

MANAGING CHILDREN WITH ASTHMA

REFER TO:

- Asthma Australia: www.asthma.org.au
- Australian Asthma Handbook: <https://www.astmahandbook.org.au/>
- Australian Children's Education & Care Quality Authority (2021) Dealing with Medical Conditions in Children's Policy Guidelines
- Early Childhood Australia Code of Ethics (2016)
- Education and Care Services National Law Act 2010 (Amended 2023)
- [Education and Care Services National Regulations](#) (Amended 2023)
- Guide to the National Quality Framework (2017). (Amended 2023)
- Guide to the National Quality Standard (2020)
- National Asthma Council Australia. (2015). *Australian asthma handbook: Quick reference guide*. <https://www.astmahandbook.org.au>
- National Asthma Council Australia (2019) *My asthma guide*. <https://www.nationalasthma.org.au/living-with-asthma/resources/patients-carers/brochures/my-asthma-guide>
- National Health and Medical Research Council. (2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services (5th Ed.)*.
- Revised National Quality Standard (2018)

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
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
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
174	Time to notify certain circumstances to Regulatory Authority

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.

Administration of First Aid Policy Administration of Medication Policy Enrolment Policy Family Communication Policy	Handwashing Policy Incident, Injury, Trauma, and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Supervision Policy
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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 services where all children with asthma can fully participate by ensuring all staff and educators follow our Asthma Management Policy and procedures and children's medical management plans.

BACKGROUND:

Asthma a chronic lung disease, which affects about 15% of children. It is one of the most common reasons for childhood admission to hospital. With correct 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 may vary between children, but can include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath. 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.

PRACTICES:

Management will:

- Ensure that at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) is in attendance at all times education and care is provided by the service as per Regulation 136(c).
- Provide an appropriate number of First Aid kits and ensure their position is clearly indicated.
- Develop a procedure for ensuring contents of First Aid kits, including the Asthma Emergency kits, are checked regularly and always in date.
- Include awareness of Medical Conditions, Asthma Management and Administration of Medication policies in induction processes for new staff.
- Regularly review asthma policies and procedures.
- Maintain a record of individual children's health needs, including asthma, and review regularly.
- Display Asthma Australia's First Aid posters and ensure information is available to staff, educators, and parents.
- Ensure information about children's medical conditions is gathered at enrolment and clearly documented.

- Ensure that parents/ guardians of children with a medical condition provide a medical management or action plan, developed, and signed by a medical practitioner, prior to the child attending the service.
- Provide parents with a copy of the service's Medical Conditions Policy, Asthma Management Policy, and Administration of Medication Policy upon enrolment of their child.
- Ensure written consent is obtained from families on the enrolment form to administer emergency asthma medication or treatment if required.
- Ensure that all staff members have completed ACECQA approved first aid training at least every 3 years and that this is documented and a copy of their certificates are available at the service.
- Encourage and support all educators to complete anaphylaxis management training and emergency asthma management training every two years as best practice.
- Ensure that all staff members are aware of:
 - any child identified with asthma enrolled in the service
 - the child's individual medical management/action plan
 - the symptoms and recommended first aid procedure for asthma
 - the location of the child's asthma medication
- Support all staff members to learn to identify and minimise asthma triggers for children attending the service where possible
- 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.
- Ensure that medication is administered in accordance with the Administration of Medication Policy.
- Notify the regulatory authority within 24 hours in the event of a serious incident such as a severe asthma attack.
- Ensure that parents/ guardians are notified if medication is administered to their child in an asthma emergency, within 24 hours of the incident.
- Maintain communication between management, educators, staff, and parents/guardians regarding the service's Asthma Management Policy and regularly discuss and review strategies to ensure compliance and best practice.
- Regularly provide families with updated information, resources, and support for managing asthma.

Educators/ staff will:

- Be supported to maintain First Aid qualifications which include the emergency management of asthma.
- Ensure they are aware of the service's Asthma management policy and asthma first aid procedure (making sure they can identify children displaying symptoms of an asthma attack and locate their personal medication and management/ action plans).
- Review documentation regularly to ensure compliance with procedures.
- Keep up-to-date with amendments to treatments or procedures on children's individual asthma plans, through regular communication with parents.
- Ensure the Asthma Action Plan is updated annually or whenever a change to the child's management of asthma changes.
- Ensure a copy of the child's medical management plan is visible and known to staff, visitors, and students in the service.
- Be able to identify and, where possible, minimise asthma triggers as outlined in the child's asthma medical management plan and risk minimisation plan.
- Develop a Risk Minimisation Plan for every child with asthma, in consultation with parents/guardians.
- Ensure that all children with asthma have an Asthma Action Plan and Risk Minimisation Plan filed with their enrolment record.
- Ensure that a photo of the child is attached to their individual Asthma Action plan.
- Administer asthma medication in accordance with service policies and procedures, particularly in regard to obtaining written parental consent and documentation.
- Ensure that personalised Asthma Action plans and medication are taken on any excursion the child attends, in addition to an Emergency Asthma kit as part of the First Aid kit.
- Document any asthma attack, or episode where emergency treatment is administered, and notify parents as soon as possible; the child should be sent home for follow up treatment at the parent's discretion.
- Communicate any concerns to parents/guardians if a child's asthma is limiting his/her 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 by implementing inclusive learning programs.
- Develop a procedure for regularly checking to expiry date of asthma medication.

Families are expected to:

- Read the Service's *Asthma Management Policy*.
- Inform staff, either on enrolment or on initial diagnosis, that their child has asthma.
- Provide a copy of their child's Asthma Action Plan to the service ensuring it has been prepared in consultation with and dated and signed by a medical practitioner.
- Have the Asthma Action Plan reviewed and updated at least annually or whenever medication or management changes.
- Develop a risk minimisation plan in collaboration with the Nominated Supervisor/ Responsible person and other service staff.
- Ensure all details on their child's enrolment form and medication record are completed prior to commencement at the service.
- Always provide an adequate supply of appropriate asthma medication and equipment for their child each day in attendance at the service. The child will be unable to stay with the service if medication is not provided.
- Notify staff in writing, of any changes to the information on the Asthma Action Plan, enrolment form, or medication record.
- Communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma.
- Encourage their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms.

Children:

- Are supported to self-manage their asthma in line with their age and stage of development; we explain asthma and asthma care to the children and provide care with, not just to, them.

RISK MINIMISATION PLAN FOR A CHILD WITH DIAGNOSED ASTHMA

The Educators, 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 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.

COMMUNICATION PLAN

A communication plan will be created in accordance with our *Medical Conditions Policy*. This 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 and educators.

ASTHMA AND COVID-19

While people with asthma are at no greater risk of contracting covid-19 than the general population, it is a serious respiratory virus, so anyone with asthma should aim to keep their asthma well under control to protect themselves from its potential effects and 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 ATTACKS- SIGNS AND SYMPTOMS

Mild Attack

- cough
- variable wheezing
- minor difficulty breathing
- can still speak in full sentences

Moderate Attack

- persistent cough
- loud to moderate wheezing
- obvious difficulty breathing
- speak in short phrases only

Severe Attack

- very distressed and anxious
- severe difficulty breathing
- speak no more than a few words at a time
- wheeze is often quiet (sometimes there is so little air movement that no wheeze is heard)
- pale and sweaty
- may have blue lips

ASTHMA ATTACKS- WHAT TO DO:

- administer treatment according to the child's Asthma Action plan OR
- begin to apply the 4x4x4 strategy:
 - 1 puff of Ventolin (or another blue reliever puffer) into a spacer,
 - child breathes in and out four times
 - repeat four times
 - wait four minutes
 - repeat if necessary
- if the child's breathing does not become easier after four minutes, or if the attack becomes more severe, phone 000 for an ambulance immediately and repeat the 4x4x4 strategy until medical assistance arrives.
- contact the parents/guardian when practicable
- notify the regulatory authority within 24 hours

TRIGGERS FOR ASTHMA:

Common allergic triggers for asthma in children include:

- house dust mite, which is more prevalent in an environment with carpet, rugs, upholstered furniture, and fluffy toys,
- flowering plants and pollens,
- mould and mould spores,
- food additives/ preservatives,
- domestic chemicals such as pesticides, cleaning agents, bleach and chlorine agents, deodorants, room sprays, perfumes, paints, food preservatives,
- dust and dander from animals, pets, and birds,
- the use of latex gloves,
- smoking environment,
- dust from pest infestations, especially cockroaches, mice and rats
- hay fever

Common non-allergic triggers for asthma in children include:

- smoke from both cigarettes and wood fires
- viral illnesses
- bacterial infections
- emotional reactions
- medications
- weather changes
- industrial chemicals
- exercise
- reflux oesophagitis
- air quality

RESOURCES:

[Asthma First Aid A4 Poster](#)

[Asthma Action Plan](#)

[FIRST AID FOR ASTHMA CHILDREN UNDER 12](#)

[Aiming for Asthma Improvement in Children](#)

[Supporting the Continuity of Asthma Care \(for patients with severe asthma during Coronavirus \(COVID-19\) pandemic](#)

Location	CECS Share Point/MC&MT/CECS Policies
Reviewed November 2023 by Melissa Riches	Next review date November 2024