

Asthma Policy

Version	Final
NQF Requirements	Quality Area 2 - Mandatory
Approved by Committee of Management	24/02/2022
Next Review Date	24/02/2024

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 Highgate Early Learning Centre
- ensure that all necessary information for the effective management of children with asthma enrolled at Highgate Early Learning Centre 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 service

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

Values

Highgate Early Learning Centre 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 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 service.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day-to-Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children, and others attending the programs and activities of Highgate Early Learning Centre.

Asthma management should be viewed as a shared responsibility. While Highgate Early Learning Centre 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.

Procedures

The Approved Provider or Persons with Management and Control is responsible for:

- providing the Nominated Supervisor and all staff with a copy of the service's *Asthma Policy*, and ensuring that they are aware of asthma management strategies (*refer to Attachment 4*) upon employment at the service
- providing approved Emergency Asthma Management (EAM) training (*refer to Definitions*) to staff as required under the National Regulations
- ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (*refer to Definitions*) is always on duty
- ensuring the details of approved Emergency Asthma Management (EAM) training (*refer to Definitions*) are included on the staff record (*refer to Definitions*)
- providing parents/guardians with a child affected by asthma with a copy of the service's *Asthma Policy* upon enrolment of their child (Regulation 91), or when initially diagnosed
- identifying children with asthma during the enrolment process, completing an Enrolment checklist (*refer Attachment 5*), and informing staff
- providing parents/guardians with an Asthma Care Plan (*refer to Definitions and Attachment 9*) to be completed in consultation with, and signed by, a medical practitioner
- developing a Risk Minimisation Plan (*refer to Definitions and Attachment 6*) and Communication Plan (*refer to Attachment 7*) for every child with asthma, in consultation with parents/guardians
- ensuring that all children with asthma have an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
- ensuring parents/guardians 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
- implementing an asthma first aid procedure (*refer to Attachment 8*) consistent with current national recommendations
- ensuring that all staff are aware of the asthma first aid procedure
- 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 (if needed) and face masks are replaced after every use

- facilitating communication between management, educators, staff and parents/guardians regarding the service's *Asthma Policy* and strategies
- identifying and minimising asthma triggers (refer to *Definitions*) for children attending the service, where possible
- ensuring that children with asthma are not discriminated against in any way
- ensuring that children with asthma can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children with asthma at the service
- displaying Asthma Australia's *Asthma First Aid* poster (refer to *Sources and Attachment 10*) in key locations at the service
- 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)
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma, and Illness Policy* 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.

The Nominated Supervisor or Person in Day-to-Day charge is responsible for:

- 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 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 Care Plan for each child

- 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
- organising asthma management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma.

Educators and other staff are responsible for:

- ensuring that they are aware of the service's *Asthma Policy* and asthma first aid procedure (*refer to Attachment 8*)
- ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Care Plans, and the asthma first aid kit
- following appropriate reporting procedures set out in the Incident, Injury, Trauma and Illness Policy in the event that a child is ill, or is involved in a medical emergency or an incident that results in injury or trauma
- maintaining current approved Emergency Asthma Management (EAM) (*refer to Definitions*) qualifications
- identifying and, where possible, minimising asthma triggers (*refer to Definitions*) as outlined in the child's Asthma Care Plan
- taking the asthma first aid kit, children's personal asthma medication and Asthma Care Plans on excursions or other offsite events
- administering prescribed asthma medication in accordance with the child's Asthma Care Plan and the *Administration of Medication Policy* of the service
- developing a Risk Minimisation Plan (*refer to Definitions and Attachment 6*) and Communication Plan (*refer to Attachment 7*) 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
- ensuring that children with asthma can participate in all activities safely and to their full potential.

Parents/guardians are responsible for:

- reading the service's *Asthma Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has asthma
- providing a copy of their child's Asthma Care Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Care 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 service
- working with staff to develop a Risk Minimisation Plan (refer to *Definitions and Attachment 6*) and Communication Plan (refer to *Attachment 7*) for their child
- 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 (National Regulations 90 Part 1c).
- notifying staff, in writing, of any changes to the information on the Asthma Care 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 service staff if they are unwell or experiencing asthma symptoms.

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

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.

Acknowledgements

This policy is based on the ELAA Asthma Policy which was last updated in February 2020.

This ELAA policy was written in consultation with Asthma Australia.

Asthma Australia's *Asthma & the Child in Care Model Policy* has been incorporated into this policy by ELAA. For more detailed information, visit Asthma Australia's website:

www.asthma.org.au

Attachments

- Attachment 1: Background and legislation
- Attachment 2: Definitions
- Attachment 3: Sources and related policies
- Attachment 4: Highgate Early Learning Centre Risk Minimisation Strategies
- Attachment 5: Enrolment checklist – Medical Conditions & Dietary Requirements
- Attachment 6: Asthma Risk Minimisation Plan template
- Attachment 7: Asthma Communication Plan template
- Attachment 8: Asthma First Aid Procedure
- Attachment 9: Asthma Care Plan

https://asthma.org.au/wp-content/uploads/About_Asthma/Schools/AACPED2018-Care-Plan-for-Schools-A4_2019.pdf

- Attachment 10: Asthma First Aid poster

Attachment 1: Background and legislation

Background

Asthma is a chronic, treatable health condition that affects approximately one in 9 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. 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 136(c)). As a demonstration of duty of care and best practice, ELAA recommends **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*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 90, 92, 93, 94, 95, 96, 136, 137
- *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 – ComLaw: <http://www.comlaw.gov.au/>

Attachment 2: 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* schedule attached.

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.cecqa.gov.au>. EAM training provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.

Asthma Care 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 Care Plan template specifically for use in children's services can be downloaded from Asthma Australia's website: www.asthma.org.au (refer to Attachment 9)

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 care plan (for kit for individual children)

Asthma Australia recommends that 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.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

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, an ingredient 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, or Ventolin.

Risk minimisation plan: Provides information about child-specific asthma triggers and strategies to avoid these in the service (*refer to Attachment 6*).

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.

Staff record: Must be kept by the service and include details of the Nominated Supervisors, the educational leader, other staff members, volunteers, and the Responsible Person. The record must include information about qualifications, training, and details of the *Working with Children* Check (Regulations 146–149).

Attachment 3: 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 & Allergy 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.*

Attachment 4: Highgate Early Learning Centre Risk Minimisation Strategies

Source: (Great Start ELC, 2018)

1. Service will be cleaned daily to reduce allergens.
2. Service will use damp cloths to dust, so it does not spread into the atmosphere.
3. Child will be supervised to prevent movements from hot or warm environments to cold environments.
4. Child will not feed pets.
5. Educators to clean tables and floors of any dropped food as soon as practical.
6. Child will be supervised while other children are eating and drinking.
7. The child will only eat food prepared, labelled, and prepared specifically for the child by the centre.
8. The child's food items will be labelled clearly.
9. Educators may refuse to give the child unlabelled food.
10. Child to be seated a safe distance from other children when eating and drinking with an educator.
11. Risk Minimisation Plan and Action Plan to be displayed and visible to all staff.
12. Remove traces of food allergens present on craft materials (e.g., egg cartons, cereal boxes, milk cartons).
13. Have chemicals that have a subtle smell to avoid any asthma trigger.

Attachment 5: Enrolment checklist

Medical Conditions & Dietary Requirements

Child's name:	Room:	Date of Birth:
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- | | | |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Allergy | <input type="checkbox"/> Food Restriction |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |

To be completed by Assistant Director on first enrolment following receipt of enrolment form indicating medical conditions and/or dietary requirements, or on initial diagnosis, if later.

Assistant Director is also expected to make necessary updates if any circumstances change regarding the child's enrolment (e.g., days of attendance).

Completed forms should be filed in the enrolment section of the child's file (section 1).

	Completed	Not Applicable
1. Parent Handbook and relevant policies (e.g., Food Safety Policy, Allergy & Anaphylaxis Policy etc.) provided to the child's family.	<input type="checkbox"/>	<input type="checkbox"/>
2. Colour copy of relevant Action Plan has been provided to the Centre.	<input type="checkbox"/>	<input type="checkbox"/>
Action Plan details match enrolment record.	<input type="checkbox"/>	<input type="checkbox"/>
Child's recent photo attached.	<input type="checkbox"/>	<input type="checkbox"/>
Original copy (with photo) placed in the child's file.	<input type="checkbox"/>	<input type="checkbox"/>
Colour photocopy (with photo) placed in:	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <input type="radio"/> Child's Room <input type="radio"/> Toddler Room (Family Grouping) <input type="radio"/> Staff Room <input type="radio"/> Kitchen <input type="radio"/> Office master file 		
3. Risk Minimisation Plan completed	<input type="checkbox"/>	<input type="checkbox"/>

	Completed	Not Applicable
4. Communication Plan completed	<input type="checkbox"/>	<input type="checkbox"/>
5. Medication provided by the child's family	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ○ Original container with label intact ○ Child's name ○ Dosage ○ Instructions ○ Expiry date 		
Location of medication checked & appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Expiry date checked & noted on Office calendar	<input type="checkbox"/>	<input type="checkbox"/>
6. Ongoing Medication Record completed	<input type="checkbox"/>	<input type="checkbox"/>
7. Update Dietary Requirements table	<input type="checkbox"/>	<input type="checkbox"/>
Updated copy provided to:	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ○ All Rooms ○ Kitchen 		
Old copies shredded	<input type="checkbox"/>	<input type="checkbox"/>
8. Create Dietary Requirements card	<input type="checkbox"/>	<input type="checkbox"/>
Laminated copy provided to:	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ○ Food Trolley ○ Drink Trolley 		

Additional Notes

Attachment 6: Asthma Risk Minimisation Plan [Year] Risk Minimisation Plan

Asthma

Child's name:	Room:	Date of Birth:
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1. Pre-existing action plan			
Does your child have a current Asthma Care Plan or Asthma Australia Action Plan completed by your GP/specialist?	<input type="checkbox"/> Yes <ul style="list-style-type: none"> <input type="checkbox"/> A colour copy of the current plan is attached <input type="checkbox"/> A colour copy has been uploaded to Xplor <input type="checkbox"/> A colour copy has been provided previously Action Plan Review Date: _____		
2. List predominant triggers			
What are the asthma triggers addressed in this risk minimisation plan? <i>(e.g., vigorous exercise, mould, dust, temperature, cold weather, pollen)</i>	Trigger	Potential Source of Trigger	Reaction
3. Description of symptoms			
What does the child's asthma symptoms look like? <i>(e.g., wheezing, shortness of breath or pale-looking face)</i>	Description of symptoms:		
4. Action required			
What action needs to be taken if your child is showing the symptoms to triggers: <i>(e.g., sit the child down upright and administer prescribed asthma medication)</i>	List steps to be taken:		

5. Prescribed Medication			
Please complete the details of the prescribed medication for the child as listed in their Action Plan. <input type="checkbox"/> No medication required	Name of Medication	Dose & method of application	Frequency of application
	Location of medication: _____ Contact name & no: _____		
6. Minimisation strategies			
The Centre has an Asthma Policy which outlines our Risk Minimisation Procedures – see copy attached. <i>(e.g., Anaphylaxis, asthma and first aid trained educators are on the premises at all times; use damp clothes to dust so it does not spread to the atmosphere)</i>	List any additional risk minimisation procedures to be implemented:		

A review of this risk minimisation plan will be completed at the beginning of each year or as required.

[Year] Risk Minimisation Plan completed by:

By signing this form, I am aware that my child cannot attend the service without prescribed medication in relation to his/her specific health care need. I understand that this medication will need to be replaced when required. This is in accordance with the Education and Care Services National Regulation 90 Part 1c, Section iii(E) (NSW 2011).

Print name: _____ (Parent/Guardian)

Signed: _____ Date: _____

[Year] Risk Minimisation Plan reviewed by:

Print name: _____ (Educator)

Signed: _____ Date: _____

Attachment 7: Asthma Communication Plan template [Year] Communication Plan

Asthma

Child's name:	Room:	Date of Birth:
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The following communication plan is prepared in accordance with regulation 90(1)(iii) to outline how educators, parents/families and student/volunteers are informed about the medical condition policy, risk minimisation plan and communication plan for the child.

Families should inform the Centre of any changes to the Risk Minimisation and Communication Plan as soon as possible.

Communication to: All Stakeholders		
<i>Details</i>	<i>Timeframe</i>	<i>Person Responsible</i>
Asthma Care Plan is available to see in family grouping room and the child's allocated room.	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • Assistant Director
Communication to: Families of children with Asthma		
<i>Details</i>	<i>Timeframe</i>	<i>Person Responsible</i>
A copy of the Centre's current Asthma Policy is provided.	<ul style="list-style-type: none"> • On commencement • When a child is diagnosed with Asthma • When the policy is reviewed 	<ul style="list-style-type: none"> • Centre Director • Assistant Director
Implement strategies identified on the Risk Minimisation Plan	<ul style="list-style-type: none"> • On commencement • When the child is diagnosed with Asthma 	<ul style="list-style-type: none"> • Centre Director • Assistant Director
Review child's Risk Minimisation Plan and Communication Plan and return to the Centre.	<ul style="list-style-type: none"> • At the beginning of each year. • When the child is diagnosed with Asthma 	<ul style="list-style-type: none"> • Families
Provide an updated Asthma Care Plan (colour copy with recent picture of the child)	<ul style="list-style-type: none"> • Annually or when they are renewed 	<ul style="list-style-type: none"> • Families
Communicate changes to children's individual needs, verbally and in writing (email) to the Team Leader.	<ul style="list-style-type: none"> • When required 	<ul style="list-style-type: none"> • Families

Communication to: Nominated Supervisor		
<i>Details</i>	<i>Timeframe</i>	<i>Person Responsible</i>
Advise all new educators, volunteers, students about the location the child's Asthma Care Plan and medication as part of their induction. Medications are to be stored in a safe and secure location and manner.	<ul style="list-style-type: none"> • During orientation/induction 	<ul style="list-style-type: none"> • Centre Director • Assistant Director
Regularly remind parents of children with Asthma to update their Asthma Care Plan, Risk Minimisation Plan, Communication Plan & Medication.	<ul style="list-style-type: none"> • Annually or when expired 	<ul style="list-style-type: none"> • Centre Director • Assistant Director
Update child's enrolment and medical information as soon as possible after parents update the information.	<ul style="list-style-type: none"> • When new information is communicated 	<ul style="list-style-type: none"> • Centre Director • Assistant Director
Communication to: Educators		
<i>Details</i>	<i>Timeframe</i>	<i>Person Responsible</i>
Educators are required to read the Centre's Asthma policy during orientation.	<ul style="list-style-type: none"> • During initial orientation process 	<ul style="list-style-type: none"> • Centre Director • Assistant Director
All educators are required to have current training in First Aid including Asthma training.	<ul style="list-style-type: none"> • Copies of current First Aid qualifications are provided on commencement and maintained each year. 	<ul style="list-style-type: none"> • All educators • Centre Director • Assistant Director
All educators are informed and required to read the Asthma Risk Minimisation Plans displayed and minimise any trigger that may happen in the room (e.g., cleaning dusty areas or be aware of changes in temperature).	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • All educators • Centre Director • Assistant Director
Complete an Incident, Injury, Trauma, and Illness form when required and communicate it to families promptly.	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • All educators • Centre Director • Assistant Director
Administer provided medication by family (e.g., Ventolin) when children show symptoms of Asthma reaction. Educators will fill in medication log and communicate this to families promptly.	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • All educators • Centre Director • Assistant Director

Communication to: Educators (continued)		
<i>Details</i>	<i>Timeframe</i>	<i>Person Responsible</i>
Enquire about child's health to check if there have been any changes in their condition or treatment.	<ul style="list-style-type: none"> Ongoing 	<ul style="list-style-type: none"> All educators Centre Director Assistant Director
Communication to: Relief Staff, Visitors, Students, Volunteers & Early Intervention Specialists		
<i>Details</i>	<i>Timeframe</i>	<i>Person Responsible</i>
All stakeholders are informed about relevant Asthma policy procedure and Risk Minimisation Plan.	<ul style="list-style-type: none"> During initial and subsequent orientation into the service 	<ul style="list-style-type: none"> All educators Centre Director Assistant Director

In addition to the Communication Plan above, I would like to add the following comments:

Please list any additions, corrections, or modifications to be included in the plan.

[Year] Communication Plan reviewed by:

Print name: _____ (Parent/Guardian)

Signed: _____ Date: _____

[Year] Communication Plan reviewed by:

Print name: _____ (Educator)

Signed: _____ Date: _____

A review of this Communication Plan will be completed at the beginning of each year or as required.

Attachment 8: Asthma First Aid Procedure

This Asthma First Aid Procedure has been reproduced from Asthma Australia's Asthma First Aid 2018.

Follow the written first aid instructions on the child's Asthma Care 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 Care 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 Care 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 reliever puffer is not available
- If you are not sure it is asthma
- If the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid

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 separate puffs of blue/grey reliever puffer

- Use a spacer if there is one
- Shake the puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer

Repeat until 4 puffs have been taken

Remember: Shake, 1 puff, 4 breaths

Step 3. Wait 4 minutes

If there is no improvement, give 4 more separate 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 separate puffs every 4 minutes until emergency assistance arrives.

Attachment 9: Asthma Care Plan

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 instructions 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



Attachment 10: Asthma First Aid poster

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


IF THERE IS STILL NO IMPROVEMENT

- 

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

 Translating and Interpreting Service
131 450



Contact Asthma Australia
1800 ASTHMA
(1800 278 462)
asthma.org.au

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.

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