



Marton Activity Centre

MAC Policy

ASTHMA MANAGEMENT

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| Document ID | : POL051 |
| Amendment No | : 8 |
| Quality Area | : MACQA2 |
| Approved By | : Management |
| Approval Date | : 4/2022 |
| Review Date | : 4/2023 |

Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. Community education and correct asthma management will assist to minimise the impact of asthma. It is generally accepted that children under the age of six do not have the skills or ability to recognise and manage their own asthma effectively. Our Out of School Hours Service recognises the need to educate its staff and families about asthma and to implement responsible asthma management strategies.

POLICY STATEMENT

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 provide a safe and healthy environment for all children enrolled at the Out of School Hours Service. We believe in providing children with asthma the ability to participate in the programmed learning activities and experiences ensuring an inclusive environment is upheld by ensuring all staff and educators follow our *Asthma Management Policy* and procedures and children's medical management plans.

SCOPE

This policy applies to the children, families, staff, management and visitors of Marton Activity Centre.

DUTY OF CARE

Marton Activity Centre has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide:

- A safe environment
- Adequate Supervision
- Asthma emergency kits are accessible to staff and include in-date reliever medication, and single use spacers with masks for children under 5
- All staff have current training in asthma first aid and routine asthma management
- Policies are asthma friendly
- At least one staff member is on duty at all times children are in attendance at the service who holds a current education and care first aid certificate

Staff members including relief staff need to know enough about Asthma reactions to ensure the safety and wellbeing of the children.

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 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. Our Out of School Hours Service recognises the need to educate the staff and parents/guardians about asthma and to promote responsible asthma management strategies.

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. 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).

PROCEDURE

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Out of School Hours Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of all medical conditions policies 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 Out of School Hours Service follow each individual child’s Medical Management Plan in the event of an incident related to a child’s specific health care needs, allergy, or medical condition.

MANAGEMENT AND NOMINATED SUPERVISOR 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 risk management plan/ Action plan signed by a registered medical practitioner prior to their child's commencement at the Service.

- at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) is in attendance at all times education and care is provided by the Service as per Regulation 136(c)
- all staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises
- that all staff members are aware of
 - any child identified with asthma enrolled in the service
 - the child's individual medical management plan/action plan
 - symptoms and recommended first aid procedure for asthma and
 - the location of the child's asthma medication
- 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
- develop and document a risk minimisation plan in collaboration with parents/guardian [see Risk Minimisation Plan section]

- Upon employment at the OSHC 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 Educational and care first aid 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
- The details of approved Emergency Asthma Management (EAM) training are included on the staff record

- Parents are provided with a copy of the Service's Asthma Policy upon enrolment of their child
- 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
- To identify children with asthma during the enrolment process and inform all staff
- Families are provided with an Asthma Action Plan to be completed in consultation with, and signed by, a medical practitioner and updated annually.
- 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
- A medication record is kept for each child to whom medication is to be administered by the Service
- A long-term medication record is kept for each child to whom medication is to be administered by the Out of School hours 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, and that spacers and facemasks are replaced after every use or washed
- The asthma first aid procedure is consistent with current national recommendations.
- That all staff 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 are able to identify and minimise asthma triggers for children attending the Service, where possible
- 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
- Staff 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 Out of School hours Service

That medication is administered in accordance with the Administration of Medication Policy.

In Services where a child diagnosed with asthma is enrolled, the Nominated Supervisor/ Responsible Person will:

- 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 [see Risk Minimisation Plan section]
- discuss with the requirements for completing an *Administration of Medication Record* for their child
- 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, and medical management plans medical information folder
- ensure families provide reliever medication and a spacer (including a child's face mask, if required) whilst their child is attending the Service
- ensure that a staff member accompanying children outside the Service carries 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 Service
- 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

EDUCATORS WILL ENSURE:

- They are aware of the Service's 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/ medical risk minimisation plans)
- They maintain qualifications for approved Asthma Management

- 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
- A Risk Minimisation Plan is developed for every child with asthma in consultation with parents/guardians
- To discuss with parents/guardians the requirements for completing the enrolment form and 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
- Complete the administration of medication record whenever medication is provided to a child
- 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:

- Read the Service's Asthma Management Policy
- Inform management and 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, and 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
- Ensure all details on their child's enrolment form and medication record are completed prior to commencement at the Out of School hours Service
- Work with staff to develop a Risk Minimisation Plan for their child
- 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
- Ensure they update the asthma management plan as required.

PLAN OF ACTION FOR A CHILD WITH DIAGNOSED ASTHMA

The staff, together with the parents/guardians of a child with asthma, will discuss and agree on a plan of action for the emergency management of an asthma attack based on the Asthma First Aid 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.

THE NOMINATED SUPERVISOR WILL ENSURE:

- That as many staff as possible have completed first aid and emergency asthma management training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each staff members' certificate held on the Service's premises
- Ensure that all staff are aware of the symptoms of an asthma attack, and the child/children at Marton Activity Centre who have this diagnosed medical condition and that the Asthma Action Plan is to be followed in the event of an emergency
- That a copy of this policy is provided and reviewed during each new staff member's induction process
- A copy of this policy will be provided to a parent or guardian of each child diagnosed with asthma at the service
- Ensure updated information, resources and support is regularly given to families for managing asthma
- Ensure that at least one staff member on the premises at all times has completed accredited asthma training (Education and care first aid) as per the requirements of the Regulations
- That all educators have approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law and National Regulations, and are approved by ACECQA
- The details of approved Emergency Asthma Management (EAM) training are included on the staff record
- All families with a child diagnosed with asthma, must provide prior to enrolment an Asthma Medical Management Plan to be completed and signed by the child's registered medical practitioner and returned before enrolment commences
- Ensure children diagnosed with asthma have a current action plan as well as prescribed medication on site at all times - without these, **the child must not attend**
- Ensure that Asthma first aid posters are displayed in key locations (These can be obtained from; [Asthma Australia Resources](#))
- Ensure a copy of the child's emergency management plan is visible and known to staff at Marton Activity Centre
- Follow the child's Asthma Action Plan in the event of an asthma attack
- Increase supervision of a child at risk of having an asthma attack on special occasions such as excursions, incursions, parties and family days

- Ensure that an asthma action plan signed by the child's Registered Medical Practitioner and prescribed medications such as a reliever are provided by the parent/guardian for the child while at the service each day that they attend
- Ensure that the medication is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
- Regularly check and record the medication expiry date- request new medication from families when needed (Medication expiry dates are recorded on Kidsoft and alerts us a month before a child's Medication or Action Plan expires)
- Provide information to the service community about resources and support for managing asthma in children.

IN THE EVENT THAT A CHILD SUFFERS FROM AN ASTHMA ATTACK THE CENTRE AND STAFF WILL:

- Follow the child's asthma action plan
- Suitably experienced and trained staff member (As per regulations) will commence first aid measures according to Asthma 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

In the event of a severe asthma attack, the Ambulance service will be contacted on 000 immediately and the 4 step Asthma Action Plan will be implemented until Ambulance officers arrive.

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 medical management/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*)

PARENTS/GUARDIANS OF CHILDREN SHALL:

- Inform staff at the children's service, either on enrolment or on diagnosis, of their child's asthma/medical condition
- Provide staff with an asthma action plan signed by the Registered Medical Practitioner giving written consent to use the prescribed medication in line with this action plan
- Provide staff with all prescribed medications relating to this medical condition
- Assist staff by offering information and answering any questions regarding their child's medical condition
- Notify the staff of any changes to their child's medical condition and provide a new management plan in accordance with these changes
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- Comply with the service's policy that no child who has been prescribed medication for a diagnosed medical condition is permitted to attend the service or its programs without that medication
- Bring relevant issues to the attention of both staff and licensee.

REPORTING PROCEDURES

Any incident involving serious illness of a child while the child is being educated and cared for by the 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).

- staff members involved in the incident are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- 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 will inform the Service 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)

- staff 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

staff will discuss the 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 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 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)

CONSIDERATIONS
NATIONAL QUALITY STANDARDS (NQS)

| Quality Area 2: Children’s Health & Safety | | |
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| 2.1.1 | Wellbeing & Comfort | Each child’s wellbeing & comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest & 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 & hazard. |
| 2.2.2 | Incident & 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 AND NATIONAL LAW

| Education and Care Services National Regulations and National law NSW | | |
|--|--------------------|--|
| Reg | 90 | Medical Conditions Policy |
| Reg | 12 | Meaning of a serious incident |
| Reg | 85 | Incident, injury, trauma and illness policies and procedures |
| Reg | 86 | Notification to parents of incident, injury, trauma and illness |
| Reg | 87 | Incident, injury, trauma and illness record |
| Reg | 89 | First aid kits |
| Reg | 90 | Medical conditions policy |
| Reg | 91 (1) (iv) | Medical Conditions Communication Plan |
| Reg | 91 | Medical Conditions Policy to be provided to parents. |
| Reg | 92 | Medication Record |
| Reg | 93 | Administration of Medication |
| Reg | 94 | Exception to Authorisation requirement - Anaphylaxis or Asthma Emergency |
| Reg | 95 | Procedure for Administration of Medication |
| Reg | 96 | Self-administration of Medication |
| Reg | 136 | First Aid Qualifications |
| Reg | 162 | Health information to be kept in enrolment record |
| Reg | 168 | Education and care service must have policies and procedures |
| Reg | 170 | Policies and procedures to be followed |
| Reg | 174 | Time to notify certain circumstances to Regulatory Authority |

SOURCE

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| Asthma Australia: www.asthmaaustralia.org.au |
| Australian Asthma Handbook: http://www.astmahandbook.org.au |

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| 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) |
| National Asthma Council Australia (2019) <i>My Asthma Guide</i> http://www.nationalasthma.org.au/living-with-asthma/resources/patients-carers/brochures/my-asthma-guide |
| National health and medical research council (2012) (updated June 2013) <i>Staying healthy: preventing infectious diseases in early childhood education and care services</i> |
| Revised National Quality Standard (2018) |
| Education and Care Services National Law Act 2010. (Amended 2018). |
| Education and Care Services National Regulations . (2011). |
| https://www.asthmahandbook.org.au/ |

SERVICE POLICIES/ DOCUMENTATION

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|--|---|
| Polices | |
| Administration of First Aid Policy | Dealing with Medical Conditions and Administering First Aid |
| Incident, Illness, Accident, Trauma Policy | Supervision |

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\)](#)