

Mandatory – Quality Area 2

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 Goulburn Region Preschool Association Inc.
- Ensure that all necessary information for the effective management of children with asthma enrolled at Goulburn Region Preschool Association Inc 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 centre.

POLICY STATEMENT

1. VALUES

Goulburn Region Preschool Association Inc is committed to:

- Providing a safe and healthy environment for all children enrolled at the centre.
- 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 regarding 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 centre.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, , educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Goulburn Region Preschool Association Inc.

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

3. PROCEDURES

The Approved Provider is responsible for:

- Ensuring that all staff and volunteers have access to this policy and have a clear understanding of the procedures and practices outlined within.
- Providing approved Emergency Asthma Management (EAM) training (refer to *Definitions*) to staff as required under the National Regulations.
- Ensuring that staff member with current approved Emergency Asthma Management (EAM) training (refer to *Definitions*) is on duty at all times as required by the regulation the centre is operating under at the time.

- Ensuring the details of approved Emergency Asthma Management (EAM) training (refer to *Definitions*) are included on the staff record (refer to *Definitions*).
- Ensuring that all children with asthma have an Asthma Action Plan
- ensuring a medication record is kept for each child to whom medication is to be administered by the centre (Regulation 92).
- Ensuring parents/guardians of all children with asthma provide reliever medication and a spacer (including a child's face mask, if always required) their child is attending the centre.
- Ensure that all staff are aware of and implement the asthma first aid procedure (refer to attachment 1) consistent with national recommendations.
- 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 replaced after every use.
- Facilitating communication between management, educators, staff, and parents/guardians regarding the GRPSA *Asthma Policy* and strategies.
- Ensuring that children with asthma are not discriminated against in any way and are able to participate fully in all activities.
- Immediately communicating any concerns with parents/guardians regarding the management of children with asthma at the centre.
- Ensuring that the centre meets the requirements to be recognised as an Asthma Friendly Children's Service (refer to *Definitions*) with The Asthma Foundation.
- Displaying Asthma Australia's *Asthma First Aid* poster (refer to *Sources* and Attachment 3) in key locations at the centre.
- 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).

All Early Childhood Staff are responsible for:

- Identifying children with asthma during the enrolment process and informing staff.
- Providing parents/guardians of children with asthma with a copy of the GRPSA Asthma Policy upon enrolment of their child (Regulation 91).
- Providing parents/guardians with an Asthma Action Plan (refer to Attachment 2) to be completed in consultation with, and signed by, a medical practitioner.
- Developing a Risk Minimisation Plan (refer to Attachment 4) for every child with asthma, in consultation with parents/guardians.
- 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 /or 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 Action Plan for each child.
- Ensuring that induction procedures for casual and relief staff include information about children attending the centre who have been diagnosed with asthma, and the location of their medication and action plans.
- Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma.
- Ensuring that all staff are aware of the GRPSA *Asthma Policy* and asthma first aid procedure (refer to Attachment 1).
- Ensuring that all staff can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Action Plans, and the asthma first aid kit.
- Identifying and, where possible, minimising asthma triggers (refer to *Definitions*) as outlined in the child's Asthma Action Plan.
- Administering prescribed asthma medication in accordance with the child's Asthma Action Plan and the *Administration of Medication Policy* of the centre.
- Developing a Risk Minimisation Plan (refer to Attachment 4) 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 and are able to participate fully in all programs and activities at the centre.

Parents/guardians are responsible for:

- Reading the GRPSA *Asthma Policy*.
- Informing staff, either on enrolment or on initial diagnosis, that their child has asthma.
- Providing a copy of their child's Asthma Action Plan to the centre 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.
- Ensuring all details on their child's enrolment form and medication record (refer to *Definitions*) are completed prior to commencement at the centre.
- Working with staff to develop a Risk Minimisation Plan (refer to Attachment 4) for their child.
- Always Providing an adequate supply of appropriate asthma medication and equipment for their child.
- Notifying staff, in writing, of any changes to the information on the Asthma Action 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 centre staff if they are unwell or experiencing asthma symptoms.

Volunteers and students, while at the centre, are responsible for following this policy and its procedures.

EVALUATION

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 GRPSA policy review cycle, or as required.
- Notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Asthma First Aid Procedure
- Attachment 2: Asthma Action Plan
- Attachment 3: Asthma First Aid poster
- Attachment 4: Asthma Risk Minimisation Plan
- Attachment 5: Communication Plan

AUTHORISATION

This policy was adopted by the Approved Provider of Goulburn Region Preschool Association Inc on 3rd September 2012.

Reviewed and adopted: 24th September 2016.

Reviewed and Attachment 5 added: 30th June 2017.

Reviewed and Adopted: May 2020.

Reviewed and Adopted: June 2020.

REVIEW DATE: JUNE 2023

ATTACHMENT 1

Asthma First Aid Procedure

This Asthma First Aid Procedure has been reproduced from The Asthma Foundation *Asthma & the Child in Care Model Policy*, Version 6.4, January 2012.

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 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 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.

(If calling Triple Zero (000) doesn't work on your mobile phone, try 112).

ATTACHMENT 2
Asthma Action Plan

This Asthma Action Plan is available for download from The Asthma Foundation
https://asthma.org.au/wp-content/uploads/About_Asthma/Schools/AACPE2018-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: _____

PHOTO OF STUDENT
(OPTIONAL)

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 staff 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 payment of any emergency medical costs.

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

Date of approval: June 2018 | Approved by: CEO Asthma Australia | Date of review: June 2018 | AACPE2018 Care Plan for Schools A4 | © June 2018

ATTACHMENT 3

Asthma First Aid poster

This poster is available for download from The Asthma Foundation website.

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
 - Remember: Shake, 1 puff, 4 breaths

OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)

- 3

WAIT 4 MINUTES

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

OR give 1 more dose of Bricanyl or Symbicort inhaler

- 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 dose of a Bricanyl or Symbicort every 4 minutes – up to 3 more doses of Symbicort

IF THERE IS STILL NO IMPROVEMENT

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's 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
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ASTHMA AUSTRALIA

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Asthma Risk Minimisation Plan



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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	Existing Controls	Rating		Treatment	
		Effectiveness of existing controls	Risk Consequences		Risk Likelihood
Describe the risk event, situation or issue. The cause/s and the consequence/s. Something occurs ... caused by ... leading to ... (See Appendix A)	Describe any existing policy, procedure, practice or device that acts to minimise a particular risk What is being done or what can be done?	Satisfactory Poor Unknown	Major Moderate Minor Insignificant	Almost certain Likely Unlikely Rare	For those risks requiring treatment in addition to the existing controls. List: <ul style="list-style-type: none"> What will be done? Who is accountable? When will it happen?

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?

ATTACHMENT 5

Communication Plan

This is to be read in conjunction with the relevant policy.

PURPOSE

The Communication Plan will ensure all members of the centre are aware of the procedures for the following circumstances:

- Prevention and management of a medical condition.
- Understanding and supporting court orders.

Expectations of parents:

- At the time of enrolment or (if later) diagnosis, all staff members will familiarise themselves with the medical needs of the student. It is expected that the parent will advise the centre without delay when a child is diagnosed by a medical practitioner as being at risk of a medical condition. An Action Plan will be developed by their medical practitioner and placed in the centre for easy access; this should clearly state where the medication is located.
- At the time of enrolment, or at the time when court orders are received by the centre, all staff members will familiarise themselves with the orders, and if necessary, seek clarification from an expert, such as a police officer.
- A risk minimization plan will be written by the early childhood staff in consultation with the parents.
- Parents of children with a medical condition will be given a copy of the relevant policy on notifying the centre of the medical condition.
- In the case of anaphylaxis, a sign stating that a child with anaphylaxis is enrolled at the centre and what the allergy is will be displayed at the entrance of the centre.
- Parents will also be notified regarding points in the risk minimisation plan that they need to adhere to, such as hand washing before entering the centre.
- Relief staff will be made aware of the plan and actions to take in case of all medical conditions, or any instructions regarding court orders, on arrival at the centre before commencing for the day.
- All staff will be briefed regularly, regarding the children with medical conditions especially the minimisation plans and first aid.
- All changes to the risk minimisation plan or first aid, will be clearly changed on the action plan and communicated clearly to all staff, working at the centre, as soon as practicable after the change is made.
- Any changes to court orders will be communicated clearly to all staff in the centre, as soon as practicable after new documents have been received.