Asthma Management Policy

POLICY STATEMENT

Correct asthma management, and community education about it, reduce its impact on the child. Lake Mac Newy OOSH is committed to educating staff and families about asthma and to implementing responsible asthma management strategies.

In any decision or action concerning a child with asthma, the safety, welfare and wellbeing of the child is paramount (Regulation 168(2)(h)(i)). Children with asthma will not be discriminated against, and will be supported to participate fully and safely in all activities and experiences.

All staff, educators, students and volunteers will follow this policy, *Dealing with Medical Conditions and Medication Administration policy*, and each child's individual Asthma Action Plan.

Definitions

- **Asthma:** a chronic lung disease characterised by inflamed airways, causing symptoms such as wheezing, coughing, chest tightness and shortness of breath.
- **Asthma Action Plan:** a plan completed and signed by a child's medical practitioner, setting out the child's asthma triggers, day-to-day management and step-by-step emergency response. It satisfies the medical management plan required under Regulation 90 for a child diagnosed with asthma.
- **Reliever medication:** medicine that relaxes the muscles around the airways to provide quick relief from asthma symptoms.
- **Asthma Emergency Kit (AEK):** the Service's own general-use kit, containing in-date reliever medication, a spacer and a facemask, kept for use in an asthma emergency involving any child, whether or not they have diagnosed asthma.

PROCEDURE

The Approved Provider, management and Nominated Supervisor will ensure:

- As part of the enrolment process, all parents/guardians are asked whether their child has a medical condition, and this is documented on the child's enrolment record.
- Where a child is diagnosed with asthma, the family provides an Asthma Action Plan, signed by a registered medical practitioner, before the child begins education and care at the Service.
- Parents/guardians are given a copy of *Dealing with Medical Conditions and Medication Administration policy,* and this policy on enrolment, and are advised at enrolment and orientation that the Service may administer emergency asthma medication or treatment, with advice from emergency services, in accordance with Regulation 94.
- The Service maintains a general-use Asthma Emergency Kit onsite and accessible at all times, whether or not a child currently enrolled has diagnosed asthma.
- At least one educator or staff member is in attendance and immediately available at all times children are being cared for, holding each of: a current approved first aid qualification, current approved anaphylaxis management training, and current approved emergency asthma management training (Regulation 136). These may be different people.

- Staff training is kept up to date in each staff member's record.
- Where a child with diagnosed asthma is attending an excursion, incursion or being transported, their known triggers and required medication are reflected in the risk assessment conducted under *Excursion/Incursion/Extra-Curricular Activities* or *Transportation*.
- Asthma Australia's *Asthma First Aid* poster is displayed in key locations at the Service.
- Where emergency asthma medication is administered to a child, emergency services and the child's parent/guardian are notified as soon as practicable (Regulation 94(2)).
- Updated information, resources and support for managing asthma are provided to families on a regular basis.
- A review of practice follows any asthma incident, including an evaluation of the child's Asthma Action Plan and risk minimisation plan and the effectiveness of the response.

Where a child is diagnosed with asthma, the Nominated Supervisor/Responsible Person will:

- Meet or correspond with the family to begin the communication process for managing the child's asthma.
- Develop, document and implement a risk minimisation plan and communication plan in collaboration with the family, specific to the Service's environment, activities, incursions and excursions and to the individual child, and review it annually or on any change to the child's circumstances.
- Keep the child's Asthma Action Plan, risk minimisation plan and communication plan in the child's enrolment record.
- Ensure the family provides an adequate supply of the child's prescribed reliever medication, together with any device — such as a spacer — specified in the child's Asthma Action Plan.
- Ensure all asthma puffers supplied for an individual child have a current pharmacy/chemist dispensing label clearly showing the child's name and date of birth.
- Ensure a staff member accompanying children off-site carries a copy of the child's Asthma Action Plan and required medication, including on excursions, during transportation, or during an emergency evacuation.
- Ensure a medication record is kept for each child to whom medication is or may be administered by the Service (Regulation 92).
- Ensure families update the child's Asthma Action Plan whenever there is a change to the child's asthma management, or the plan expires.
- Set and track a review date for each child's Asthma Action Plan. Where the child's doctor has not specified a review date, the plan is reviewed at least every 12 months, or sooner on any change to the child's circumstances. A review includes a documented conversation with the family confirming the plan remains current, and may include the family seeking a formal review by the child's doctor.
- Regularly check the expiry date of reliever medication, and ensure spacers and facemasks are cleaned after every use in accordance with the manufacturer's instructions.

Educators will:

- Read and comply with this policy and the *Dealing with Medical Conditions and Medication Administration policy*.
- Maintain current emergency asthma management training in accordance with Regulation 136.
- Know which children are diagnosed with asthma, the location of their medication and Asthma Action Plan, and their individual triggers and risk minimisation plan.

- Take the first aid kit, children's personal asthma medication and Asthma Action Plans on excursions, during transportation, and during emergency evacuations and drills.
- Administer prescribed asthma medication in accordance with the child's Asthma Action Plan, Regulations 93-95 and *Dealing with Medical Conditions and Medication Administration policy*.
- Ensure that the asthma medication is:
    - stored in a location that is known to all staff, including relief staff
    - NOT locked in a cupboard
    - easily accessible to adults but inaccessible to children
    - stored in a cool, dark place at room temperature
    - NOT refrigerated
    - Accompanied by a copy of the child's Asthma Action Plan
- Regularly check and record the asthma medication expiry date.
- Document any asthma episode in the *Incident, Injury, Trauma and Illness Record* and advise parents as a matter of priority, when practicable.
- Consult with parents/guardians on the health, safety and supervised management of their child's asthma, and communicate any concerns about a child's asthma limiting their ability to participate fully in activities.
- Support children, according to their age, maturity and understanding, to participate in decisions about the management of their asthma, communicate how they are feeling and identify when they require assistance or medication.
- Ensure children with asthma are included and able to participate safely and fully in all activities.

Families will:

- Inform staff, on enrolment or on initial diagnosis, that their child has asthma.
- Read and be familiar with this policy and the *Dealing with Medical Conditions and Medication Administration policy*.
- Provide an Asthma Action Plan, signed by a registered medical practitioner.
- Provide written authorisation for their child to self-administer medication, where applicable.
- Develop the risk minimisation and communication plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators, and review it annually.
- Ensure all details on the enrolment form and medication record are completed prior to the child's commencement at the Service.
- Provide an adequate supply of the child's prescribed reliever medication and any device specified in the Asthma Action Plan, such as a spacer. Where the plan names a specific brand of medication, the medication provided must match it.
- Ensure all asthma puffers provided to the Service have a current pharmacy/chemist dispensing label clearly showing the child's name and date of birth.
- Comply with the Service's policy that a child prescribed asthma medication does not attend the Service or its programs without that medication.
- Notify the Service in writing of any change to the child's asthma management, and provide an updated Asthma Action Plan.

- Encourage their child to understand their asthma, and to tell Service staff if they are unwell or experiencing symptoms.

Asthma Emergency Kits

- As a safety measure, the Service maintains at least one general-use Asthma Emergency Kit, checked regularly to ensure the medication it contains remains in date. Onsite and accessible at all times, whether or not a child currently enrolled has diagnosed asthma.
- Staff are trained in the use of the Asthma Emergency Kit.

Curriculum and peer education

- Age-appropriate discussion of asthma, and how to support peers with asthma, is included in the program.
- Children are encouraged in safe practices, such as not sharing drinks, and in recognising asthma symptoms.

If a child has an asthma emergency, staff will:

- Follow the child's Asthma Action Plan. Where a child does not have an Asthma Action Plan, or asthma is suspected in a child who has not previously been diagnosed, immediately follow the current Asthma First Aid procedure displayed at the Service and any directions provided by emergency services.
- If the child does not respond to the steps in the Asthma Action Plan, call an ambulance immediately by dialling 000.
- Continue first aid measures.
- Notify parents/guardians as soon as practicable; contact the child's emergency contact if the parent/guardian cannot be reached.

Authorisation for emergency medical treatment for asthma is not required, and medication may be administered without it, in accordance with Regulation 94.

REPORTING

- Complete an *Incident, Injury, Trauma and Illness Record* for any asthma-related incident, and have it signed by the parent/guardian.
- Where the incident meets the serious incident test in *Management of Incidents, Injury, Illness & Trauma* — for example, a severe asthma attack for which the child attended, or ought reasonably to have attended, hospital (Regulation 12(c)) — notify the Regulatory Authority within 24 hours through the NQA IT System.
- Place a copy of the record in the child's file.
- Conduct a staff debrief after any serious incident, evaluating the child's Asthma Action Plan and risk minimisation plan and the effectiveness of the response, and discussing the strategies needed to reduce further risk.
- Parental consent is required before a child's Asthma Action Plan is displayed anywhere visitors or other families could see it (see *Confidentiality*).

CONSIDERATIONS

Education and Care Services National Law & Regulations	National Quality Standard & Child Safe Standards	Links to other Service Policies	Other Documentation / Evidence
National Law 3A & 4 Regulations 12, 90–96, 100 - 102, 136, 168	Standards 1, 2.1, 2.2, 4.1, 6.1, 7.1 Elements 2.1.1, 2.1.2, 2.1.3, 2.2.1, 2.2.2, 2.2.3, 6.1.2, 7.1.2 Child Safe Standards 1 & 7	– Dealing with Medical Conditions and Medication Administration – Administration of First Aid – Management of Incidents, Injury, Illness & Trauma – Excursion/Incursion/Extra-Curricular Activities – Transportation – Enrolment and Orientation – Communication with Families – Dealing with Infectious Diseases – Confidentiality – Supervision of Children – Record Keeping and Retention (in development)	– National Asthma Council Australia – www.nationalasthma.org.au – Asthma Australia – Asthma First Aid – Parent Handbook – Staff Handbook

ENDORSEMENT BY THE SERVICE

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