



Annette's Place Inc

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 promote responsible asthma management strategies.

National Quality Standard (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

Children (Education and Care Services) National Law NSW	
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
96	Self-administration of medication



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PURPOSE

We aim to distribute a safe and healthy environment for all children enrolled at the Service and provide an environment in which all children with asthma can participate to their full potential.

We are committed to being an Asthma Friendly service as outlined by Asthma Australia. This means:

- The majority of staff hold a current certificate with approved competency assessed Emergency Asthma Management training
- Asthma Emergency Kits (AEKs) are accessible to staff and include in-date reliever medication, single person use spacers with masks for under 5 year olds,
- Asthma First Aid posters are on display and information is available for staff and parents
- Policies are Asthma Friendly

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

SCOPE

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

DUTY OF CARE

Our service has a legal responsibility to provide

- a. A safe environment
- b. Adequate Supervision

Staff members including relief staff need to have an understanding of Asthma reactions to ensure the safety and wellbeing of children.

BACKGROUND

Asthma is defined clinically as the combination of variable respiratory symptoms (e.g. wheeze, shortness of breath, cough and chest tightness) and excessive variation in lung function, i.e. variation in expiratory airflow that is greater than that seen in healthy children ('variable airflow limitation'). Source: Asthma Handbook



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Asthma is a chronic lung disease which can be treated but not cured. Asthma affects approximately one in 10 Australian children and adults. It is the most common reason for childhood admission to hospital. With good 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 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 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 cough 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).



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IMPLEMENTATION

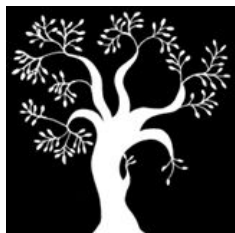
We will involve educators, families and children in regular discussions about medical conditions and general health and wellbeing as required. We will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of all medical conditions policies will be available on the Annette's Place website for all educators, volunteers and families of the Service. Hard copies will be provided as required. 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 Nominated Supervisor will ensure:

- All staff read and are aware of all medical condition policies and procedures, ensuring that they are aware of asthma management strategies upon employment at the Service
- To provide approved Emergency Asthma Management (EAM) training to staff as required under the National Regulations.
- That educators' 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.
- At least one staff member with current approved Emergency Asthma Management (EAM) training (refer to Definitions) is on duty and readily available at all times.
- The details of approved Emergency Asthma Management (EAM) training are included on the staff record.
- Parents/Guardians are provided with a copy of the Service's Asthma Policy upon enrolment of their child as applicable.
- 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.



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- To identify children with asthma during the enrolment process and inform staff.
- To provide families with an Asthma Action plan to be completed in consultation with, and signed by, a medical practitioner.
- To develop a Risk Minimisation Plan 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.
- A 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) at all times their child is attending the Service.
- The asthma first aid procedure is consistent with current national recommendations.
- That all staff members are aware of the asthma first aid procedure.
- The expiry date of reliever medication is checked regularly and replaced when required, and that spacers and facemasks are replaced after every use.
- 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.
- Ensure that no child who has been prescribed an asthma device is permitted to attend the service without the device

In the event that a child suffers from an asthma emergency the 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



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- 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 as required.
- They are able to identify and, where possible, minimise asthma triggers as outlined in the child's Asthma Action Plan.
- Asthma first aid kit, children's personal asthma medication and Asthma Action Plans are taken on excursions or other offsite events.
- To administer prescribed asthma medication in accordance with the child's Asthma Action Plan and the services 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.
- Communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities.
- Children with asthma are not discriminated against in any way.
- Children with asthma can participate in all activities safely and to their full potential.
- Document any attack, advising parents as a matter of priority, when practicable.
- Ensure that no child who has been prescribed an asthma device is permitted to attend the service without the device

Families will:

- Read the services Asthma Management Policy as applicable.



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- 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.
- Ensure all details on their child's enrolment form and medication record are completed prior to commencement at the 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 staff if they are unwell or experiencing asthma symptoms.
- Ensure that their child does not attend the Service without the prescribed asthma device.

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. situations



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Source

- Australian Children's Education & Care Quality Authority. (2014)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- Guide to the National Quality Standard
- Staying Healthy in Child Care. 5th Edition
- Asthma Australia – www.asthmaaustralia.org.au
- Revised National Quality Standard
- Australia Asthma Handbook
<http://www.asthmahandbook.org.au/diagnosis/children>
- My Asthma Guide
file:///C:/Users/a-ecr/Downloads/My-asthma-guide_pdf.pdf

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