

This policy was reviewed by Asthma Australia., visit Asthma Australia's website: [www.asthma.org.au](http://www.asthma.org.au) for more information.



## PURPOSE

This policy will outline the procedures to:

- ensure ECT's/educators, staff and families are aware of their obligations and the best practice management of asthma at Waterfall Gully Pre School
- ensure that all necessary information for the effective management of children with asthma enrolled at Waterfall Gully Pre School 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
- ensure ECT's/educators, staff and families follow the advice from Emergency Management Victoria associated with thunderstorm asthma event

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.



## POLICY STATEMENT

### VALUES

Waterfall Gully Pre School 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, families and any other person(s) dealing with children enrolled at the service.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, families, children, and others attending the programs and activities of Waterfall Gully Pre School, including during offsite excursions and activities.

Asthma management should be viewed as a shared responsibility. While Waterfall Gully Pre School 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 **registered** medical practitioner

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Families	Contractors, volunteers and students
<b>R</b> 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 upon employment at the service	<b>R</b>	√			
Providing families 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> )	<b>R</b>	√			
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	<b>R</b>	<b>R</b>			
Providing approved Emergency Asthma Management (EAM) training to staff as required under the <i>National Regulations 136</i>	<b>R</b>	√			
Ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training is on duty at all times	<b>R</b>	√			
Ensuring that all educators' approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the <i>National Law (Section 169(4)) and National Regulations (Regulation 137)</i> , and are approved by ACECQA	<b>R</b>	√			
Maintaining current approved Emergency Asthma Management (EAM) qualifications		<b>R</b>	<b>R</b>		√
Ensuring the details of approved Emergency Asthma Management (EAM) training are included on the staff record	<b>R</b>	√			
Organising asthma management information sessions for families of children enrolled at the service, where appropriate	<b>R</b>	√			
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 families	<b>R</b>	√	√		√
Implementing procedures to avoid exposure, such as staying indoors with windows and doors closed associated with a potential thunderstorm asthma	<b>R</b>	√	√		√
Identifying children with asthma during the enrolment process and informing staff	<b>R</b>	√			

Ensuring families provide a copy of their child's Asthma Care Plan , in consultation (if possible) with their registered medical practitioner, following enrolment and prior to the child commencing at the service ( <i>Regulation 90</i> ). The Asthma Care Plan should be reviewed and updated at least annually	R	√		√	
Developing a Risk Minimisation Plan for every child with asthma, in consultation with families	R	√	√	√	
Ensuring all details on their child's enrolment form and medication record 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 families 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 families 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 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 families 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 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	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, ECT, educators, staff and families regarding the service's <i>Asthma Policy</i> and strategies	R	√			
Identifying and minimising asthma triggers for children attending the service as outlined in the child's Asthma Care Plan, where possible	R	√	√		
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 families regarding the management of children with asthma at the service	R	√	√		
Displaying Asthma Australia's Asthma First Aid poster 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 child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	R	R		√
Ensuring an asthma first aid kit 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 families 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.

#### 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](http://www.legislation.vic.gov.au)

Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

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## SOURCES AND RELATED POLICIES



### SOURCES

- Asthma Australia: [www.asthma.org.au](http://www.asthma.org.au) or phone 1800 278 462 (toll free)
- Australian Children's Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://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
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## 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)*).
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## ATTACHMENTS

- Attachment 1: Asthma Action 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>
  - Attachment 3: Asthma Risk Minimisation Plan – download from the ELAA website: <https://elaa.org.au/wp-content/uploads/2023/02/asthma-risk-minimisation-plan.docx>
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## AUTHORISATION

This policy was adopted by the approved provider of Waterfall Gully Pre School on 24<sup>th</sup> April 2024.

**REVIEW DATE:** April 2025

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