



Out of School Hours Care Program
 312 Childs Road, Mills Park
 Phone: (05) 9407 3170
 ABN No. 77 054 042 361



PURPOSE

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Asthma management should be viewed as a shared responsibility. While St Francis of Assisi 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

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Providing all staff with access to the service’s <i>Asthma Policy</i> , and ensuring that they are aware of asthma management strategies (<i>refer to Procedures</i>) upon employment at the service	R	√			
Providing parents/guardians with access of the service’s <i>Asthma Policy</i> and <i>Medical Conditions Policy</i> upon enrolment of their child (<i>Regulation 90, 91</i>)	R	√			
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	R	R			
Providing approved Emergency Asthma Management (EAM) training (<i>refer to Definitions</i>) to staff as required under the <i>National Regulations 136</i>	R	√			
Ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (<i>refer to Definitions</i>) is on duty at all times	R	√			
Ensuring that all educators’ approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements	R	√			

of the <i>National Law (Section 169(4)) and National Regulations (Regulation 137)</i> , and are approved by ACECQA					
Maintaining current approved Emergency Asthma Management (EAM) (<i>refer to Definitions</i>) qualifications		R	R		√
Ensuring the details of approved Emergency Asthma Management (EAM) training (<i>refer to Definitions</i>) are included on the staff record (<i>refer to Definitions</i>)	R	√			
Organising asthma management information sessions for parents/guardians of children enrolled at the service, where appropriate	R	√			
Acting on advice and warnings from the Department's Emergency Management Division associated with a potential thunderstorm asthma activity, and implement a communication strategy to inform parents/guardians	R	√	√		√
Implementing procedures to avoid exposure, such as staying indoors with windows and doors closed associated with a potential thunderstorm asthma	R	√	√		√
Identifying children with asthma during the enrolment process and informing staff	R	√			
Providing parents/guardians with an Asthma Care Plan (<i>refer to Definitions and Attachment 2</i>) to be completed in consultation with, and signed by, a medical practitioner	R	√			
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				√	
Developing a Risk Minimisation Plan (<i>refer to Definitions and Attachment 4</i>) for every child with asthma, in consultation with parents/guardians	R	√	√	√	
Ensuring all details on their child's enrolment form and medication record (<i>refer to Definitions</i>) are completed prior to commencement at the service				√	
Ensuring that all children with asthma have an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record	R	√		√	
Notifying staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record				√	
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				√	
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	R	√		√	
Communicating any concerns to parents/guardians if a child's asthma is limiting their ability to participate fully in all 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 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	R	√	√		
Ensuring that medication is administered in accordance with the child's Asthma Care Plan and the <i>Administration of Medication Policy</i>	R	R	R		
Ensuring a medication record is kept for each child to whom medication is to be administered by the service (<i>Regulation 92</i>)	R	√	√		
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	R	√		R	
Implementing an asthma first aid procedure (<i>refer to Procedures</i>) consistent with current national recommendations	R	R	R		
Ensuring that all staff are aware of the asthma first aid procedure	R	√			
Ensuring adequate provision and maintenance of asthma first aid kits (<i>refer to Definitions</i>)	R	√			
Ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks that are from the services first aid kits are replaced after every use	R	√	√		
Facilitating communication between management, educators, staff and parents/guardians regarding the service's <i>Asthma Policy</i> and strategies	R	√			
Identifying and minimising asthma triggers (<i>refer to Definitions</i>) for children attending the service as outlined in the child's Asthma Care Plan, where possible	R	√	√		
Ensuring that children with asthma are not discriminated against in any way	√	√	√		√
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma	√	√	√		√
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	R	√	√		
Displaying Asthma Australia's Asthma First Aid poster (<i>refer to Sources and Attachment 3</i>) in key locations at the service	R	√			
Ensuring that medication is administered in accordance with the <i>Administration of Medication Policy</i>	R	R	R		
Ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, medical practitioner or emergency services the parent/guardian of the child and emergency services are notified as soon as is practicable (<i>Regulation 94</i>)	R	R	R		
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a	R	R	R		√

child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma					
Ensuring an asthma first aid kit (<i>refer to Definitions</i>) is taken on all excursions and other offsite activities (<i>refer to Excursions and Service Events Policy</i>)	R	R	√		

PROCEDURES

Asthma Australia's Asthma First Aid 2022: [http://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4 CMYK v7 MASTER.pdf](http://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4-CMYK-v7-MASTER.pdf)

BACKGROUND AND LEGISLATION

BACKGROUND

Asthma is a chronic, treatable health condition that affects approximately one in nine 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))*.

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- 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: www.legislation.vic.gov.au

Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

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 Asthma Australia's website: www.asthma.org.au (refer to Attachment 2)

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)
- Medication 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. These used items can be provided to the child/family as a means of suitability.

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.

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, Ventolin or Zempreon.

Risk minimisation plan: Provides information about child-specific asthma triggers and strategies to avoid these in the service (refer to Attachment 3) .

Spacer: 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.

SOURCES AND RELATED POLICIES

SOURCES

- Asthma Australia: www.asthma.org.au or phone 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.



RELATED POLICIES

- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Dealing with Medical Conditions
- Emergency and Evacuation
- Excursions and Service Events
- Incident, Injury, Trauma and Illness
- Privacy and Confidentiality
- Staffing

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
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).

ATTACHMENTS



- Attachment 1: Asthma Care Plan – download from the Asthma Australia website: <https://asthma.org.au/treatment-diagnosis/asthma-action-plan/>
- Attachment 2: Asthma First Aid poster – download from the Asthma Australia website: <http://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4 CMYK v7 MASTER.pdf>
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- Attachment 3: Asthma Risk Minimisation Plan – download from the ELAA website: [http\ps://elaa.org.au/wp-content/uploads/2023/02/asthma-risk-minimisation-plan.docx

