

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. Dalas Family Day Care Service recognises the need to educate its staff, educators, educators assistants and families about asthma and to implement responsible asthma management strategies.

NATIONAL QUALITY STANDARDS (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 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
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

Victorian Child Safe Standards	
Standard 1	Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued
Standard 2	Child safety and wellbeing is embedded in organisational leadership, governance and culture
Standard 3	Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously
Standard 4	Families and communities are informed, and involved in promoting child safety and wellbeing
Standard 5	Equity is upheld and diverse needs respected in policy and practice
Standard 6	People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice
Standard 7	Processes for complaints and concerns are child focused
Standard 8	Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training
Standard 9	Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed
Standard 10	Implementation of the Child Safe Standards is regularly reviewed and improved
Standard 11	Implementation of the Child Safe Standards is regularly reviewed and improved

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Enrolment and orientation Policy Family Communication Policy Incident, Injury, Trauma and Illness Policy	Handwashing Policy Dealing with Medical Conditions in Children Policy Privacy and Confidentiality Policy Supervision Policy
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PURPOSE

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 Family Day Care Service where all children with asthma can fully participate. We ensure all FDC educators, educator assistants, coordinators and staff follow our *Asthma Management Policy* and procedures and children's medical management plans.

SCOPE

This policy applies to the Approved Provider, Coordinator, Educators, Educator Assistants, children, families, and visitors of the Family Day Care Service.

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
- each Family Day Care Educator and Educator Assistant holds a current ACECQA-approved Emergency Asthma Management certificate
- Asthma Emergency Kits (AEKs) are accessible 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 FDC Educators and parents
- Policies are Asthma Friendly.

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

Dalas Family Day Care Service has a legal responsibility to take reasonable steps to provide

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

All FDC Educators, educator assistants, 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 FDC Educators and educator assistants 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 (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. Dalas FDC Service recognises the need to educate FDC Educators 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. Dalas FDC Service will ensure that all FDC Educators and Educator Assistants have 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 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 FDC educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout Dalas curriculum. The Family Day Care Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of Dalas *Medical Conditions Policy* will be provided to all FDC 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 FDC educators and volunteers at the Family Day Care 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.

Approved Provider/Nominated Supervisor/Coordinators 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-*When a child with asthma is enrolled in the FDC Service*]

- upon employment/engagement at the Family Day Care Service all staff will read and be aware of all medical condition policies and procedures, maintaining awareness of asthma management strategies.
- that all FDC educators hold approved and current first aid qualifications, anaphylaxis management training and Emergency Asthma Management training meeting the requirements of the National Law and National Regulations and are approved by ACECQA
- 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 inform all FDC educators and other staff
- written consent is requested from families on the enrolment form to administer emergency asthma medication or treatment if required
- that all FDC educators hold approved and current first aid qualifications, anaphylaxis management training and Emergency Asthma Management training meeting the requirements of the National Law and National Regulations and are approved by ACECQA
- 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 or within 24 hours of the incident**
- 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 Family Day Care Service.
- the Asthma Action Plan is updated regularly or whenever 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 Family Day Care Service
- the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and facemasks are replaced after every use

- the asthma first aid procedure is consistent with current national recommendations
- that all FDC educators and other staff members are aware of the asthma first aid procedure
- communication between management, FDC educators 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 can 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 Family Day Care Service
- Asthma Australia's Asthma First Aid posters are displayed in key locations at the FDC 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**
- discussions occur regarding authorisation for children to self-administer asthma medication if applicable. Any authorisations for self-administration must be documented in the child's Medical Management Plan and approved by the FDC Service, FDC educator, parents/guardian and the child's medical management team

When a child with asthma is enrolled at the FDC Service, management/coordinator 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 and the FDC educator [see Risk Minimisation Plan section]
- discuss with the requirements for completing an *Administration of Medication Record* for their child
- discuss any requests for self-administration of medication with families and the FDC educator
- 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 FDC residence or venue
- collaborate with parents/guardians and the FDC educator to develop and implement a communication plan and communicate any concerns with parents/guardians regarding the management of their child's asthma (see Communication Plan section)
- ensure that whenever the FDC educator takes children out of the FDC residence or venue, they carry 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 FDC educator
- 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

FDC educators will ensure:

- they are aware of the Family Day Care 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 medical management plan and risk minimisation 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 medication record for their 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
- 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

Families will:

- inform staff, either on enrolment or on initial diagnosis, that their child has asthma
- read 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
- provide written authorisation to the Service for their child to self-administer medication
- develop a risk minimisation plan in collaboration with the Nominated Supervisor/Coordinator and FDC educator
- ensure all details on their child's enrolment form and medication record are completed prior to commencement at the Family Day Care Service
- provide an adequate supply of appropriate asthma medication and equipment for their child when they attend the Service
- provide an updated plan at **least annually** or whenever medication or management of their child's asthma changes
- communicate regularly with their FDC educator 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 their FDC educator if they are unwell or experiencing asthma symptoms

If a child suffers from an asthma emergency the FDC educator 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 FDC 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).

- FDC educator/s involved in the incident are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor/Coordinator of the FDC Service
- 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 /Coordinator will inform 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)
- the FDC educator 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
- discussions about 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 Coordinator and FDC educator 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 to *Dalas 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.

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](#)

[Asthma in under 5s](#)

[KIDS FIRST AID FOR ASTHMA CHART](#)

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

Source

Asthma Australia: www.asthmaaustralia.org.au

Australian 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> (due for re-release in July 2020)

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).

ASTHMA FOUNDATION OF VICTORIA <https://www.acnc.gov.au/charity/385d833b2a615045967910f3f3cec98b>

REVIEW

POLICY REVIEWED	August 2022	NEXT REVIEW DATE	August 2023
MODIFICATIONS	Updated and specified policy under Victorian legislation • new sections added- <i>'When a child is diagnosed with asthma is enrolled at the FDC Service'</i> and <i>'Reporting procedures'</i> • Policy review includes ACECQA policy guidelines/components (June 2021) • information regarding self-administration of asthma medication added • additional resources for FDC service added		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
21/12/2020	Purchased policy from childcare desktop		2021