ASTHMA MANAGEMENT POLICY

Asthma is a chronic health condition, and one of the most common reasons for childhood hospital admission to hospital. Correct asthma management will assist in minimising the impact of asthma. Children under the age of six usually do not have the skills or ability to recognise and manage their own asthma without adult assistance . With this in mind, our Service recognises the need to educate its staff and families about asthma and to implement responsible asthma management strategies.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 165	Offence to inadequately supervise children
S. 2A	**Paramount consideration—safety, rights and best interests of children**
S. 3A	Paramount consideration
S. 167	Offence relating to protection of children from harm and hazards
S.174	Offence to fail to notify certain information to Regulatory Authority

S. 172	Failure to display prescribed information
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
101	Conduct of risk assessment for excursion
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of First Aid Policy Administration of Medication Policy Excursion/ Incursion Policy Enrolment Policy Family Communication Policy Hand Hygiene Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Safe Transportation of Children Policy Supervision Policy

PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for medical conditions including asthma management. We aim to create and maintain a safe and healthy environment for all children enrolled at the Service where all children with asthma can fully participate by ensuring all staff and educators follow our *Asthma Management Policy, related* procedures and children's medical management plans.

Our Service is committed to making children's safety, rights and best interests the paramount consideration in all decisions, actions and practices. We will ensure all staff members are trained to support children diagnosed with asthma and respond appropriately to asthma symptoms and emergencies. This includes administering asthma medication where required, following the child's asthma action plan and responding appropriately in an emergency.

SCOPE

This policy applies to children, families, staff, management, the approved provider, nominated supervisor, students, volunteers and visitors of the Service.

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service. This includes our responsibility to provide

a. a safe environment free from foreseeable harm and

b. adequate Supervision for children.

Staff members, including relief staff, must have adequate knowledge of the signs and symptoms of asthma to ensure the safety and wellbeing of the children. Management will ensure all staff are aware of children's medical management plans, risk management plans and required asthma medication. This policy supplements our *Medical Conditions Policy.*

BACKGROUND

Asthma is clinically defined as a chronic lung disease, which can be controlled but not cured. In clinical practice, asthma is defined by the presence of both excessive variation in lung function, i.e. variation in expiratory airflow that is greater than that seen in healthy children ('variable airflow limitation'), and respiratory symptoms (e.g. wheeze, shortness of breath, cough, chest tightness) that vary over time and may be present or absent at any point in time.

Asthma affects approximately one in 10 Australian children and adults. However, with correct asthma management people with asthma do not need to restrict their daily activities. Community education helps improve understanding of asthma within the community and minimises its impact.

Symptoms of asthma may vary between children and can include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath.

Asthma causes three main changes to the airways inside the lungs, and all of these can happen together:

- the thin layer of muscle within the wall of an airway can contract to make it tighter and narrower – reliever medicines work by relaxing these muscles in the airways.
- the inside walls of the airways can become swollen, leaving less space inside – preventer medicines work by reducing the inflammation that causes the swelling.
- mucus can block the inside of the airways – preventer medicines also reduce mucus.

Legislation that governs the operation of approved education and care services is based on the health, safety and welfare of children, and requires that they are protected from hazards and harm. Our Service will ensure that at least one educator on duty at all times holds current approved emergency asthma management training in accordance with the Education and Care Services National Regulations.

It can be difficult to diagnose asthma with certainty in children aged 0–5 years, because:

- episodic respiratory symptoms such as wheezing, and coughing are very common particularly in children under 3 years
- objective lung function testing by spirometry is usually not feasible in this age group
- a high proportion of children who respond to reliever medication do not go on to have asthma in later childhood (e.g., by primary school age).

IMPLEMENTATION

We will involve all educators, families, and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs. It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to the child's specific health care need, allergy, or medical condition. A site-specific risk minimisation and communication plan will be developed with parents/guardians to minimise risks and set clear communication strategies for the child's safety.

THE APPROVED PROVIDER, NOMINATED SUPERVISOR WILL ENSURE:

- that obligations under the *Education and Care Services National Law and Education and Care Services National Regulations* are met
- all decisions and actions prioritise children's safety, rights and best interests
- that a copy of this policy is provided and reviewed during each new staff member's induction process
- all staff, educators, students, visitors and volunteers understand and adhere to this policy the Service's *Medical Conditions Policy and relevant procedures*
- that as part of the enrolment process, **all** parents/guardians are asked whether their child has a medical condition and clearly document this information on the child's enrolment record
- if the answer is *yes*, the parents/guardians will provide a medical management plan signed by a registered medical practitioner **prior** to their child's commencement at the Service [see section below- *In Services where a child is diagnosed with asthma]*

- parents/guardians of an enrolled child who is diagnosed with asthma are provided with a copy of the Service's *Medical Conditions Policy*, *Asthma Management Policy* and *Administration of Medication Policy* upon enrolment of their child via email a copy of the email will be saved in the child's file
- parents/guardians are informed that the Service may administer emergency asthma medication or treatment if required, with advice from emergency services. Families are advised of this at the time of enrolment and orientation to the Service. Authorisation for emergency medical treatment for conditions such as asthma is not required, and medication may be administered
- written authorisation is requested from families on the enrolment form to administer emergency asthma medication or treatment if required
- to always have Salbutamol (for example, Ventolin) a standard asthma reliever medication, onsite and accessible for an emergency, regardless of whether or not they have a child enrolled with asthma
- at least one educator, staff member or nominated supervisor is in attendance and immediately available at all times children are being cared for by the service who:
    - holds a current ACECQA approved first aid qualification
    - has undertaken current ACECQA approved emergency asthma management and
    - current ACECQA approved emergency anaphylaxis management training
- all staff and educators, including relief staff, have completed ACECQA approved first aid training at least every 3 years and cardiopulmonary resuscitation (CPR) at least every 12 months
- that all staff members are aware of
    - any child identified with asthma enrolled in the Service
    - the child's individual medical management plan
    - symptoms and recommended first aid procedure for asthma and
    - the location of the child's asthma medication
- all staff members are able to identify and minimise asthma triggers for children attending the Service where possible ; triggers vary between individuals, and can include smoke or perfumes, weather changes, pollen, exercise, and respiratory infections such as cold and flu
- that staff training is kept up to date in each staff member's record
- risk assessments are developed prior to any excursion or incursion consistent with Reg. 101
- upon employment at the Service all staff will read and be aware of all medical condition policies and procedures including this policy, maintaining awareness of asthma management strategies
- children with asthma are not discriminated against in any way

- children with asthma can participate in all activities safely and to their full potential
- *Asthma Australia's Asthma First Aid* for posters are displayed in key locations at the Service
- that medication is administered in accordance with the *Administration of Medication Policy*
- that in the event of a serious incident such as a severe asthma attack, notification to the regulatory authority is made within 24 hours of the incident
- that asthma medication is received and administered in accordance with the *Administration of Medication Policy*
- that when asthma medication has been administered to a child in an asthma emergency, the parent/guardian of the child are notified as soon as is practicable or within 24 hours of the incident
- communication between management, educators, staff and parents/guardians regarding the Service's *Asthma Management Policy* and risk minimisation strategies are reviewed and discussed regularly to ensure compliance and best practice
- that updated information, resources, and support for managing asthma are regularly provided for families.
- that in the event of a serious incident, such as a severe asthma attack, notification to the regulatory authority is made within 24 hours of the incident
- a review of Service practices is conducted following an asthma incident ~~at the Service~~, including an assessment of areas for improvement.

IN SERVICES WHERE A CHILD DIAGNOSED WITH ASTHMA IS ENROLLED, THE NOMINATED SUPERVISOR WILL:

- meet with the parents/guardians to begin the communication process for managing the child's medical condition
- not permit the child to begin education and care until a medical management plan is provided by the family and signed by the medical practitioner
- ensure the medical management plan includes:
    - child's name, date of birth
    - a recent photo of the child
    - specific details of the child's diagnosed medical condition
    - supporting documentation (if required)

- triggers for asthma (signs and symptoms)
- list of usual asthma medicines including doses
- response for when well, when not well, and if symptoms worsen, eg, in case of an asthma emergency including asthma medication to be administered
- contact details and signature of the registered medical practitioner
- date the plan was prepared and date it should be reviewed
- emergency contact details (name, phone number and relationship)
- authorisation and consent to give asthma medication

- develop and document a risk minimisation plan in collaboration with parents/guardian
- ensure the risk minimisation plan is specific to our Service environment, activities, incursions and excursions, and the individual child and is reviewed annually
- discuss with families the requirements for completing an *Administration of Medication Record* for their child
- request parent/guardian authorisation to display a child's medical management plan in key locations at the Service, where educators and staff can view it easily whilst ensuring the privacy, safety and wellbeing of the child (for example, in the child's room, the staff room, kitchen, and / or near the medication cabinet)
- keep a copy of the child's medical management plan and risk minimisation plan in the enrolment record
- ensure families provide their child's asthma medication that is not expired and a clean spacer (including a child's face mask, if required whenever their child is present at the Service
- collaborate with parents/guardians to develop and implement a communication plan and encourage ongoing communication regarding the status of the child's asthma, this policy, and its implementation.
- ensure that all staff in the Service know the location of the asthma medication and the child's medical management plan
- ensure that a staff member accompanying children outside the Service carry a copy of each child's individual medical management plan with the prescribed asthma medication eg on excursions that this child attends, when transporting the child, or during an emergency evacuation, lockdown or emergency rehearsals

- ensure an *Administration of Medication Record* is kept for each child to whom asthma medication is to be administered by the Service
- ensure families update their child's asthma medical management plan regularly or whenever a change to the child's management of asthma occurs
- regularly check the expiry date of asthma reliever medication and ensure that spacers and facemasks are cleaned after every use

EDUCATORS WILL:

- read and comply with the *Asthma Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- maintain current ACECQA approved first aid qualifications, emergency asthma management training
- know which child/ren are diagnosed with asthma, know their asthma triggers, and the location of their medical management plan, risk minimisation plans and any prescribed asthma medications
- minimise exposure to asthma triggers, where possible, e.g., regularly dust, vacuum and clean surfaces to reduce dust, ensure proper ventilation indoors, avoid using strong perfumes and scented products, monitor weather and pollen forecasts, adjust outdoor experiences as needed and promote effective hand hygiene
- always follow the child's medical management plan in the event of asthma symptoms or an asthma emergency, and follow the First Aid for Asthma: Children under 12 if they suspect a child (not diagnosed with asthma) is showing asthma symptoms
- be able to identify and, where possible, minimise asthma triggers as outlined in the child's medical management plan and risk minimisation plan
- ensure the first aid kit, children's personal asthma medication and asthma medical management plans are taken on excursions that the child attends, during transportation of the child or other offsite events, including emergency evacuation, lockdown or emergency rehearsals
- administer prescribed asthma medication in accordance with the child's medical management plan and the Service's *Administration of Medication Policy*
- ensure that the asthma medication is:
    - stored in a location that is known to all staff, including relief staff
    - NOT locked in a cupboard
    - easily accessible to adults but inaccessible to children

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- stored in a cool, dark place at room temperature
- NOT refrigerated
- accompanied by the child's medical management plan ~~or Action Plan~~

- regularly check and record the asthma medication expiry date
- complete the *Administration of Medication Record* whenever medication is provided to a child
- ensure any asthma attacks are clearly documented in the *Incident, Injury, Trauma and Illness Record* and advise parents/guardians as a matter of priority, when practicable
- communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- encourage children with asthma to take part in keeping themselves safe, for example, by being aware of their asthma triggers, using their inhaler if needed, and telling an adult if they feel unwell or notice asthma symptoms
- ensure that children with asthma are not discriminated against in any way
- ensure that children with asthma can participate in all activities safely and to their full potential, ensuring an inclusive program.

FAMILIES WILL:

- inform management and staff at the child's service, either on enrolment or on diagnosis, that their child has asthma
- read and be familiar with the Service's *Asthma Management Policy*
- ensure all details on their child's enrolment form and medication record are completed prior to commencement at the Service
- provide a copy of their child's medical management plan to the Service ensuring it has been prepared in consultation with, and signed by, a medical practitioner
- develop a risk minimisation plan in collaboration with the nominated supervisor and other service staff
- develop a communication plan in collaboration with the nominated supervisor and lead educators
- provide an adequate supply of appropriate asthma medication and equipment for their child when they attend the Service including a clean spacer with a child's face mask (if required)
- review the risk minimisation plan annually with the nominated supervisor and other service staff
- provide an updated plan at least annually or whenever asthma medication or management of their child's asthma changes

- note down the asthma medication expiry date and ensure it is replaced prior to expiry
- communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- notify staff in writing via email or through the *Notification of Changed Medical Status* form of any changes to their child's medical condition status and provide a new medical management plan in accordance with these changes
- encourage their child to learn about their asthma, and to communicate with Service staff if they are unwell or experiencing asthma symptoms.

REPORTING PROCEDURES

Any incident involving serious illness of a child while the child is being educated and cared for by the Service for which the child attended, or ought reasonably to have attended a hospital e.g., severe asthma attack is considered a serious incident (Reg. 12).

- Staff involved in the incident will:
    - complete an *Incident, Injury, Trauma and Illness Record*
    - have the nominated supervisor countersign the record at the time of the incident
    - ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record* as notification of the incident
    - place a copy of the record in the child's individual record
- The nominated supervisor/approved provider will:
    - inform the regulatory authority of the incident within 24 hours through the NQA ITS
- After the incident, staff will:
    - participate in a debrief
    - review the child's individual medical management plan and risk minimisation plan and evaluate the effectiveness of the procedure used
    - discuss the exposure to the asthma triggers and decide on the strategies that need to be implemented and maintained to prevent further exposure

review Service practices, including an assessment of areas for improvement

RESOURCES

Asthma First Aid A4 Poster

Asthma Action Plan

FIRST AID FOR ASTHMA CHILDREN UNDER 12

Aiming for Asthma Improvement in Children

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Asthma Management Policy* will be evaluated and reviewed on an annual basis or earlier if there are changes to legislation, ACECQA guidance or any incident related to our policy. Feedback will be requested from children, families, staff, educators and management. All families will be notified 14 days before any policy change that may have a significant impact on the provision of education and care to any child enrolled at the Service or the family's ability to utilise the Service

SOURCES

Asthma Australia: https://asthma.org.au

Australian Children's Education & Care Quality Authority. (2021) *Dealing with medical conditions in children*

Australian Children's Education & Care Quality Authority. (2026). *Guide to the National Quality Framework*

Early Childhood Australia. (2016). *Code of Ethics*

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

National Asthma Council Australia. *Australian Asthma Handbook*

National Health and Medical Research Council. (2024). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (6th Ed.). NHMRC. Canberra.

REVIEW

POLICY REVIEWED BY	Michelle Donadel	Nominated Supervisor/Director	8/7/26
POLICY REVIEWED	JULY 2026	NEXT REVIEW DATE	JULY 2027
VERSION NUMBER	VJULY2026		
MODIFICATIONS	• annual policy review • edits made to improve clarity and consistency • child safety principles added - paramount consideration		

	• information added in line with Asthma Australia and National Asthma Council Australia resources; common asthma triggers and risk minimisation strategies • duplicative sections removed and some sections reorganised sources updated	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JULY 2025	• annual policy review • added RA suggestion to email copies of Medical Conditions Policy and Asthma Policy to parents/guardian and keep copy email on record • added best practice recommendation to have access to Ventolin in case of an emergency sources checked and updated as required	JULY 2026
JULY 2023	• policy maintenance - no major changes to policy • hyperlinks checked and repaired as required • minor formatting edits within text • continuous improvement/reflection section added	JULY 2024
JULY/SEPTEMBER 2022	• policy maintenance - no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required (Updated September)	JULY 2023
JULY 2021	• Major changes/rearrangement of policy for consistency with related medical conditions policies (anaphylaxis, diabetes, epilepsy) • deletion of repetitive statements in all sections • new sections added- '*In services where a child is diagnosed with asthma'* and 'Reporting procedures' • Policy review includes ACECQA policy guidelines/components (June 2021) • additional resources for service included	JULY 2022
JULY 2020	• minor formatting changes • Additional regulations added • Additional related policies added • Additional resources added • COVID-19 recommendations • Communication Plan information included • sources checked for currency	JULY 2021

JULY 2019	• Grammar and punctuation edited. • Additional information added to points. • Rearranged the order of points for better flow • Sources checked for currency. • New source added to represent referenced work. • Regulation 136 added.	JULY 2020
JULY 2018	• Amended sections of the policy to more closely align with Asthma Australia protocols	JULY 2019
OCTOBER 2017	• Updated the references to comply with revised National Quality Standard	JULY 2018
JULY 2017 AUGUST 2017	The amendments more clearly outline Asthma Management compliance. Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.	JULY 2018