

ASTHMA POLICY

Mandatory – Quality Area 2

This 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

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 the Stables Kindergarten
- ensure that all necessary information for the effective management of children with asthma enrolled at the Stables Kindergarten 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*

POLICY STATEMENT

1. VALUES

Stables Kindergarten 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

2. 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 the Stables Kindergarten.

Asthma management should be viewed as a shared responsibility. While Stables 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.

3. 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, 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 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/>

4. 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 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 the *Resources* section of The Asthma Foundation of Victoria website: www.asthma.org.au

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.

The 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 reasonable foreseeable risk of injury.

Epidemic Thunderstorm Asthma: Every year during grass pollen season there is an increase in asthma and hay fever symptoms, and during grass pollen season there is also the chance of an epidemic thunderstorm asthma event. Epidemic thunderstorm asthma events are thought to be triggered by an uncommon combination of high grass pollen levels and a certain type of thunderstorm, resulting in large numbers of people developing asthma symptoms over a short period of time.

Those at increased risk of epidemic thunderstorm asthma include people with asthma, people with a past history of asthma, those with undiagnosed asthma (i.e. people who have asthma symptoms but have not yet been diagnosed with asthma) and also includes people with hay fever who may or may not have asthma. Having both asthma and hay fever, as well as poor control and self-management of asthma increases the risk further.

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 5).

Spacer device: 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). A sample staff record is available on the ACECQA website:

www.acecqa.gov.au

5. SOURCES AND RELATED POLICIES

Sources

- Asthma Australia: www.asthmaaustralia.org.au
- The Asthma Foundation of Victoria: email advice@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 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*

PROCEDURES

The Approved Provider or Persons with Management and Control are 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 1) 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 on duty at all times
- ensuring the details of approved Emergency Asthma Management (EAM) training (refer to *Definitions*) are included on the staff record (refer to *Definitions*)
- advising parents/guardians where to locate a copy of the service's *Asthma Policy* upon enrolment of their child (Regulation 91)
- identifying children with asthma during the enrolment process and informing staff
- providing parents/guardians with a copy of the service's *Asthma Policy* upon enrolment if their child has been diagnosed with Asthma
- providing parents/guardians with an Asthma Care Plan (refer to Attachment 3) to be completed in consultation with, and signed by, a medical practitioner
- developing a Risk Minimisation Plan (refer to Attachment 4) 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 1) 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
- ensuring the expiry date of reliever medication is checked regularly and replaced when required
- facilitating communication between management, educators, staff and parents/guardians regarding the services *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
- ensuring that the service meets the requirements to be recognised as an Asthma Friendly Children's Service (refer to *Definitions*) with The Asthma Foundation of Victoria
- displaying Asthma Australia's *Asthma First Aid* poster (refer to *Sources* and Attachment 3) 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 Persons in Day to Day Charge are 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 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 care 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 1)
- 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
- 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
- ensuring that if a spacer has been used, it will be washed thoroughly in warm soapy water and dried before storing away
- developing a Risk Minimisation Plan (refer to Attachment 4) 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 is to be valid for 12 months at the commencement of the service year.
- 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 Attachment 4) 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
- 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.

ATTACHMENTS

- Attachment 1: Asthma First Aid Procedure
- Attachment 2: Epidemic Thunderstorm Asthma
- Attachment 3: Asthma Care Plan
- Attachment 4: Asthma First Aid Poster
- Attachment 5: Asthma Risk Minimisation Plan

AUTHORISATION

This policy was adopted by the Approved Provider of Stables Kindergarten on 9th October 2020

REVIEW DATE: 9/10/2021

ACKNOWLEDGEMENT

ELAA acknowledges the contribution of Asthma Australia in developing this policy. If your service is considering changing any part of this model policy, please contact Asthma Australia to discuss your proposed changes (refer to *Sources*).

ATTACHMENT 1

Asthma First Aid Procedure

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

ASTHMA FIRST AID PROCEDURE

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's 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 2

Thunderstorm asthma

Source: Department of Health and Human Services Victoria in consultation with: Asthma Australia and Australasian Society of Clinical Immunology and Allergy (ASCIA)

Thunderstorm Asthma – an overview

- Thunderstorm asthma is a form of asthma that is triggered by an uncommon combination of high pollen (usually during late Spring to early Summer) and a certain kind of thunderstorm.
- Anyone can be affected, even if you don't have a history of asthma.
- People at increased risk have a history of asthma, have unrecognised asthma, have hay fever (allergic rhinitis), particularly seasonal hay fever, or are allergic to grass pollen.
- People experiencing asthma symptoms even if for the first time should not ignore it and should seek medical advice as soon as possible.
- An asthma flare up can vary in severity and can be life threatening. If there are signs that a person's condition is deteriorating, urgent care should be sought. Call Triple Zero (000).
- Be aware of forecast thunderstorms in the pollen season particularly on days with a HIGH or EXTREME pollen count.
- Where possible, stay indoors with doors and windows closed until the storm front has passed.

What is the link between hay fever, thunderstorms and asthma?

Most people are familiar with seasonal hay fever, which in Australia is most commonly due to grass pollens. This pollen is relatively large, and the grains are caught in people's upper airways resulting in a runny nose, itchy throat, watery eyes, and sneezing. These pollen grains are generally too large to travel into the lower parts of the lungs.

The grass pollen season in Australia varies depending on where you live. See the AusPollen website for pollen forecasts from around Australia. <http://www.pollenforecast.com.au/>

Research suggests that thunderstorm asthma is mostly triggered by an uncommon type of thunderstorm that causes grass pollen grains to be swept up into the clouds as the storm forms. When they absorb moisture, they burst open and release large amounts of smaller allergen particles. One pollen grain can release up to 700 of these smaller particles. These are then blown down to ground level, creating an outflow wind full of potential asthma triggers.

These particles are so small that they can be breathed deeply into the lungs. In some people, this will cause the lungs to become irritated. Irritation can cause swelling, narrowing and extra mucus production in the small airways in the lung. This makes it difficult to breathe and can result in asthma symptoms such as wheezing, chest tightness and coughing. These asthma symptoms may become severe very quickly.

Not all thunderstorms in pollen seasons result in thunderstorm asthma. There have been six large thunderstorm asthma events in Melbourne over the last 35 years and each has occurred in November, which coincides with the peak grass pollen season. Large thunderstorm asthma events have also occurred in other parts of Australia and around the world.

These large instances are known as *epidemic thunderstorm asthma events*. They follow a particular type of thunderstorm that exposes a large number of people to high concentrations of the small allergen particles from burst pollen grains, over a short period of time. The result is the sudden onset of asthma in a large number of people, including many people who may never been diagnosed with asthma before.

Who is at risk of thunderstorm asthma?

Thunderstorm asthma can affect people living in metropolitan, regional or rural areas. It can affect people who have never been diagnosed with asthma.

Those at increased risk of thunderstorm asthma include people with a history of asthma, people with undiagnosed asthma and people with hay fever (particularly seasonal hay fever) or allergy to grass pollen.

How can I prepare for thunderstorm asthma?

While it is currently difficult to predict a thunderstorm asthma event, there are a number of things you can do to be prepared.

If you have asthma, discuss the possibility of thunderstorm asthma with your doctor and include this in your asthma care plan.

If your asthma is triggered by pollens and is worse in the spring and summer when hay fever is active, then it is important you have a current asthma care plan and that you regularly use a preventer medication, especially during this time. If you don't use a preventer, see your doctor to discuss whether you would benefit from preventer treatment.

Remember preventers work slowly and can take up to a few weeks to work, and need to be taken every day

If you have both asthma and hay fever remember that better control and management of your hay fever can also improve your asthma control. Speak to your doctor about the benefits of asthma preventer medication, optimise your hay fever care and have an up to date asthma plan that includes thunderstorm asthma.

If you have symptoms that may be asthma, then you should see a doctor to determine if you have asthma and develop a plan.

If you have hay fever during the grass pollen season, you should see your doctor to discuss the medications you use to manage your symptoms, such as over the counter anti-histamines and nasal corticosteroid sprays. You should also discuss any possible asthma symptoms you may have, what measures you should take to avoid thunderstorm asthma and the value of carrying an asthma reliever during pollen season.

What should I do if a thunderstorm is forecast in pollen season?

If you have been diagnosed with asthma, have symptoms of asthma, or have a history of seasonal hay fever, be alert to the potential dangers of thunderstorm asthma. Be aware of when thunderstorms are forecast particularly on HIGH or EXTREME pollen count days.

If you have asthma:

- Where possible avoid the potential allergens blown on the winds of the approaching thunderstorm by staying indoors with doors and windows closed until the storm front has passed. However, remain alert for any asthma symptoms.
- If you have been prescribed preventer medications, ensure you take it as advised by your doctor.
- Always carry your reliever medication with you. This is your emergency asthma first aid medication.
- Know the signs of worsening asthma and the asthma first aid steps <https://www.asthmaaustralia.org.au/national/about-asthma/asthma-emergency>
- If you start developing any signs of asthma, follow your asthma care plan. If you don't have one get a blue reliever puffer (you can get these over the counter at any pharmacy) and [follow the](#)

[asthma first aid steps](#). If at any point you are concerned your asthma is rapidly worsening, please call 000 and say you are having an asthma attack.

If you have seasonal hay fever:

- Where possible avoid the potential allergens blown on the winds of the approaching thunderstorm by staying indoors with doors and windows closed until the storm front has passed. However, remain alert for any asthma symptoms.
- If you, or someone in your care, start developing asthma symptoms, do not ignore this and seek medical assessment and advice as soon as possible. If required and you have a blue asthma reliever puffer available, follow the steps for Asthma First Aid. Remember asthma reliever medication used in an emergency is unlikely to cause harm even if the person doesn't have asthma.
- If there are signs that a person's condition is deteriorating, urgent care should be sought by calling 000. Signs of rapid deterioration include, little or no relief with their reliever puffer, they are unable to speak comfortably, or if their lips are turning blue. An asthma attack can be life threatening.

Other general tips for managing your asthma

- If you have been prescribed a preventer, ensure you take it as advised by your doctor to keep your airways healthy and reduce the risk and severity of asthma flare-ups.
- If you also experience hay fever speak to your doctor or pharmacist about treatments. Better control and management of hay fever can improve asthma control. Regular use of nasal corticosteroid sprays is more effective than antihistamine tablets for severe hay fever, and both treatments can be used together.
- Ensure you have a current asthma care plan - This written set of instructions, prepared by your doctor, is essential to help you recognise when your asthma is worsening and what to do about it.

How can I stay informed about weather and pollen counts?

Deakin University (AirWatch) – grass pollen forecast

- Produced by School of Life and Environmental Sciences, Deakin University at: <http://www.deakin.edu.au/students/faculties/sebe/les-students/airwatch>
Weather forecasts including forecast thunderstorms are available from the Bureau of Meteorology at: www.bom.gov.au and by radio and television news updates.

AusPollen

- Forecast of pollen across Australian through a number of participating universities and partners <http://www.pollenforecast.com.au/>

Want to know more?

For further information on Thunderstorm Asthma call the 1800 ASTHMA Helpline (1800 278 642) and talk with your local Asthma Foundation or visit our webpage <https://www.asthmaaustralia.org.au/national/about-asthma/manage-your-asthma/triggers/asthma-and-thunderstorms>

Source: Department of Health and Human Services Victoria in consultation with: Asthma Australia and Australasian Society of Clinical Immunology and Allergy (ASCIa)

ATTACHMENT 3
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 attachments 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



Date of approval: June 2018 | Approved by: CEO Asthma Australia | Date of review: June 2018 | AACPE2018 Care Plan for Schools A4 | 6 June 2018

Asthma First Aid Poster

This poster is available for download from The Asthma Foundation of Victoria's website.

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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ATTACHMENT 5
Asthma Risk Minimisation Plan

This Plan is to be completed by the authorized nominee on the basis of information from the child's medical practitioner provided by the parent/carer.

Asthma Risk Minimisation Plan

INSERT CHILD PHOTO

(PLEASE ALSO COMPLETE AN ASTHMA CARE PLAN – EDUCATION & CARE SERVICES)

This Plan is to be completed by the Parent, Nominated Supervisor or nominee on the basis of information from the child's medical practitioner.

Child's First Name:		Child's Last Name:	
Date of birth: / / (DD/MM/YYYY)			
Children's Service Name:			
Service's Phone Number:			
Asthma Action Plan provided by parent (please circle): YES / NO (All children with Asthma need an Asthma Care Plan)			
Asthma Triggers:			
Other health conditions:			
Medication at service:			
Parent contacts:	Parent information (1)		Parent information (2)
	First Name:		First Name:
	Last Name:		Last Name:
	Relationship:		Relationship:
	Home phone:		Home phone:
	Work phone:		Work phone:
	Mobile:		Mobile:
Address:		Address:	
Other emergency contacts (if parent not available):			
Medical practitioner contact: Doctors Name: _____ Phone: _____			
Address: _____			
Emergency care to be provided at service:			
Medication Storage:			
The following Asthma Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on (record date): ____ / ____ / _____ (DD/MM/YYYY)			
Signed: _____		Date: _____	
Parent/Guardian			

Name of Parent/Guardian			
		Office use only:	
		Nominated Supervisor	
		Signature: _____	
		Date: _____	

RISK MININISATION PLAN - Strategies to Avoid Anaphylaxis Triggers (Prepared by Parents and Service)

- Anaphylaxis, asthma and first aid trained educators are on the premises at all times.
- The medical management plan, risk minimisation plan and medication are accessible to all educators. Discussions to explain where these items are kept are held with parents, educators and volunteers.
- The child's and service medication is stored in the prescribed location for the room and service.
- The child's medication will be checked to ensure it is current and has not expired.
- There is a notification of child at risk of anaphylaxis displayed in the front foyer with other prescribed information.
- The Nominated Supervisor will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students, and ensure they know the location of the child's medical management plan, risk minimisation plan and medication.
- Parents are required to authorise administration of medication on medication record, and educators will complete administration of medication record whenever medication is provided.
- A copy of parent's authorisation to administer medication is attached to medical management plan and original filed in child file.
- The Nominated Supervisor will discuss with the parents of any allergens that pose a risk to the child.
- The service will display the child's picture, first name, medication held and location, and brief description of medical condition on a poster/schedule in all children's rooms and prominent places to alert all staff, volunteers and students.

Child Name:	Date of Birth: / /
Specific health care needs or diagnosed medical condition:	
Predominant Trigger/s (For example: eating certain food, using products containing certain foods, chemicals or other substances, temperature, dust, physical activity, exposure to certain animals or plants, mould, pollen, missed meals, etc). PLEASE LIST TRIGGERS THAT RELATED TO CHILD:	
Other Triggers:	

What educators, staff and volunteers will do to minimise effect of triggers:

(For example: Service will be cleaned daily to reduce allergens; Service will use damp cloths to dust so it's not spread into the atmosphere, Child will be supervised to prevent movements from hot or warm environments to cold environments; Child will not feed pets; Educators to clean tables and floors of any dropped food as soon as practical; Child will be supervised while other children are eating and drinking; The child will only eat food prepared and bought to the service by the parents; The child's food items will be labelled clearly. Educators may refuse to give the child unlabelled food; Child to be seated a safe distance from other children when eating and drinking with an educator positioned closely to reduce the risk of the child ingesting other children's food or drinks, etc). PLEASE NOTE THE RELEVANT RISKS, STRATEGIES AND WHO RESPONSIBILITIES IN THE TABLE BELOW.

Risks	Strategy	Who is Responsible?

Other comments: _____

MEDICAL COMMUNICATION PLAN (Prepared by Parents and Service)

Child Name:	Date of Birth: / /
Specific health care needs or diagnosed medical condition:	

The following communication plan is prepared in accordance with regulation 90(1)(iii) to set out how: relevant staff members, parents and volunteers are informed about the medical conditions policy; and, the medical management and risk minimisation plans for the child; and a parent of the child can communicate any changes to the medical management plan and risk minimisation plan for the child.

Service

Educators:

- will complete an Incident, Injury, Trauma and Illness form and advise you when your child requires medication where this has not previously been authorised (for a specific day or time);
- may enquire about the child's health to check if there have been any changes in their condition or treatment; and
- acknowledge a copy of the Medical Conditions Policy has been provided and is available in the service.

The Nominated Supervisor will:

- advise all new educators, staff, volunteers and students about the location of the child's medical management plan, risk minimisation plan and medication as part of their induction;
- review the child's medical management plan, risk minimisation plan and medication regularly at staff meetings, and seek feedback from educators about any issues or concerns they may have in relation to the child's medical condition;
- regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child's medical management plan, risk minimisation information and medication information through newsletters and information on parent noticeboards; and
- update a child's enrolment and medical information as soon as possible after parents update the information.

Parents

Parents will:

- advise the Nominated Supervisor and educators of changes in the medical management plan or medication as soon as possible after the change, and immediately provide an updated medical management plan, medication and medication authorisation (if relevant);
- provide an updated medical management plan annually, whenever it is updated or prior to expiry;
- provide details annually in enrolment documentation of any medical condition;
- advise educators in writing on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of the symptoms (if known); and
- acknowledge a copy of the Medical Conditions Policy has been provided and is available in the service.

Other comments: _____

I/we agree to these arrangements, including the display of our child's picture, first name, medication held and location, and brief description of allergy/condition on a poster in all children's rooms and prominent places to alert all staff, volunteers and students. Also the above information on forms is correct and current.

Signed: _____ Date: _____
Parent/Guardian

Name of Parent/Guardian

Office use only: Enrolment form pages have been reviewed and completed. Nominated Supervisors: Signature: _____ Date: _____

- Ensure permission has been received to display the Asthma Care Plan in the playground.
 - If permission has not been granted to display the Asthma Care Plan, discuss where it will be stored.
- _____

Appendix

Examples of Risks, Situations, Concepts to consider when completing the Asthma Risk Minimisation Plan

- Who are the children and what are their asthma triggers (is information provided on their Asthma Action Plan)?
- What are the potential sources of exposure to their asthma triggers?
- Where will the potential source of exposure to their asthma triggers occur?
- Are all staff (including relief staff, visitors and parent/carer volunteers) aware of which children have asthma?
- Does the bullying policy include health related bullying?
- Is there age appropriate asthma education for children at the service and are children actively encouraged to seek help if they feel unwell?
- Do you have asthma information available at the service for parents/carers?
- What are the lines of communication in the children's service?
- What is the process for enrolment at the service, including the collection of medical information and Action Plans for medical conditions?
- Who is responsible for the health conditions policy, the medications policy, Asthma Action Plans and Risk Minimisation plans?
- Does the child have an Asthma Action Plan and where is it kept?
- Do all service staff know how to interpret and implement Asthma Action Plans in an emergency?
- Do all children with asthma attend with their blue/grey reliever puffer and a spacer? (a children's face mask is recommended for children unable to use a spacer correctly, consider face mask use in children under 5 years old)
- Where are the Asthma Emergency Kits kept?
- Do all staff and visitors to the service know where Asthma Emergency Kits are kept?
- Who is responsible for the contents of Asthma Emergency Kits? (checking reliever medication expiry dates, replacing spacers and face masks as needed)
- Do you have one member of staff on duty at all times who has current and approved Emergency Asthma Management training?
- Who else needs training in the use of asthma emergency equipment?
- Do you have a second Asthma Emergency Kit for excursions?
- What happens if a child's reliever medication and spacer are not brought to the service?
- Does the child have any other health conditions, such as allergies or anaphylaxis?
- Do they have an Action Plan and Risk Minimisation plan for each health condition?
- Do plants around the service attract bees, wasps or ants?
- Have you considered planting a low-allergen garden?
- Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by all staff and visitors)
- Could traces of food allergens be present on craft materials used by the children? (e.g. egg cartons, cereal boxes, milk cartons)
- Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the centre when children are present?
- Do your staff use heavy perfumes or spray aerosol deodorants while at work?
- Are you in a bushfire-prone area where controlled burning may occur?
- What special activities do you have planned that may introduce children to asthma triggers?