

POLICY NO 04: ASTHMA MANAGEMENT

Key Policy Contact Person: Manager, Our Village Family Childcare

POLICY STATEMENT:

In accordance with the Education and Care Services National Regulations, (current version July 1, 2023), Part 4.2 Children’s Health and Safety, Regulation 90 the key prevention is having the knowledge of the children who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnership between the childcare service, the Educator and the parents is important in ensuring that certain food or items are kept away from the child whilst in care.

It is generally accepted that children under the age of 6 years do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, Our Village Family Childcare (OVFC) recognises the need to educate staff, Educators, and parents about asthma and to promote responsible asthma management strategies.

CRITICAL INFORMATION:

HOW OFTEN SHOULD AN ASTHMA ACTION PLAN BE UPDATED?
Be sure to ask your doctor to review your Asthma Action Plan whenever asthma medicine or your symptoms change. Otherwise, aim for:

- *Once a year for adults or*
- *Every six months for children ([Ref. Asthma Australia](#))*

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PURPOSE:

- To provide, as far as practicable, a safe and supportive environment in which children who have asthma can participate equally in all aspects of the child’s care and education.

- To raise awareness about asthma and the asthma service policy in the Family Childcare community.
- To engage with families of children who have asthma in assessing risks, developing risk minimisation strategies and management strategies for the child.
- To ensure that all Coordination Unit staff and Educators have adequate knowledge about asthma and allergies and the service policy and procedure in responding to asthma attack.

SCOPE/RESPONSIBILITIES:

This document applies to all Educators, Families, Coordination Unit Staff, Volunteers and Students of OVFC.

STATEMENT OF DIVERSITY

Sunbury and Cobaw Community Health is committed to improving the health of our community and being accessible to all, including people from culturally and linguistically diverse (CALD) communities, those from Aboriginal and Torres Strait Islander background, people with a disability, Lesbian Gay Bisexual Transgender Intersex and Queer (LGBTIQ) people and other socially vulnerable groups and supporting their communities across the lifespan from birth to older age.

DEFINITIONS:

<p>Asthma</p>	<p>is a medical condition that affects the airways (the breathing tubes that carry air into our lungs). From time to time, people with asthma find it harder to breathe in and out, because the airways in their lungs become narrower – like trying to breathe through a thin straw. At other times, their breathing is normal. There is no cure for asthma, but it can usually be well controlled. Most people with asthma can stay active and have a healthy life. (https://www.nationalasthma.org.au/understanding-asthma/what-is-asthma)</p>
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PROCEDURES:

Asthma management is viewed as a shared responsibility.

- The Educator, assisted by Coordination Unit staff, will ensure that an individual Risk Minimisation and Communication Plan is developed, in consultation with the child’s parents, for any child who has been diagnosed by a registered medical practitioner as having asthma.
- To raise awareness of asthma amongst those involved with the service.
- To provide the necessary strategies to ensure the health and safety of all persons with asthma involved with the service.
- To provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities.
- To provide a clear set of guidelines and expectations to be followed regarding the management of asthma.

INDIVIDUAL ASTHMA ACTION PLAN

- The Individual Asthma Action Plan provided by the parent will include the following:
 - Information about the diagnosis, including the triggers.
 - Emergency procedures to be taken in the event of an asthma attack.
 - Medication to be used in managing asthma attacks.
 - Completed, signed, and dated by a registered medical practitioner and included an up-to-date photograph of the child (if relevant on form)

RISK MINIMISATION AND COMMUNICATION PLAN

- The Educator will be responsible for implementing the strategies on the Risk Minimisation and Communication Plan:
 - Strategies to minimise the risk of exposure to triggers while the child is under the care of an Educator, for settings indoors, outdoors and during excursions.
 - Information on where the child's medication will be stored.
 - The child's emergency contact details
 - Communication strategies discussed - including notifications with other age-appropriate (typically 13 yrs +) members of the FDC residence regarding the plan. Information and consent are included within the Educator Family Agreement.

SERVICE/EDUCATOR COMMUNICATION

- Educators will advise the Coordination Unit if a child in their care is diagnosed with Asthma.
- Coordination Unit staff will document this information in the child's records.
- Coordination Unit staff will support Educators who have a child in their care with Asthma by:
 - Briefing the Educator on the Asthma policy
 - Causes, symptoms, and treatment of Asthma.
 - Review their capacity to administer reliever medication.
 - First aid emergency response procedure

STAFF/EDUCATOR TRAINING AND EMERGENCY RESPONSE

- All staff working with children and supporting Educators who have children in their care who have Asthma must have up to date training in Asthma management at least every three (3) years.
- All Educators must have up to date training in Asthma management at least every three (3) years
- The services *Policy No – 14 Incident, Injury, Trauma and Illness* and the child's Asthma Action Plan https://asthma.org.au/wp-content/uploads/2020/01/341-NAC-Written-Asthma-Action-Plan-2015_Colour.pdf will be followed in responding to an Asthma Attack

Our Village Family Childcare Service will:

- Provide Educators a copy of the Asthma Policy and brief them on asthma procedures upon their registration with OVFC.
- Where appropriate, the Coordination Unit will organise Emergency Asthma Management training for staff and Educators.
- Seek to identify children with asthma during the enrolment process and inform Educators.
- Provide parents/guardians with a copy of the Asthma Policy and Asthma Action Plan upon enrolment.

- Store Asthma Action Plans under the child's enrolment and copies to be taken on excursions along with relevant medication in the First Aid Kit
- Ensure that an emergency Asthma First Aid poster is displayed in key locations in the Educator's residence and venues.
- Ensure that Educators' first aid kit contains an in date blue reliever medication, a spacer device, a mask, concise written instructions on Asthma First Aid procedures and 70% alcohol swabs.
- Ensure that First Aid Kits are correctly maintained by auditing annually through the OVFC Annual Re-registration process.
- Encourage open communication between parents/guardians and Educators regarding the status and impact of a child's asthma.
- Offer fact sheets and/or information sessions on asthma for parents/guardians.
- Promptly communicate any concerns to parents should it be considered that a child's asthma is limiting his/her ability to participate fully in activities.

Educators will:

- Ensure they are aware of the children in their care with asthma and ensure that these children only attend care if they always attend with their complete asthma medication whilst in care.
- Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times, along with a spacer.
- Ensure their first aid kit contains an in date blue reliever medication, a spacer device, a mask, concise written instructions on Asthma First Aid procedures and 70% alcohol swabs.
- Ensure, in consultation with parents/guardians, the health and safety of each child through supervised management of the child's asthma.
- Identify and, where practicable, minimise asthma triggers.
- Where necessary, modify activities in accordance with a child's needs and abilities.
- Ensure that all regular prescribed medicine is administered in accordance with the information on the child's written Asthma Action Plan
- If no written plan is available, the asthma emergency procedure should be followed immediately.
- Promptly communicate, to parents/guardians and the Coordination Unit, any concerns should it be considered that a child's asthma is limiting his/her ability to participate in all activities.
- Ensure children with asthma are treated the same as all other children.
- Participate in relevant training provided by the service (or arrange suitable alternative)

Parents / Guardians will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the written Asthma Action Plan, which is to be provided to the Coordination Unit and/or Educator before the child commences in care.
- Notify the Educator and the Coordination Unit in writing, of any changes to the Asthma Action Plan during the year and supply new plan to the service.
- Ensure that their child has an adequate supply of in date appropriate asthma medication (including reliever) at all times, along with a spacer.
- Communicate all relevant information and concerns to staff as the need arises i.e., asthma symptoms were present the previous evening.

- Ensure, in consultation with the Educator, the health and safety of their child through supervised management of the child's asthma.
- Ensure the Asthma Action Plan is reviewed by a medical practitioner annually or sooner so their child can attend care.
- Provide the Coordination Unit and Educator an updated copy of the Asthma Action Plan, otherwise the child cannot attend care.

HOW OFTEN SHOULD AN ASTHMA ACTION PLAN BE UPDATED?

Be sure to ask your doctor to review your Asthma Action Plan whenever asthma medicines or your symptoms change. Otherwise, aim for:

- *once a year for adults or*
- *every six months for children* ([Ref. Asthma Australia](#))

Children will:

Wherever practical (age-appropriate expectations), be encouraged to seek their reliever medication as soon as their symptoms develop.

APPENDICES:

- Emergency Treatment of an Asthma Attack – First Aid Plan
- Spacer Use and Care
- Asthma Action Plan (template)
- Our Village Family Childcare – Risk Minimisation Plan and Communication Plan
- Our Village Family Childcare Medication Form

REFERENCES:

- [Education and Care Services National Regulations, \(current version July 1, 2023\) 90](#)
- [Asthma Australia](#)
- [Allergy Facts - Allergy and Anaphylaxis Australia](#)
- [Australasian Society of Clinical Immunology and Allergy](#)
- [ASCIA Action Plans](#)
- [Asthma Action Plan](#)
- [National Asthma Council - What is Asthma?](#)

RELATED POLICIES & PROCEDURES/ WORK INSTRUCTIONS:

- Excursions – 16
- Active Supervision – 52
- Enrolment and Orientation – 31
- Acceptance and Refusal of Authorisations - 22
- Emergency Evacuation & Bush Fire Management – 46
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- SCCH Client Empowerment Policy and Procedure
- SCCH Code of Conduct

VERSION CONTROL AND LEGISLATION:

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