

Asthma Management Policy:



POLICY STATEMENT:

Asthma is a chronic health condition affecting many Australian children. It is estimated that approximately 15% of Australian children are currently affected. It is one of the most common reasons for childhood admission to hospital. Community education and correct Asthma management will assist in minimising the impact of Asthma.

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own Asthma effectively. We therefore recognise the need to educate our Educators and families about Asthma and to promote responsible asthma management strategies.

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 provide a safe and healthy environment for all children enrolled at Grays Point Activity Centre (GPAC). We believe in providing children with Asthma the ability to participate in the programmed learning activities and experiences ensuring an inclusive environment is upheld. We ensure all staff, Educators and volunteers follow our *Asthma Management Policy* and 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, volunteers, students and visitors of the Grays Point Activity Centre.

DUTY OF CARE

We are committed to be an Asthma Friendly Service as outlined by Asthma Australia. This means:

- the majority of staff have current training in Asthma First Aid and routine Asthma management

- at least one staff member is on duty at all times children are in attendance at the Service who holds a current ACECQA-approved Emergency Asthma Management certificate
- Asthma Emergency Kits (AEKs) are accessible to staff and include in-date reliever medication
- Asthma First Aid posters are on display and information is available for staff and parents
- Policies are Asthma Friendly

Source: Australian Children's Education & Care Quality Authority (acecqa.gov.au)

GPAC has a legal responsibility to take reasonable steps to provide:

- A safe environment free of foreseeable harm and
- Adequate supervision of children

Staff need to be aware of children at the Service who suffer from allergies, including Asthma and know enough about Asthma reactions to ensure the safety and wellbeing of the children. Management will ensure all staff are aware of children's Medical Plans.

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 (National Asthma Council Australia, 2015, p.4).

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, 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. Our Service recognises the need to educate the staff and parents/guardians about Asthma and to promote responsible Asthma management strategies.

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 who holds current approved emergency Asthma management training in accordance with the Education and Care Services National Regulations.

ASTHMA AND COVID-19

There is no specific data as yet to suggest people with Asthma are at greater risk of contracting COVID-19, however as this is a serious respiratory illness, anyone with Asthma should implement strict hygiene measures to protect themselves and others.

Health practitioners have encouraged parents of children with Asthma to:

- Update their child's Asthma Action Plan with their general practitioner
- Ensure their child uses their reliever and preventer medicines (if required) as prescribed
- Ensure their child continues taking medication to keep their Asthma well controlled
- Practice good hygiene and other measures to reduce contact with people who may be infected
- Have their child tested for COVID-19 if they develop any symptoms (cough, fever, shortness of breath, sore throat)

(Asthma Australia, June 2020)

IMPLEMENTATION

We will involve all Educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Our Service will adhere to privacy and confidentiality procedures when dealing with individual health needs. It is imperative that all Educators and volunteers at our Service follow each individual 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.

Management and Nominated Supervisor will:

- Provide Educators with a copy of the Asthma Policy and brief them on Asthma procedures during their orientation.
- All decisions and actions prioritise children's safety, rights and best interests.
- Ensure obligations under the Education and Care Services National Law and National Regulations are met.
- Ensure that all staff members are aware of:
 - any child identified with Asthma enrolled at the Service
 - the child's individual medical plan/action plan
 - symptoms and recommended First Aid procedure for asthma
 - the location of the child's Asthma medication
- Ensure all staff members are able to identify and minimise Asthma triggers for children attending the Service, where possible.
- Ensure that selected Educators have completed First Aid and emergency Asthma management training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each Educators certificate held on the Service's premises.
- Ensure that at least one Educator or Nominated Supervisor who has completed accredited Asthma training is on duty at the Service at all times and on all excursions as per Regulation 136(c).
- Ensure 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.
- Ensure that if the answer is *yes*, the parents/guardians are required to provide a Medical Management Plan and signed by a registered medical practitioner prior to their child's commencement at the Service.
- Ensure that written consent is requested from families on the enrolment form and/or medical plan to administer emergency Asthma medication or treatment if required
- Identify children with Asthma during the enrolment process and inform the Team Leader and Educators.
- Provide families with a copy of the Asthma Management Policy and Dealing with Medical Conditions and Medication Policy upon enrolment.
- Store Asthma Action Plans in the medical folder alongside the Risk Minimisation Plan and Communication Plan. Additional individual summaries are on display for staff alertness and awareness and included in the Emergency Folder for emergency evacuations.
- Ensure that an emergency Asthma First Aid poster is displayed in key locations as well as included in the Emergency bag.
- Ensure that the First Aid Kit contains a blue reliever medication, a spacer device, a face mask and concise written instructions on Asthma First Aid procedures.
- Ensure that an accredited staff member correctly maintains the Asthma component of the First Aid Kit (e.g. regular checks of expiry dates on medication). Request new medication from families when needed if not provided.
- Provide a mobile Asthma First Aid Kit for use at activities outside the Service. This is kept in First Aid bag.
- Encourage open communication between parents/guardians and Educators regarding the status and impact of a child's Asthma.
- Provide information to the Service community about resources and support for managing Asthma in children.
- Promptly communicate any concerns to parents should it be considered that a child's Asthma is limiting their ability to participate fully in all activities.
- Ensure that children with Asthma are not discriminated against in any way.

- 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.

In Services where a child diagnosed with Asthma is enrolled, the Nominated

Supervisor/Responsible Person 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 developed in consultation with parents and the child's medical practitioner is provided
- Develop and document a Risk Minimisation Plan in collaboration with parents/guardian
- Discuss the requirements for completing an *Administration of Medication Record* for their child
- Discuss authorisation for children to self-administer Asthma medication if applicable. Any authorisations for self-administration must be documented in the child's Medical Management Plan and approved by the Service, parents/guardian and the child's medical management team
- Ensure the Medical Management Plan includes:
 - Child's name, date of birth
 - specific details of the child's diagnosed medical condition
 - supporting documentation (if required)
 - a recent photo of the child
 - triggers for Asthma (signs and symptoms)
 - list of usual Asthma medicines including doses and self-medication (if applicable)
 - response for an Asthma emergency including medication to be administered
 - contact details and signature of the registered medical practitioner
 - date the plan should be reviewed
- Keep a copy of the child's Asthma Medical Management Plan and Risk Minimisation Plan in the enrolment record
- Ensure families provide reliever medication and a spacer whilst their child attends the Service
- Collaborate with parents/guardians to develop and implement a Communication Plan and communicate any concerns with parents/guardians regarding the management of their child's Asthma whilst at the Service
- Ensure that a staff member accompanying children outside the Service carries a copy of each child's individual Asthma Medical Management Action Plan and required medication
- Ensure an *Administration of Medication Record* is kept for each child to whom medication is to be administered by the Service
- Ensure families update their child's Asthma medical management/action plan regularly or whenever a change to the child's management of Asthma occurs
- Regularly check the expiry date of reliever medication and ensure that spacers and facemasks are cleaned after every use

Educators responsible for the child diagnosed with Asthma will:

- Read and comply with the Asthma Management Policy, Dealing with Medical Conditions and Medication Administration Policy

- Ensure they are aware of the Service's *Asthma Management Policy* and Asthma First Aid procedure (ensuring they can identify children displaying the symptoms of an Asthma attack, locate their personal medication, and Asthma medical management/action plans).
- Ensure that they maintain current accreditation in Emergency Asthma Management.
- Ensure that they are aware of the children in their care with Asthma.
- Ensure, in consultation with families, the health and safety of each child through supervised management of the child's Asthma.
- Identify and, where practical, minimise Asthma triggers as outlined in the child's Asthma Medical Management Plan and Risk Minimisation Plan.
- Where necessary, modify activities in accordance with a child's needs and abilities.
- Ensure that all regular prescribed Asthma medication is administered in accordance with the information on the child's written Asthma Action Plan.
- Administer emergency Asthma medication if required according to the child's written Asthma Action Plan. If no written Asthma Action Plan is available, the Asthma First Aid Plan outlined in this document should be followed immediately.
- Ensure the First Aid kit, children's personal Asthma medication and asthma medical management/action plans are taken on excursions or other off-site events, including emergency evacuation and drills.
- Administer prescribed Asthma medication in accordance with the child's Asthma Action Plan and the Service's *Dealing with Medical Conditions and Medication Administration*.
- Make a record of Asthma medication has been administered or self-administered and inform families of such administration.
- Promptly communicate to parents/guardians any concerns should it be considered that a child's Asthma is limiting their ability to participate fully in all activities.
- 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.

Guardians will:

- Read and be familiar with the Service's *Asthma Management Policy*.
- Together with a suitable staff member, families will complete the Risk Minimisation Plan and Communication Plan to manage their child's Asthma.
- Inform Educators at the children's Service, either on enrolment or on diagnosis, of their child's Asthma/medical condition.
- Provide Educators with an Asthma Action Plan signed by the Registered Medical Practitioner giving written consent to use the prescribed medication in line with this action plan.
- Provide an update plan at least annually or whenever the medication of management of their child's Asthma changes.
- Provide Educators with an adequate supply of all prescribed medications relating to this medical condition. Medication must be in date and replaced prior to expiry.
- Assist Educators by offering information and answering any questions regarding their child's medical condition.
- Notify the Educators of any changes to their child's medical condition and provide a new management plan in accordance with these changes.
- Communicate all relevant information and concerns to Educators, for example, any matter relating to the health of the child.
- Comply with the Service's Policy that no child who has been prescribed medication for a diagnosed medical condition is permitted to attend the Service or its programs without that medication.

- Bring relevant issues to the attention of the Nominated Supervisor or Responsible Person on duty.

Children will:

- Be encouraged to report to Educators if they are experiencing Asthma symptoms/ difficulty in breathing, and/or if they have self medicated.
- Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.
- Will not be able to attend the Centre without their guardian providing a current plan and medication.

Asthma First Aid

An Asthma First Aid Kit within the Service will include the following:

- A reliever metered dose inhaler e.g. Ventolin, Asmol, Airomir, that is in date
- An accompanying spacer device
- Instructions on how to use the spacer device
- Instructions on how to implement nationally recognised Asthma First Aid.

GPAC has one Asthma Emergency Kit for use in the Centre, which also can be taken on all off-site excursions or should an emergency evacuation occur.

The Asthma First Aid Kit will:

- Be checked monthly for availability of correct contents and expiry dates of reliever medication
- Be stored in an accessible location with all Educators being aware of this location
- Contain a spare unused spacer device to immediately replace the one that's been used

We have two kits, one in the First Aid Kit and one that travels with the First Aid bag.

The Nationally Recognised Asthma First Aid poster will be located in the Centre.

Responding to an Attack

Nb. If the child is in a safe environment to remain where they are – always bring the medication to them if possible.

Not sure if it's Asthma? CALL AN AMBULANCE IMMEDIATELY (DIAL 000)

In the event of a child experiencing an Asthma attack or difficulty breathing:

Suitably experienced and trained Educators will follow the child's individual Asthma Management /Medical Management Plan for children diagnosed with Asthma.

OR

Educators will follow the Nationally Recognised Asthma First Aid for children not previously diagnosed with Asthma, or in the event that the child's Asthma Management Plan is unavailable at the time of an attack. (Note: individual Asthma Management Plan is to be implemented once sourced).

- If the child does not respond to steps within the Asthma Action Plan call an Ambulance immediately by dialling 000
 - Continue First Aid measures
 - Contact the parent/guardian when practicable
 - Contact the emergency contact if the parents or guardian can't be contacted when practicable
 - Notify the regulatory authority within 24 hours
- In the event of a severe Asthma attack, the Ambulance Service will be contacted on 000 immediately and the 4 step Asthma Action Plan will be implemented until Ambulance officers arrive.

If the child stays conscious and their main problem seems to be breathing, follow the Asthma First Aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have Asthma*.

* Adapted from Kids' First Aid for Asthma – National Asthma Council Australia.

Educators will call for an Ambulance:

- If a child is experiencing a severe attack.
- If a child not previously diagnosed with Asthma is experiencing difficulty breathing.
- If a child is not improving as per the instructions in the Nationally Recognised Asthma First Aid Plan.
- In accordance with the child's individual Asthma Management Plan.
- If Educators have concerns or doubts. All asthma treatment including Asthma First Aid to be recorded on the Asthma First Aid Treatment Record Card and filed with the Services incident reports.

All guardians/authorised nominees are to be notified of Asthma First Aid administration as soon as practicable.

Further notes:

A trigger is something that causes your airways to narrow, leading to Asthma symptoms. Everyone's Asthma is different, and everyone has different triggers. For most people with Asthma, triggers are only a problem when their Asthma is not well-controlled.

Some triggers can include but not limited to:

Aerosol sprays	Allergens	Air pollution	Pets
Gardens	Bushfires	Chemicals	Pollen
Colds and flu	Depression	Dust mites	School
Emotions	Exercise	Food	
Hormones	Medications	Mould	

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 thought reasonably to have attended a hospital e.g., severe Asthma attack is considered a serious incident (Regulation 12).

- staff members involved in the incident are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- GPAC to retain a copy of the record in the child's file
- the Nominated Supervisor will inform the Service management about the incident the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours through the NQA IT System (as per Regulations)
- staff will be debriefed after each serious incident and the child's individual Medical Management Plan/action plan and Risk Minimisation Plan evaluated, including a discussion of the effectiveness of the procedure used
- staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.
- review Service practices, including an assessment of areas for improvement.

RISK MINIMISATION PLAN FOR A CHILD WITH DIAGNOSED ASTHMA

The staff, together with the parents/guardians of a child with Asthma, will discuss and agree on a Risk Minimisation Plan for the emergency management of an Asthma attack based on the child's Asthma Action Plan. This plan will be included as part of, or attached to, the child's Asthma medical management /action plan and enrolment record.

This plan should include action to be taken where the parents/guardians have provided Asthma medication, and in situations where this medication may not be available.

The plan will assess and minimise risks relating to the child's diagnosed health care need including any known allergens. Strategies for minimising the risk are developed and implemented.

The Risk Minimisation Plan is to be updated whenever the child's Medical Management Plan is changed or updated.

Common Asthma triggers include:

- viral infections- such as colds, flu and respiratory conditions
- cigarette smoke
- physical exercise
- allergens- mould, pollens, pets
- irritants in the environment- dust, pollution, wood/bush fire smoke
- weather- changes in air temperature or thunderstorms
- chemicals and strong smells- perfumes, cleaning products
- stress or high emotions (including laughter or crying)

Betterhealth.vic.gov

COMMUNICATION PLAN

A communication plan will be created for each child with Asthma at GPAC. The communication plan will be developed in collaboration with parents/guardians. It will detail the negotiated and documented manner to communicate any changes to the child's Medical Management Plan and Risk Management Plan for the child with relevant staff, Educators, and volunteers.

Any changes to a child's Medical Management Plan and Risk Minimisation Plans will be documented in the Communication Plan.

RESOURCES

Asthma Australia: [Asthma First Aid A4 Poster](#) and [Asthma Action Plan](#)

National Asthma Council Australia: [First Aid for Asthma chart: Children under 12](#)

NSW Government: [Asthma handbook](#)

NSW Government: [Asthma management: Regulatory guidance note](#)

CONSIDERATIONS:

Other Service Policies/documentation	
- Acceptance and Refusal of Authorisations Policy - Family Handbook - Dealing with Medical Conditions and Medication Administration Policy - Administration of First Aid Policy - Enrolment and Orientation Policy - Management of Incident, Injury, Infectious Diseases, Illness & Trauma - Child Safety and Wellbeing - Supervision of Children - Confidentiality Policy - Hand Washing Policy - Safe Transportation of Children Policy	

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. 2A	Paramount consideration—safety, rights and best interests of children
S.3A	Paramount consideration [NSW]
S. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
S. 172	Failure to display prescribed information
S. 174	Offence to fail to notify certain information to Regulatory Authority
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parent of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
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
96	Self-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
174	Time to notify certain circumstances to Regulatory Authority
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority

SOURCE:

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.

ENDORSEMENT BY THE SERVICE:

Approval date: _____ August 2026 _____

Date for review: _____ August 2027 _____

MANDATORY

Revised September 2019 KG and NGC

January 2021 CCare Desktop review KG KK

21.11.22 JH 23.11.22 KG

22.4.24 MA 4.6.24 KG 9.7.25 KG 31.7.26 KG