

BEACONSFIELD KINDERGARTEN INC.

ASTHMA POLICY

Mandatory – Quality Area 2

This policy was written in consultation with Asthma Australia. Visit [Asthma Australia's website](#) for more information.

PURPOSE

This policy will outline the procedures to:

- ensure ECTs/educators, staff and families/guardians are aware of their obligations and the best practice management of asthma at Beaconsfield Kindergarten
- ensure that all necessary information for the effective management of children with asthma enrolled at Beaconsfield Kindergarten is collected and recorded so that these children receive appropriate attention when required
- ensure Asthma Action Plans are provided by parents/guardians for children diagnosed with asthma prior to commencement
- develop risk-minimisation and communication plans with parents/guardians
- respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service.
- ensure ECTs/educators, staff and families follow the advice from Emergency Management Victoria associated with thunderstorm asthma event.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.

POLICY STATEMENT

VALUES

Beaconsfield Kindergarten Inc. is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- 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 with regard to 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 service.

SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisors, Persons in day-to-day Charge, early childhood teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Beaconsfield Kindergarten Inc., including during offsite excursions and activities

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

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Families	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Providing all staff with access to the service's <i>Asthma Policy</i> , and ensuring that they are aware of asthma management strategies (refer to Procedures) upon employment at the service	R	√			
Providing all families with access to the service's <i>Asthma Policy</i> and Dealing with <i>Medical Conditions Policy</i> upon enrolment of their child (Regulation 90, 91)	R	√			
Providing parents/guardians of children with asthma with a copy of the service's <i>Asthma Policy</i> and any other relevant policies upon enrolment of their child (Regulation 91)	R	√	√		
Ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with asthma, and the location of their medication and action plans	R	R	√		
Providing approved Emergency Asthma Management (EAM) training (<i>refer to Definitions</i>) to staff as required under the National Regulations 136	R	√			
Ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (<i>refer to Definitions</i>) is on duty at all times	R	√			
Ensuring that all educators' approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the <i>National Law</i> (Section 169(4)) and <i>National Regulations</i> (Regulation 137), and are approved by ACECQA	R	√			
Maintaining current approved Emergency Asthma Management (EAM) (<i>refer to Definitions</i>) qualifications		R	R		√
Ensuring the details of approved Emergency Asthma Management (EAM) training (<i>refer to Definitions</i>) are included on the staff record (<i>refer to Definitions</i>)	R	√			
Advising families on where to find information about asthma management information, where appropriate	√	√			
Acting on advice and warnings from the Department's Emergency Management Division associated with a potential thunderstorm asthma activity, and implementing a communication strategy to inform families	R	√	√		√

Implementing procedures to avoid exposure to dangers associated with a potential thunderstorm asthma, such as staying indoors with windows and doors closed	R	√	√		√
Identifying children with asthma during the enrolment process and informing staff	R	√			
Ensuring families provide a copy of their child's Asthma Action Plan (refer to Definitions and Attachment 1), in consultation with and signed by their registered medical practitioner, following enrolment and prior to the child commencing at the service (Regulation 90). The Asthma Action Plan should be reviewed and updated at least annually	R	√		√	
Developing a Risk Minimisation Plan (refer to Definitions and Attachment 3) for every child with asthma, in consultation with families	R	√	√	√	
Developing and implementing a communication plan (<i>refer to Definitions</i>) ensuring that relevant staff members and volunteers are informed about the child's medical conditions, the Asthma Action Plan and Risk Minimisation Plan for the child in consultation with families (<i>Regulation 90 (c) (iv)(A)(B)</i>) (<i>refer to Dealing with Medical Conditions</i>). At Beaconsfield Kindergarten, this is incorporated in the Risk Minimisation and Communication Plan.	R	√	√	√	
Maintaining ongoing communication between ECT/educators/ staff and families in accordance with the strategies identified in the communication plan (<i>refer to Definitions</i>), to ensure current information is shared about specific medical conditions within the service (<i>refer to Dealing with Medical Conditions</i>)	R	√	√		
Ensuring all details on their child's enrolment form and medication record (refer to Definitions) are completed prior to commencement at the service				√	
Ensuring a copy of the child's Asthma Action Plan is accessible and known to staff in the service (<i>Regulations 90 (iii)(D)</i>). Prior to displaying information about the child's medical condition ⁹ , the ECT must explain to families the need to display this for the purpose of the child's safety and obtain their consent (<i>refer to Privacy and Confidentiality Policy</i>)	R	√		√	
Ensuring that all children with asthma have an Asthma Action Plan and Risk Minimisation and Communication Plan on file at the service	R	√		√	
Notifying staff, in writing, of any changes to the information on the Asthma Action Plan, enrolment form or medication record				√	
Providing an adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is appropriately labelled with the child's name				√	
Consulting with the families of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma	R	√		√	
Communicating any concerns to families if a child's asthma is limiting their ability to participate fully in all activities	√	√	√		

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 they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Action Plans and the asthma first aid kit	R	√	√		
Ensuring that medication is administered in accordance with the child's Asthma Action Plan and the <i>Administration of Medication Policy</i>	R	R	R		
Ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)	R	√	√		
Ensuring 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	R	√		R	
Implementing an asthma first aid procedure (refer to Procedures) consistent with current national recommendations	R	R	R		
Ensuring that all staff are aware of the asthma first aid procedure	R	√			
Ensuring adequate provision and maintenance of asthma first aid kits (refer to Definitions)	R	√			
Ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks that are from the service's first aid kits are replaced after every use	R	√	√		
Facilitating communication between management, ECTs, educators, staff and families regarding the service's <i>Asthma Policy</i> and strategies	R	√			
Identifying and minimising asthma triggers (refer to Definitions) for children attending the service as outlined in the child's Asthma Action Plan, where possible	R	√	√		
Ensuring that children with asthma are not discriminated against in any way	√	√	√		√
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma	√	√	√		√
Ensuring that children with asthma can participate in all activities safely and to their full potential	√	√	√		√
Immediately communicating any concerns with families regarding the management of children with asthma at the service	R	√	√		
Displaying Asthma Australia's Asthma First Aid poster (refer to Sources and Attachment 2) in key locations at the service	R	√			
Ensuring that medication is administered in accordance with the <i>Administration of Medication Policy</i>	R	R	R		
Ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, medical practitioner or	R	R	R		

emergency services the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94)					
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	R	R		√
Ensuring an asthma first aid kit (refer to Definitions), children's personal asthma medication and Asthma Action Plans are taken on all excursions and other offsite activities (refer to <i>Excursions and Service Events Policy</i>)	R	R	√		

PROCEDURES

Asthma Australia's Asthma First Aid 2023: [Asthma First Aid: what to do during an asthma attack – Asthma Australia](#)

BACKGROUND AND LEGISLATION

Background

Asthma is a chronic, treatable health condition that affects approximately one in nine Australian children and is one of the most common reasons 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. With this in mind, a service must recognise the need to educate staff and parents/guardians about asthma and promote responsible asthma management strategies.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The Approved Provider 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 2011* (Regulation 136c). As a demonstration of duty of care and best practice, Beaconsfield Kindergarten requires that **all educators** have current approved emergency asthma management training (refer to *Definitions*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *Privacy Act 1988* (Cth)
- *Privacy and Data Protection Act 2014* (Vic)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – Federal Register of Legislation: <http://www.legislation.gov.au/>

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Approved Emergency Asthma Management (EAM) training: Training that is approved by the National Authority in accordance with Division 7 of the National Regulations, and is listed on the ACECQA website: <http://www.acecqa.gov.au>. EAM training provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.

Asthma Action Plan: A record of information on an individual child's asthma and its management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency. An Asthma Action Plan template can be downloaded from Asthma Australia's website: www.asthma.org.au. A sample plan is provided in this policy as Attachment 1.

Asthma Care Plan: An alternative to an Asthma Action Plan. This is no longer the preferred plan for early childhood services but it is still acceptable.

Asthma emergency: The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

Asthma first aid kit: Kits should contain:

- reliever medication
- 2 small volume spacer devices
- 2 compatible children's face masks (for children under the age of four)
- record form
- asthma first aid instruction card.

Asthma Australia recommends that these spacers and face masks are for single use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.

Asthma triggers: Things that may induce asthma symptoms, for example, pollens, colds/viruses, dust mites, smoke and exercise. Asthma triggers will vary from child to child.

Metered dose inhaler (puffer): A common device used to administer reliever medication.

Puffer: The common name for a metered dose inhaler.

Reliever medication: This comes in a blue/grey metered dose inhaler containing salbutamol, a chemical used to relax the muscles around the airways to relieve asthma symptoms. This medication is always used in an asthma emergency. Reliever medication is commonly sold by pharmacies as Airomir, Asmol, Ventolin or Zemreon.

Risk minimisation plan: Provides information about child-specific asthma triggers and strategies to avoid these in the service. A risk minimisation plan template for use by Beaconsfield Kindergarten staff is provided in this policy as Attachment 3.

Spacer: A plastic chamber device used to increase the efficiency of delivery of reliever medication from a puffer. It should always be used in conjunction with a puffer device and may be used in conjunction with a face mask.

Thunderstorm asthma: The phenomenon where a large number of people develop asthma symptoms over a short period of time, thought to be triggered by an uncommon combination of high pollen levels and a certain type of thunderstorm. Those at risk include people with asthma or a past

history of asthma, those with undiagnosed asthma and people with seasonal hay fever who have never had asthma. If faced with a thunderstorm asthma event, normal asthma first aid procedures should be followed.

SOURCES AND RELATED POLICIES

Sources

- Asthma Australia: www.asthma.org.au or phone (03) 9326 7088 or 1800 278 462 (toll free)
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA

Service policies

- *Administration of Medication Policy*
 - *Anaphylaxis and Allergic Reactions Policy*
 - *Dealing with Medical Conditions Policy*
 - *Emergency and Evacuation Policy*
 - *Excursions and Service Events Policy*
 - *Incident, Injury, Trauma and Illness Policy*
 - *Privacy and Confidentiality Policy*
 - *Staffing Policy*
-

EVALUATION

In order 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 service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172(2)).

ATTACHMENTS

- Attachment 1: Sample Asthma Action Plan – downloaded from the Asthma Australia website: www.asthma.org.au
- Attachment 2: Asthma First Aid poster – downloaded from the Asthma Australia website: www.asthma.org.au
- Attachment 3: Beaconsfield Kindergarten Risk Minimisation & Communication Plan template (a sample completed form can be found on Dropbox)

AUTHORISATION

This policy was adopted by the Approved Provider of Beaconsfield Kindergarten Inc. on 17th March, 2014.


REVIEW DATE: 22/04/2024

REVIEW FREQUENCY: Annual

NEXT REVIEW DUE: April 2025


ATTACHMENT 1

Sample Asthma Action Plan


 Photo (optional)

ASTHMA ACTION PLAN

Take me when you visit your doctor



Name:

Plan date: **Review date:**

Doctor details:

EMERGENCY CONTACT

Name:

Phone:

Relationship:

😊

WELL CONTROLLED is all of these...

- needing reliever medicine no more than 2 days/week
- no asthma at night
- no asthma when I wake up
- can do all my activities

Peak flow reading (if used) above _____

→

TAKE preventer

Name:

morning night puffs/inhalations

• Use my preventer, even when well controlled • Use my spacer with my puffer

TAKE reliever

Name:

puffs/inhalations as needed puffs/inhalations 15 minutes before exercise

• Always carry my reliever medicine

😞

FLARE-UP Asthma symptoms getting worse such as **any** of these...

- needing reliever medicine more than usual OR more than 2 days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak flow reading (if used) between _____ and _____

My triggers and symptoms

→

TAKE preventer

Name:

morning night puffs/inhalations for days then back to well controlled dose

TAKE reliever

Name: puffs/inhalations as needed

START other medicine

MAKE appointment to see my doctor same day or as soon as possible

😞

SEVERE Asthma symptoms getting worse such as **any** of these...

- reliever medicine not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak flow reading (if used) between _____ and _____

My triggers and symptoms

→

TAKE preventer

Name:

morning night puffs/inhalations for days then back to well controlled dose

TAKE reliever

Name: puffs/inhalations as needed

START other medicine

MAKE appointment to see my doctor TODAY

• If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

😞

EMERGENCY is any of these...

- reliever medicine not working at all
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak flow reading (if used) below _____

→

1

000

CALL AMBULANCE NOW

Dial Triple Zero (000)

2

🚑

START ASTHMA FIRST AID

Turn page for Asthma First Aid

If you are using a dual purpose reliever, your doctor will discuss the correct plan for you. v19 Updated 13 October 2023

ATTACHMENT 2 Asthma First Aid poster

Please note there are alternative Asthma First Aid plans related to other medications. Educators should ensure the correct first aid procedure for each child's particular medication is stored with their medication.

ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- has a known allergy to food, insects or medication and has **SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)**

1



SIT THE PERSON UPRIGHT

- Be **calm** and reassuring
- **Do not leave** them alone

2



GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

- **Shake** puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer
 - Repeat until **4 separate puffs** have been taken

If using Bricanyl (5 years or older)

- **Do not shake.** Open, twist around and back, and take a deep breath in
- Repeat until **2 separate inhalations** have been taken

If you don't have a spacer handy in an emergency, take **1 puff** as you take **1 slow, deep breath** and hold breath for as long as comfortable. Repeat until all puffs are given

3



WAIT 4 MINUTES

- If breathing does not return to normal, give **4 more separate puffs** of reliever as above

Bricanyl: Give 1 more inhalation

IF BREATHING DOES NOT RETURN TO NORMAL

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

Bricanyl: Give 1 more inhalation **every 4 minutes** until emergency assistance arrives



ASTHMA AUSTRALIA

1800 ASTHMA
(1800 278 462)
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ATTACHMENT -- ASTHMA RISK MINIMISATION PLAN



BEACONSFIELD KINDERGARTEN RISK MINIMISATION & COMMUNICATION PLAN FOR CHILDREN WITH ASTHMA

Child's name: (photo)	Medical Condition/Allergy/Dietary Restriction: Allergens/Triggers -
Date of Birth:	Group:
Educator Name (completing plan): Signed:	Parent/Guardian's Name: Signed:
Medical Management Plan Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Parent consent to display the child's medical information Yes <input type="checkbox"/> No <input type="checkbox"/> Date new plan is due:	Medication Supplied to the service as per Medical Management Plan: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Name of Medication(s) Date Supplied: Medication Expiry Date: Medications no longer required/expired: Date returned:
Doctor's name: Doctor's Number:	Parent Contact Name & Number: Parent Contact Name & Number:

Allergen/risk descriptor	Existing controls	Rating			Treatment
<p><i>Describe the risk event, situation or issue. The cause & consequence, including likely symptoms</i></p> <p><i>Example: strawberries lead to slight rash</i></p>	<p><i>Describe any existing policy, procedure, practice or device that acts to minimise a particular risk. What is being done/can be done</i></p> <p><i>Example: "Nutrition Policy"</i></p> <p><i>No food sharing practice</i></p>	<p><i>Effectiveness of existing controls</i></p> <ul style="list-style-type: none"> • <i>Satisfactory</i> • <i>Poor</i> • <i>Unknown</i> 	<p><i>Risk Consequences</i></p> <ul style="list-style-type: none"> • <i>Major</i> • <i>Moderate</i> • <i>Minor</i> • <i>Insignificant</i> 	<p><i>Risk Likelihood</i></p> <ul style="list-style-type: none"> • <i>Highly likely</i> • <i>Likely</i> • <i>Unlikely</i> • <i>Rare</i> 	<p><i>For those risks requiring treatment in addition to existing controls</i></p> <p><i>Who/what/when</i></p> <p><i>Example: Call parents</i></p> <p><i>Eliminate food causing allergy</i></p> <p><i>Administer medication if applicable</i></p>

COMMUNICATION PLAN

- Relevant Medical Conditions Policy supplied to family Date: ___/___/___
- Relevant Medical Conditions Policy discussed with educators & volunteers Date: ___/___/___

A discussion should take place each term with the ECT/Family to communicate any changes to the child’s condition/plan. Medication/Expiry dates should also be checked. Changes will be noted on the child’s enrolment record and discussed with all educators and volunteers.

- Term One: Date: ___/___/___ Expiry date checked Signed: _____
- Term Two: Date: ___/___/___ Expiry date checked Signed: _____
- Term Three: Date: ___/___/___ Expiry date checked Signed: _____
- Term Four: Date: ___/___/___ Expiry date checked Signed: _____

HAS THIS CHILD ALSO BEEN DIAGNOSED WITH ANAPHYLAXIS? Yes No

Do relevant people know what action to take if a child has an anaphylactic episode?

Know what each child's ASCIA action plan for anaphylaxis contains and implement the procedures.

Know:

- who will administer the adrenaline autoinjector and stay with the child: _____
- who will telephone the ambulance and the parents/guardians of the child: _____
- who will ensure the supervision of other children at the service: _____
- who will let the ambulance officers into the service and take them to the child: _____

Ensure all staff have undertaken approved anaphylaxis management training and participate in regular practise sessions.

Further Notes