Medical Conditions Policy - Schedule 2:
Asthma Management

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Personnel responsible	Childcare Operations

NQS 2 Children's Health and Safety

PURPOSE

(1) This schedule sits under our overarching *Medical Conditions Policy* and must be read in conjunction with it

(2) It sets out how we implement the *Medical Conditions Policy* if a child at our service has been diagnosed with asthma, to ensure their safety, inclusion and wellbeing while in our care

(3) It applies to children with a diagnosis of asthma and their families, the approved provider, nominated supervisor, relevant staff, volunteers and students

(4) The nominated supervisor will provide this schedule to the parent of a child who has asthma, either at enrolment or upon diagnosis if the child is already enrolled

KEY TERMS

(5) 'Asthma' is a chronic lung condition that affects the airways (the breathing tubes that carry air into the lungs). In people with asthma, the airways may become inflamed and narrow, which makes it harder to breathe and can be life-threatening

(6) 'Asthma attack' is when there is a sudden worsening of symptoms caused by tightening of the muscles around the airways (bronchoconstriction), swelling of the airway lining, and increased mucus production. Attacks may be:

(7) Mild or moderate – signs and symptoms may include coughing, wheezing, or shortness of breath. The child can still speak in sentences, can walk around and is not distressed. Reliever medication helps to relieve the symptoms quickly

(8) Severe – signs and symptoms may include obvious difficulty breathing, they may have a cough or wheeze, tugging in of the skin between ribs or at the base of the neck, sore tummy in young children. The child may not be able to speak a full sentence in one breath, and the reliever medication is not lasting as long as usual

(9) Life threatening - signs and symptoms may include gasping for breath, may no longer have a cough or wheeze, unable to speak one or two words per breath, confusion or exhaustion, collapsing, turning blue, not responding to reliever medication

(10) 'Reliever medication' is a fast-acting medication (usually a blue puffer/reliever inhaler) that relaxes the muscles in the airways that have become tighter when someone has asthma symptoms. Used in an asthma first aid, when having asthma symptoms or prior to physical activity to prevent exercise-induced asthma

(11) 'Preventer medication' is a daily medication (e.g., an inhaled corticosteroid or oral medication) that reduces the inflammation that causes swelling and the mucus that can

block the airways. Preventer medications are not used in asthma first aid and is usually administered at home

(12) 'Spacer' is a plastic chamber used with an inhaler to deliver the medication more effectively to the airways. It is best practice for children to use spacers

(13) 'Puffer' is a handheld device that gives a measured dose of asthma medication in aerosol form to be inhaled

(14) 'Triggers' are substances or conditions that can make asthma symptoms worse or cause an attack. Common triggers are respiratory infections, dust, pollen, smoke, exercise, cold air, animals, mould, food, medications, perfume or aerosols, strong emotions

IMPLEMENTATION

Critical information – asthma attacks and emergency response

(15) If a child experiences an asthma attack while they are in our care, appropriately trained staff will:

(16) Follow the child's asthma action plan (if there is one already in place) OR follow first aid for asthma procedure for children under 12 (if the child does not have an action plan)

(17) Call 000 and implement our procedure for medical emergencies (in *Incident, Injury, Trauma and Illness Policy*) if the child is experiencing severe or life-threatening asthma or if you are unsure about what to do

(18) Administer emergency medication according to training and action plan/first aid procedure, if necessary

(19) In an emergency, staff may administer asthma medication to the child without prior parental authorisation. In this event, emergency services and parents must be notified as soon as possible (*National Regulations* reg 94)

(20) Note, if the child has a known allergy or anaphylaxis, always use their adrenaline injector *before* using their reliever medication

(21) A staff member must stay with the child at all times, calmly monitoring, reassuring and comforting them

(22) In an emergency, staff must follow the directions of 000 services if an ambulance is not available

(23) Staff must create an incident record within 24 hours, and make any necessary notifications to the regulatory authority within the required time frame (see *Incident, Injury, Trauma and Illness Policy*)

(24) The nominated supervisor will ensure that separate asthma emergency response plans are also developed for any off-site activities (e.g., transport, excursions) involving the child

Asthma action plan and enrolment requirements

(25) If a child has been diagnosed with asthma, their parent must inform the nominated supervisor - either at enrolment, or as soon as possible if the child is already enrolled

(26) Before the child attends our service, the parent must provide:

- A current medical management plan – e.g., an asthma action plan – that has been signed by a registered medical practitioner
- Written authorisation for the administration of medication and emergency treatment
- Written permission to display the child's action plan, and photograph, if possible
- Up-to-date emergency contact details and doctor's contact details
- An adequate supply of their child's medication, and a spacer and children's face mask (if required) – all labelled according to our instructions

(27) Families must keep their child's action plan up-to-date and tell staff as soon as possible if there are any changes to the child's symptoms, triggers or treatment. If there are no changes, the plan should be reviewed by the date specified by the child's medical practitioner

(28) At the time of enrolment or diagnosis, we must develop a risk minimisation plan and a communications plan for the child, in consultation with the parent (see next section)

(29) The approved provider must ensure that the child's action plan and risk minimisation plans are stored on the child's enrolment record and we will also keep the child's communications plan with those records. The approved provider will ensure that copies are readily accessible to staff while they are caring for the child, with consideration given to the child's privacy

Risk minimisation plan and communications plan

(30) Before the child's first day or as soon as possible upon diagnosis, the nominated supervisor and relevant staff must consult with the child's parent to develop and implement an individualised:

- **Risk minimisation plan** to assess and minimise the risks for all environments and activities the child will be involved in, both on-site and off-site (example risk minimisation strategies, attached **SCHEDULE 2 APPENDIX 1**)
- **Communications plan** to set out how staff (including casual/relief staff, volunteers and students) and parents will communicate information and changes related the child's asthma (including to triggers, symptoms, treatment, routine care, risk management strategies, and any relevant service policies and procedures)

(31) Plans must be kept up to date and reviewed if there are any relevant changes (e.g., to the child's medical management plan or our policies and procedures), and after any incidents related to the child's asthma

(32) The nominated supervisor (or a nominee) will be the primary point of contact for families to raise any concerns or issues throughout the child's enrolment at our service

(33) Educators and families should have regular open communication about the child's asthma, ongoing health and well-being. If an educator has any concerns or questions, they will discuss them with the child's parent

(34) See overarching *Medical Conditions Policy* for further details on medical management plans, risk minimisation and communications plans, including our legal obligations for record keeping, staff and family awareness, and reviews

We are an asthma friendly service

(35) Our staff will take steps to minimise common triggers for asthma in our environments and activities

(36) The nominated supervisor and other lead staff will monitor indoor and outdoor environments, and implement our risk minimisation strategies to avoid exposing children to environmental triggers such as poor air quality, high pollen count, inconsistent temperature, or weather that is associated with asthma

(37) Lead staff must check daily weather forecasts, current warnings, and air quality and pollen count forecasts

(38) Families will be encouraged to keep their child's immunisations up to date and to stay at home if they are feeling unwell

(39) Staff will maintain appropriate protocols for health and hygiene, including wet dusting, pest control, good ventilation and air filtration, and ensuring a vape and smoke free environment

(40) Educators will carefully supervise children who have exercise-induced asthma while they exercise or play sport. They will also implement any extra measures recommended by the child's doctor, such as warming up and administering their reliever medication before exercise

(41) All children, including those with asthma, will be encouraged to participate in physical activity as long as their asthma is well controlled

(42) Educators will help children to regulate strong emotions to avoid triggering asthma

Medication bags and emergency asthma kits

(43) The child's personal medication bag must contain:

- All necessary in-date medication and equipment (e.g., spacer, face mask) as specified in their action plan
- A copy of the child's current plans (medical management plan, risk minimisation plan and communications plan)
- A current photo of the child (if possible)

(44) The nominated supervisor and educators must ensure that the personal child's medication bag is on-hand wherever the child is being cared for, including inside, outside or off-site (e.g., on excursions, outings, during travel and transportation)

(45) General use asthma emergency kits will also be readily accessible to staff wherever we are caring for children (including off-site), *even if there are no known children with asthma enrolled at the service*

(46) Each general use kit will be clearly labelled and distinguishable from individual children's kits, and contain:

- Reliever medication such as Asmol or Ventolin
- At least 2 spacer devices that are compatible with the puffer
- At least 2 face masks appropriate for the age of children in our care
- Instructions for how to use asthma medication and spacers
- Asthma first aid procedure

(47) The quantity and location of general use emergency kits will be determined by a risk assessment (refer to our *First Aid Policy* for more details)

(48) The nominated supervisor must ensure that:

(49) Personal and general use medication is in-date, and related equipment is clean and working

(50) All medication and equipment is labelled and stored correctly, safely and accessibly in line with our *Administration of Medication Policy*

- Staff, including temporary/casual staff, volunteers and students know where to locate the child's medication bag, our general use asthma emergency kits and first aid kits
- Quarterly audits of personal medication bags and general use emergency kits are conducted
- Parents are notified as soon as possible if their child's medication is running low or due to expire, or equipment needs to be cleaned or replaced

(51) Spacers and masks in the general use asthma emergency kits may only be used once as they cannot be cleaned to an acceptable level for use by others

(52) Reliever medication may be used by more than one child if it has always been used with a spacer and not been in contact with anyone's mouth

(53) Spacers and masks must not be shared between children but can be used again by the same child. Families should clean spacers/facemasks once a month and after any respiratory illnesses in the child

Administration of medication

(54) Educators must administer medication according to their training, the child's asthma action plan written parental authorisation and our *Administration of Medication Policy*

(55) Children are not permitted to self-administer medication at our service

(56) In an emergency, trained staff may administer asthma medication to the child without prior parental authorisation (*National Regulations* s 94)

(57) Refer to our *Administration of Medication Policy* for more details, including about keeping medication records

Procedures and staff training

(58) Educators and other relevant staff must follow the child's action plan, risk minimisation plan and communications plan for the day-to-day management of the child's asthma and if there is an incident related to the condition

(59) The approved provider and nominated supervisor must ensure that permanent and temporary staff, volunteers and students are inducted, and receive ongoing training, support and supervision to implement all asthma management procedures in place, including (where relevant to their role):

- Knowing which children have been diagnosed with asthma, and where to find each child's medication, equipment, and plans
- How to implement the child's medical management plan, risk minimisation plan and communications plan
- How to administer the child's medication, including emergency medication
- Recognising and responding to asthma attacks, and what to do in an emergency
- Practices for minimising triggers (e.g., preparing child for exercise, monitoring weather alerts, pollen counts)
- Planning, monitoring and maintaining active supervision, especially during exercise, excursions, sleep and rest, special events, and in outdoor settings (as outlined in the child's action plan)
- Keeping accurate medication records and health records, and communicating these to families
- Upholding our inclusive practices, risk management, privacy and record keeping

(60) By law, at least one staff member who has current approved first aid training, anaphylaxis management training and emergency asthma management training, must be present and available at all times we are caring for children, including during off-site activities (*National Regulations* reg 136)

(61) Our service goes above the minimum standards by ensuring that all educators have current approved training in dealing with emergency asthma management

(62) We will display asthma first aid procedure posters in prominent locations at the service

Thunderstorm asthma

(63) Thunderstorm asthma is thought to be triggered by a mix of high levels of grass pollen in the air (usually in late Spring to early Summer) and a specific type of storm

(64) Risk factors include current asthma, seasonal hay fever, grass pollen allergy, a history of asthma or undiagnosed asthma

(65) Thunderstorm asthma can be life-threatening, and outcomes tend to be worse for people who have poorly controlled asthma (i.e., who are not using their medication according to their asthma management plan)

(66) If a thunderstorm asthma alert has been issued by the government, educators will keep the children inside with the windows and doors shut, and set any air conditioners to 'recirculate' until the risk reduces

(67) If a child experiences symptoms during a thunderstorm asthma event, staff must follow our asthma attack and asthma emergency response (see above)

(68) Staff will be informed about thunderstorm asthma and discuss with families about the importance of managing their child's asthma according to their management plan

Excursions, special activities and events

(69) The nominated supervisor and educators will plan excursions, non-routine activities and special events in advance in consultation with the child's parent

(70) Educators will implement any extra measures needed to prepare the child for activities, including (where applicable) physical activity and outdoor play

(71) The nominated supervisor will ensure that an asthma-specific risk management and emergency response plans are developed for special events and off-site activities (e.g., transport, excursions) involving the child, with consideration given the child's individual asthma triggers

(72) The child's medication bag and plans must be readily available during physical activities, outdoor play, special events, transport and travel and excursions

(73) At least one staff member who has current approved first aid training, including in dealing with emergency asthma management, must be present and available at all times we are caring for children, including during physical activity, excursions, special events, travel and transport

Incidents and reporting

(74) If a child experiences an asthma attack, staff must follow our *Incident, Injury, Trauma and Illness Policy*

(75) If medication is administered to a child without authorisation in case of an emergency, the approved provider must ensure the parent of the child and emergency services are notified as soon as practicable (*National Regulations* s 94)

(76) The approved provider and nominated supervisor will offer support to any staff and children who have been affected due to the incident

(77) An asthma emergency will trigger a review of the child's asthma action plans, risk minimisation plan and communications plan

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Staying Healthy 6th edition NHMRC | Asthma Australia resources | Asthma National Asthma Council Australia fact sheets | Asthma Management Information for Children's Services Staff – Sydney Children's Hospital

RELATED DOCUMENTS

Policies	See Medical Conditions Policy | Administration of Authorised Medication Policy
Procedures	See Medical Conditions Policy | Administration of Authorised Medication Policy
Resources	Asthma Australia: Asthma Action Plan | Asthma Australia: Asthma first aid procedure | Asthma Australia website

RESOURCE – Example risk minimisation strategies - asthma

Example strategies for individual risk minimisation plan*	
General	• First aid posters for emergency asthma to be displayed in prominent locations • Staff (including temp staff, volunteers and students) at induction and regular, scheduled intervals to be: - briefed on which children have asthma - trained to implement all related policies and procedures (e.g., emergencies, monitoring weather, physical activity prep, hygiene and cleaning, administering medication) - shown where they can locate the child's medication bag and copies of the child's plan • With parent's permission and consideration given to privacy, a photo of the child and details of their condition, to be displayed in appropriate locations • Parent is advised at enrolment and at regular intervals that the child cannot attend without their medication • Personal medication bags and general use asthma kit to be audited by nominated supervisor every quarter • When a child is sick with a cold or flu educators to follow medical management plans for asthma (may require regular medicine for the duration of the cold/flu even in the absence of asthma symptoms) • Families to be encouraged to get the flu vaccination before flu season starts • Educators to be trained to administer emergency asthma medication • If child is unwell with cold/flu symptoms or already has asthma symptoms, educators to ask parents to pick them up • Reliever medication and first aid kit with educators on hand at all times while caring for children • Smoking and vaping is banned indoors and outdoors. Staff who smoke or vape are encouraged to smoke or vape in well-ventilated areas (not within the service) to reduce residual chemicals on their clothes and hands. Staff are not to have detectable smoke on hands or clothes
Indoor environments	• Educators/cleaners to vacuum floors and soft furnishings, and wipe hard surfaces regularly with a damp cloth (to avoid dust being spread into the air) • Educators to reduce clutter and remove excessive stuffed toys • Nominated supervisor and approved provider to provide rooms with adequate ventilation • Nominated supervisor to ensure any visible mould is removed • Staff to clean fridge drip trays regularly. • Nominated supervisor to ensure air conditioning units/ceiling fans are kept clean • Cleaners to use low irritant/low allergen cleaning products • Nominated supervisor to ensure regular pest inspections take place and adequate and safe treatment is applied • Food to be kept in sealable containers to avoid pests • Educators and families to wash child's/sheets/blankets/soft toys weekly in hot water (hotter than 60 degrees) • Temperature to be kept consistent – not too hot or too cold, and with as little fluctuation as possible

* (Not an exhaustive list - adapted from Asthma Management Information for Children's Services Staff – Sydney Children's Hospital and Asthma Australia's Asthma Guidelines for Schools)

	• On days when air quality is poor (e.g. from smoke from bushfires and prescribed burns, high pollen count), it is recommended not to use air-conditioners, such as evaporative systems, that draw air from the outside indoors • Consider running portable HEPA air purifiers if air-conditioners don't have purification system
Outdoor environments	• Nominated supervisor and educators to check predicted changes to the weather forecast and Air Quality Index (AQI) or any state/territory apps that warn of thunderstorm asthma/pollen count • During high pollen count days and windy days or when thunderstorms are predicted, child to remain indoors with windows closed where possible • Regular pest inspections and treatment where required • Not plant new high-risk plants or trees • Educators to have ready access to first aid kit and child's emergency medication while outside
Activities, including exercise	• Child to be supervised around animals and, if asthma is known to be triggered by animals, prevented from contact • Educators to provide reassurance to a child who has strong emotions and teach them about relaxing and breathing exercises • Child to warm up and cool down before starting physical activity • Reliever medication to be given if necessary (in medical management plan) 5-10 minutes before physical activity • Educators monitor child closely for symptoms during sport and exercise • Educators plan activities so that children not exposed to extreme temperature changes or triggering weather conditions
Special events and activities, including excursions	• The specific risk management plans for the special event/excursion to consider specific risks and minimisation strategies for the child with asthma • First aid kit to be brought to any special events and excursions, along with child's medical management plan, risk minimisation plan, communications plan, mobile phone, emergency contacts (educators to go through checklist before excursion/special events) • At least one educator with approved first aid training, including for asthma must be present and available at the special event or the excursion • Educators to check for mobile phone coverage, weather forecasts, pollen count and possible triggers in the environment before the event or excursion
Thunderstorm asthma	• Monitor the weather forecasts and pollen count to check for the possibility of thunderstorm asthma • If there is a heightened risk on a particular day, keep the children inside with the windows and doors shut and set any air conditioners to 'recirculate' until the risk reduces • Discuss the risk of thunderstorm asthma and how to manage it at staff meetings, and with parents and the community – especially about the importance of using asthma preventers where prescribed

RESOURCE – Information about asthma

Symptoms of asthma

- Asthma is a chronic lung condition that affects the airways (the breathing tubes that carry air into the lungs). It can be life-threatening
- The most common symptoms of asthma are:
    - Wheezing – a high-pitched sound coming from the chest while breathing
    - A feeling of not being able to get enough air or being short of breath
    - Tightness in the chest
    - Coughing
- A person can have all or just some of these symptoms
- Different types of asthma include childhood asthma, allergic asthma, thunderstorm asthma and exercise-induced asthma
- Asthma in children can be harder to identify because they may lack awareness of, or may not be able to communicate, the symptoms
- Staff may suspect asthma if a child's breathing changes, they are abnormally breathless after activities, or they complain of sore chest or stomach

Asthma treatments

- The types of medication used to treat asthma work in different ways:

(78) Reliever medications – relax the muscles in the airways that have become tighter when someone has asthma symptoms. Used in an asthma first aid, when having asthma symptoms or prior to physical activity to prevent exercise-induced asthma. It works within 4 minutes and may cause the child to have short-term side effects of a tremor and increased heart rate. It is very safe to administer, but should not be relied on to treat asthma day-to-day

- Preventer medications – reduce the inflammation that causes swelling and the mucus that can block the airways. Preventer medications are not used in asthma first aid. They should be taken every day as prescribed, even when the asthma is well prescribed. Usually administered at home
- Add on medicines – to improve symptom control or severe asthma

Good asthma control

- A child who has good control over their asthma will:
    - Not experience limitations on their activities due to asthma
    - Not have asthma symptoms on more than 2 days a week

  - Not need their blue/grey reliever more than 2 days a week (preferably should not need to use their blue/grey reliever at all)
  - Not get asthma symptoms at night or when waking up

- See https://asthma.org.au/asthma-control/

Common triggers

- Triggers can cause the airways to become narrow and inflamed, resulting in asthma symptoms. Anything that causes a reaction can cause asthma symptoms, but the triggers are different between people. Common ones include:
  - Activity and exercise
  - Colds, flu and other respiratory infections
  - High emotions such as crying, laughing and stress
  - Cigarette smoke, pollution, bush fire, pollen
  - Allergies such as mould, pollen, pet hair, dust mites
  - Weather such as cold or changes in temperatures
  - Thunderstorm asthma
  - Some medicines
  - Chemicals, deodorants and perfumes
  - Foods and additives

Signs of an asthma attack

- Mild to moderate signs and symptoms include:
  - Minor difficulty breathing
  - May have a cough
  - May have a wheeze
  - Still able to talk in full sentences, and able to walk/move around
- Severe signs and symptoms include:
  - Obvious difficulty breathing
  - May have a cough
  - May have a wheeze
  - Cannot speak a full sentence in one breath
  - Tugging in of the skin between ribs or at the base of the neck
  - Sore tummy in young children

  - Reliever medication not lasting as long as usual

- Life threatening signs and symptoms include:
  - Gasping for breath
  - May no longer have a cough
  - May no longer have a wheeze
  - Unable to speak one or two words per breath
  - Confused or exhausted
  - Collapsing
  - Turning blue
  - Not responding to reliever medication