

HDKA promotes a commitment to child safety, wellbeing, participation, empowerment, cultural safety and awareness including children with a disability, Aboriginal and Torres Strait Islander children and/or communities and children from cultural and/or linguistically diverse backgrounds.

HDKA has a zero tolerance of child abuse and a duty of care to prevent and manage child abuse risks including physical and online environments.

Purpose

This policy provides guidelines to:

- Minimise the risk of an asthma episode occurring while children are in the care of services administered by HDKA.
- Ensure that service staff respond appropriately to an asthma episode by initiating appropriate treatment.
- Raise awareness of asthma and its management amongst all at the service through education and policy implementation.

Statement

Asthma is a chronic health condition affecting approximately 10% of Australian Children. Asthma is one of the most common reasons for child admissions to hospital, particularly in February and May. In order to meet the legal obligations outlined in the Education and Care Services National Regulations 2011 and to ensure the health and wellbeing of children attending HDKA services, HDKA recognises the importance of staff education, implementation of best practice policy and the involvement, engagement and understanding of parents and carers of children attending the services.

Key points and obligations within the Education and Care Services National Regulations 2011 relevant to an asthma management policy state that HDKA must:

- Implement a health conditions policy and ensure that all staff, parents and guardians and other relevant stakeholders of the services are provided with a copy of the policy.
- Obtain health information for each child enrolled at the services including a detailed Written Asthma Plan and Risk Minimisation Plan for children enrolled with asthma.
- Keep a detailed record of medication administered to any child.
- Ensure that at least one member of staff is on duty at all times with current and approved Emergency Asthma Management training.
- Ensure adequate provision and maintenance of first aid kits.

Scope

- To ensure all stakeholders (HDKA, management, staff, parents or guardians) are aware of their obligations and best practice management of asthma at HDKA services.
- To provide necessary information for the effective management of children with asthma attending HDKA services.

HDKA is responsible for:

- Providing staff with a copy of the service's asthma policy and ensuring staff are aware of asthma management strategies upon employment at the service.
- Providing Emergency Asthma Management training to staff as required.
- Ensuring at least one staff member is on duty at all times who has completed Emergency Asthma Management training.
- Providing parents or guardians with a copy of the service's asthma policy upon enrolment of their child.
- Identifying children with asthma during the enrolment process and provide parents and carers with a written asthma plan to be completed in consultation with a medical practitioner.

- Developing a risk minimisation plan for every child with asthma in consultation with parents or guardians.
- Ensuring that all children with asthma have an written asthma plan and a risk minimisation plan kept with their enrolment record and ensure that both plans are updated at least yearly.
- Ensuring parents and carers 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.
- Ensuring that each asthma first aid kit contains reliever medication (a blue/grey metered dose inhaler containing salbutamol), a spacer device, a children's face mask, instructions for the first aid procedure and a record form.
- Ensuring that reliever medications within the asthma first aid kits are regularly replaced and have not expired, and that spacers and face masks are replaced after each use.
- Facilitating communication between management, staff and parents/carers regarding the service's asthma policy and strategies.
- Promptly communicating with parents and carers any concerns regarding the management of children with asthma attending the service.
- Identifying and minimising where possible asthma triggers for children attending the service.
- 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 fullest abilities.
- Notifying the Department of Education and Training if a serious asthma flare up occurs resulting in emergency services being called and/or the death of a child.
- A children's service must notify the relevant regional office by telephone within 24 hours of the incident, followed by written notification as soon as practicable. Written notification is to be provided by using the [Serious incident notification form](#)

Staff will:

- Be aware of the service's asthma policy.
- Be aware of the asthma first aid procedure.
- Identify children in their care with asthma and are able to locate where medication and personal spacers (and face masks) are stored.
- Maintain current Emergency Asthma Management training and qualifications if required.
- Know where written asthma plans and asthma first aid kits are stored
- Develop a risk minimisation plan for every child with asthma, in consultation with the parents or guardians.
- Identify and minimise, where possible, asthma triggers for children attending the service.
- Ensure that children with asthma are not discriminated against in any way.
- Ensure that children with asthma can participate in activities safely and to their fullest abilities.
- Promptly communicate to management, parents and carers any concerns regarding the management of children with asthma enrolled in the service.

Parents or guardians will:

- Inform staff if their child has asthma upon enrolment at the service
- Read the service's asthma policy
- Provide a copy of their child's written asthma plan to the service, ensuring it has been signed by a medical practitioner. The asthma plan should be reviewed and updated at least yearly.
- Work with staff to develop a risk minimisation plan for their child.

- Provide the service with the child's reliever medication along with a spacer (and child's face mask if required) at all times the child is attending the centre.
- Communicate all relevant medical/health information to management and staff of the service.
- Promptly communicate any concerns or changes to their child's asthma to staff at the service.
- Where possible and depending on ability, encourage their child to learn about their asthma and communicate to service staff if they are unwell or experiencing asthma symptoms.

Volunteers and students are responsible for following this policy and its procedures while at the service.

Attachments

- Attachment 1: Asthma First Aid Procedure
- Attachment 2: Asthma Care Plan for Education and Care Services
- Attachment 3: Asthma First Aid Poster and Asthma Emergency Kits
- Attachment 4: Asthma Risk Minimisation Plan

Attachment 1

Asthma First Aid procedure

This Asthma First Aid Procedure has been reproduced from The Asthma Foundation of Victoria's 2015-*Child-in-Care-Model-Policy-(Version-3)*.

Follow the written first aid instructions on the child's Asthma Action/Care Plan. If no specific and signed instructions are available, the instructions are unclear, or the child does not have an Asthma Action/Care Plan, **begin the first aid procedure immediately (as authorised by the Education and Care Services National Regulations 2011)**.

Call emergency assistance to attend (000) if:

- **the child's asthma symptoms are severe**
- **the child suddenly stops breathing**
- **the child's asthma symptoms continue to worsen**
- **there is no Asthma Action/Care Plan for the child**
- **blue/grey reliever medication is not available**
- **you are unsure what is causing the breathing difficulty**

Recognising an asthma attack

<p>Mild/moderate</p> <p>Some difficulty breathing Talks in sentences Able to move around Cough or wheeze</p>	<p>Commence Asthma First Aid</p>
<p>Severe</p> <p>Obvious difficulty breathing Shortened sentences Tugged in skin at neck or ribs Cough or wheeze Reliever not lasting</p>	<p>Call Ambulance - 000 Commence Asthma First Aid</p>
<p>Life-threatening</p> <p>Gasping for breath 1-2 words per breath Confused or exhausted Turning blue; Collapsing</p>	<p>Call Ambulance - 000 Commence Asthma First Aid</p>

Asthma policy/procedure
Mandatory – quality area 2
Attachment 2
Asthma care plan for education and care services

CONFIDENTIAL: Staff are trained in asthma first aid and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent or guardian for Supervising staff and emergency medical personnel.

Photo of child
(optional)

PLEASE PRINT CLEARLY
Child's name
Date of birth
Managing an asthma attack

Staff are trained in asthma first aid . Please write down anything different this child might need if they have an asthma attack.

Daily asthma management

<i>This child's usual asthma signs</i>		<i>Frequency and severity</i>			
<input type="checkbox"/>	Cough	<input type="checkbox"/>	Daily / most days		
<input type="checkbox"/>	Wheeze	<input type="checkbox"/>	Frequently (more than 5 x per year)		
<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>	Occasionally (less than 5 x per year)		
<input type="checkbox"/>	Other (please describe)	<input type="checkbox"/>	Other (please describe)		
Known triggers for this child's asthma (eg exercise*, colds / flu, smoke) – please detail					
Does this child usually tell an adult if s/he is having trouble breathing?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does this child need help to take asthma medication?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does this child use a mask with a spacer?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
*Does this child need a blue reliever puffer medication before exercise?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Medication plan

If this child needs asthma medication please detail below and make sure the medication and spacer/mask are supplied to staff.

<i>Name of medication and colour</i>	<i>Dose/number of puffs</i>	<i>Time required</i>

Doctor Name of doctor _____ Address _____ _____ Phone _____ Signature _____ Date _____	Parent/guardian I have read, understood and agreed with the care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs Signature _____ Date _____ Name _____	Emergency contact information Contact name _____ Phone _____ Mobile _____ Email _____
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Attachment 3

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 puffs of blue reliever puffer medication

- Use a spacer if there is one
 - **Shake** puffer
 - Put **1 puff** into spacer
 - Take **4 breaths** from spacer
- Repeat** until **4 puffs** have been taken
Remember: Shake, 1 puff, 4 breaths



3 Wait 4 minutes

- If there is no improvement, give **4 more puffs** as above



4 If there is still no improvement call emergency assistance (DIAL 000)*

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving **4 puffs** every **4 minutes** until emergency assistance arrives



*If calling Triple Zero (000) does not work on your mobile phone, try 112

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 puffer is not available
- If you are not sure if it's asthma

Blue reliever medication is unlikely to harm, even if the person does not have asthma



To find out more contact your local Asthma Foundation
1800 645 130 | asthmaaustralia.org.au

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Translating and
Interpreting Service
131 450

Asthma emergency kits

- Asthma emergency kits should contain:
- Reliever medication
- X 2 small volume spacer devices
- X 2 compatible children's face mask
- Record form
- Asthma First Aid instructions

Please note that spacers and face masks are single-person use only. It is essential to have at least two spacers and two face masks contained in each first aid kit and that spacers and face masks are replaced each time they are used. Face masks are to be used by children unable to coordinate correct breathing through the mouthpiece of the spacer.

Attachment 4

Asthma risk minimisation plan template

Cover Sheet

This Plan is to be completed by the Director or nominee on the basis of information from the student’s medical practioner provided by the parent/carer		
HDKA service:		
Phone:		
Child’s name:		
Date of birth:	Session:	
Asthma action plan provided by parent/carer (please circle): YES / NO		
Asthma triggers:		
Other health conditions:		
Medication at the service:		
Parent /carer contact:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
Address:		
Other emergency contacts (if parent/carer not available)		
Medical practitioner contact:		
Emergency care to be provided at the service:		
Medication storage:		
The following Asthma Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on (record date):		
Signature of parent/carer:	Date:	
Signature of Certified Supervisor (or nominee):	Date:	

Appendix**Examples of risks, situations, concepts to consider when completing the asthma risk minimisation plan**

- Who are the children and what are their asthma triggers (is information provided on their Asthma Action Plan)?
- What are the potential sources of exposure to their asthma triggers?
- Where will the potential source of exposure to their asthma triggers occur?
- Are all staff (including relief staff, visitors and parent/carer volunteers) aware of which children have asthma?
- Does the bullying policy include health related bullying?
- Is there age appropriate asthma education for children at the service and are children actively encouraged to seek help if they feel unwell?
- Do you have asthma information available at the service for parents/carers?
- What are the lines of communication in the children's service?
- What is the process for enrolment at the service, including the collection of medical information and Action Plans for medical conditions?
- Who is responsible for the health conditions policy, the medications policy, Asthma Action Plans and Risk Minimisation plans?
- Does the child have an Asthma Action Plan and where is it kept?
- Do all service staff know how to interpret and implement Asthma Action Plans in an emergency?
- Do all children with asthma attend with their blue/grey reliever puffer and a spacer? (a children's face mask is recommended for children unable to use a spacer correctly, consider face mask use in children under 5 years old)
- Where are the Asthma Emergency Kits kept?
- Do all staff and visitors to the service know where Asthma Emergency Kits are kept?
- Who is responsible for the contents of Asthma Emergency Kits? (checking reliever medication expiry dates, replacing spacers and face masks as needed)
- Do you have one member of staff on duty at all times who has current and approved Emergency Asthma Management training?
- Who else needs training in the use of asthma emergency equipment?
- Do you have a second Asthma Emergency Kit for excursions?
- What happens if a child's reliever medication and spacer are not brought to the service?
- Does the child have any other health conditions, such as allergies or anaphylaxis?
- Do they have an Action Plan and Risk Minimisation plan for each health condition?
- Do plants around the service attract bees, wasps or ants?
- Have you considered planting a low-allergen garden?
- Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by all staff and visitors)
- Could traces of food allergens be present on craft materials used by the children? (e.g. egg cartons, cereal boxes, milk cartons)
- Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the centre when children are present?
- Do your staff use heavy perfumes or spray aerosol deodorants while at work?
- Are you in a bushfire-prone area where controlled burning may occur?
- What special activities do you have planned that may introduce children to asthma triggers?