are aware of the Services Asthma 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 Action Plans.
- To maintain current approved Asthma Management qualifications.
- They are able to identify and, where possible, minimise asthma triggers as outlined in the child's Asthma Action Plan.
- That the asthma first aid kit, children's personal asthma medication and Asthma Action Plans are taken on excursions or other offsite events, including emergency evacuations and drills.
- To administer prescribed asthma medication in accordance with the child's Asthma Action Plan and the Service's Administration of Medication Policy.
- To discuss with parents/guardians the requirements for completing the enrolment form and *Administration of Medication record* for their child.
- To consult 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.
- Communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities.
- That children with asthma are not discriminated against in any way.
- That children with asthma can participate in all activities safely and to their full potential, ensuring an inclusive program
- Any asthma attacks are documented, advising parents as a matter of priority, when practicable.

#### Families will:

- Read the Service's Asthma Management Policy.
- Inform staff, either on enrolment or on initial diagnosis, that their child has asthma.
- Provide a copy of their child's Asthma Action Plan to the Service, ensuring it has been prepared in consultation with, and signed by, a medical practitioner.
- Have the Asthma Action Plan reviewed and updated at least annually or whenever medication or management changes.
- 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 at all times.
- Notify staff, in writing, of any changes to the information on the Asthma Action Plan, enrolment form or medication record.
- 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.



### RISK MINIMISATION PLAN FOR A CHILD DIAGNOSED WITH 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 Action Plan. This plan will be included as part of, or attached to, the child's asthma action plan and enrolment record. This plan should include action to be taken where the parents/guardians have provided asthma medication, and in situations where this medication may not be available.

### COMMUNICATION PLAN

A communication plan will be created in accordance to our *Medical Conditions Policy*. This 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 and educators.

### RESOURCES

[Asthma First Aid A4 Poster](#)

[Asthma Action Plan](#)

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

#### Source

- Asthma Australia – [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)
- Australia Asthma Handbook <https://www.astmahandbook.org.au/>
- Australian Children's Education & Care Quality Authority. (2014)
- Early Childhood Australia Code of Ethics. (2016).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations (2017).
- Guide to the National Quality Standard (2020).
- National Asthma Council Australia. (2015). *Australian asthma handbook: Quick reference guide*. <https://www.astmahandbook.org.au/uploads/555143d72c3e3.pdf>
- 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. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.
- Revised National Quality Standard. (2018).



## Review

Policy Reviewed	Modifications	Next Review Date
July 2017 Aug 2017	The amendments more clearly outline Asthma Management compliance. Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.	July 2018
October 2017	Updated the references to comply with revised National Quality Standard	July 2018
July 2018	Amended sections of the policy to more closely align with Asthma Australia protocols	July 2019
November 2019	Grammar & punctuation edited. Additional information added to points Sources checked for currency	August 2020
August 2020	Minor formatting changes Additional regulations added Additional related policies added Additional resources added COVID-19 recommendations Communication Plan information included Sources checked for currency	August 2021

Signature of Director: \_\_\_\_\_

Busy Kids Child Care