

# Outside School Hours Care

## Asthma Policy

### Quality Area 2: Children's Health and Safety

This policy was written in consultation with The Asthma Foundation of Victoria. The Foundation's Asthma & the Child in Care Model Policy has been incorporated into this policy. For more detailed information, visit The Asthma Foundation of Victoria's website: [www.asthma.org.au](http://www.asthma.org.au)

#### Rationale:

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 Seville Primary School OSHC
- Ensure that all necessary information for the effective management of children with asthma enrolled at Seville PS OSHC 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:

#### Values

Seville Primary School Out of School Hours Care 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.

#### Scope

This policy applies to the Approved Provider, Nominated Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Seville Primary OSHC.

Asthma management should be viewed as a shared responsibility. While Seville Primary OSHC 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

Asthma is a chronic, treatable health condition that affects approximately one in 10 Australian children and is one of the most common reasons for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

Symptoms of asthma include:

- wheezing coughing (particularly at night)
- chest tightness

- difficulty in breathing and shortness of breath

Symptoms may vary between children. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance. With this in mind, a service must recognise the need to educate staff and parents/guardians about asthma and promote responsible asthma management strategies.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm.

The Approved Provider will ensure that there is at least one educator on duty at all times who has current approved emergency asthma management training in accordance with the Education and Care Services National Regulations 2011 (Regulation 136(c)). As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved emergency asthma management training.

## Definitions

The terms defined in this section relate specifically to this policy.

**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](http://www.asthma.org.au)

**Asthma emergency:** The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

The Asthma Foundation of Victoria 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.

**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, a chemical 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. A risk minimisation 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](http://www.asthma.org.au)

**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](http://www.acecqa.gov.au)

## Procedures

### ***The Approved Provider is responsible for:***

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- 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 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)
- providing parents/guardians with 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 an Asthma Care Plan (refer to Definitions) to be completed in consultation with, and signed by, a medical practitioner
- developing a Risk Minimisation Plan (refer to Definitions) 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 consistent with current national recommendations
- ensuring that all staff are aware of the asthma first aid procedure
- ensuring adequate provision and maintenance of asthma first aid kits (refer to Definitions)
- ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use
- facilitating communication between management, educators, staff and parents/guardians regarding the service's Asthma Policy and strategies Document Title: Asthma Policy Last Review Date: March 2018
- 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 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 is responsible for:***

- ensuring that all educators' approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- ensuring that medication is administered in accordance with the Administration of Medication Policy
- ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94)
- ensuring an asthma first aid kit (refer to Definitions) is taken on all excursions and other offsite activities
- Compiling a list of children with asthma and placing it in a secure, but readily accessible, location known to all staff. This should include the Asthma Care Plan for each child
- ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with asthma, and the location of their medication and action plans
- organising asthma management information sessions for parents/guardians of children enrolled at the service, where appropriate
- Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma.

***Other educators are responsible for:***

- Ensuring that they are aware of the service's Asthma Policy and asthma first aid procedure.
- 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.
- developing a Risk Minimisation Plan (refer to Definitions) for every child with asthma in consultation with parents/guardians discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- Consulting with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma.
- Communicating any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- Ensuring that children with asthma are not discriminated against in any way
- Ensuring that children with asthma can participate in all activities safely and to their full potential.

***Parents/guardians are responsible for:***

- reading the service's Asthma Policy
- informing staff, either on enrolment or on initial diagnosis, that their child has asthma
- Providing a copy of their child's Asthma Care Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Care Plan should be reviewed and updated at least annually
- Ensuring all details on their child's enrolment form and medication record are completed prior to commencement at the service
- working with staff to develop a Risk Minimisation Plan 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 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.

### **Asthma First Aid Procedure**

This Asthma First Aid Procedure has been reproduced from The Asthma Foundation of Victoria's Asthma & the Child in Care Model Policy, Version 2, March 2014.

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 blue reliever puffer is not available
- If you are not sure it is asthma.

#### **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 reliever puffer medication**

- Use a spacer if there is one
- Shake the puffer
- Put 1 puff into the spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken.
- Remember: Shake, 1 puff, 4 breaths
- (This medication is safe to administer and may be lifesaving)

#### **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 puffs every 4 minutes until emergency assistance arrives.

### **Additional and Relevant Documents:**

#### **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
  - Standard 2.1: Each child's health is promoted
  - Element 2.1.1: Each child's health needs are supported
  - Standard 2.3: Each child is protected

- Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- 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)

### **Sources**

- Asthma Australia: [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)
- The Asthma Foundation of Victoria
- Australian Children's Education and Care Quality Authority (ACECQA): [www.cecqa.gov.au](http://www.cecqa.gov.au)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA.

## **Policy evaluation and review**

This policy will be reviewed as part of the School's three-year review cycle

**This policy was ratified by School Council in Feb 2021.**

**This policy will be reviewed by School Council in Feb 2023.**