



DAME NELLIE MELBA
KINDERGARTEN
EST 1915

Asthma Policy

Mandatory – Quality Area 2



This policy was reviewed by Asthma Australia., visit Asthma Australia's website: www.asthma.org.au for more information.

PURPOSE

This policy will outline the procedures to:

- ensure ECT's/educators, staff and parents/guardians are aware of their obligations and the best practice management of asthma at DNМК
- ensure that all necessary information for the effective management of children with asthma enrolled at DNМК 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 parents/guardians 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

DNМК 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, parents/guardians 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, parents/guardians, children, and others attending the programs and activities of DNМК, including during offsite excursions and activities.

Asthma management should be viewed as a shared responsibility. While DNМК 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	Early childhood teacher, 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 of the <i>National Law (Section 169(4)) and National Regulations (Regulation 137)</i> , and are approved by ACECQA	R	√			
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, ECT, 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 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 (<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: https://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4_CMYK_v7_Blue-1.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))*. As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved emergency asthma management training (*refer to Definitions*).

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 Attachment 4: General Policy Definitions

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)
- 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)).
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ATTACHMENTS

- Attachment 1: Asthma Care Plan – download from the Asthma Australia website:
https://asthma.org.au/wp-content/uploads/2021/09/AA2022_Care-Plan-for-Schools-A4_v2_editable.pdf
 - Attachment 2: Asthma First Aid poster – download from the Asthma Australia website:
https://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4_CMYK_v7_Blue.pdf
 - Attachment 3: Asthma Risk Minimisation Plan – download from the ELAA website:
<https://elaa.org.au/wp-content/uploads/2020/02/asthma-risk-minimisation-plan.pdf>
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AUTHORISATION

This policy was adopted by the approved provider of DNМК on Sept 2022

REVIEW DATE: Sept 2023

Attachment 4

General Policy Definitions

Approved Provider: An individual or organisation that has completed an application and been approved by the Regulatory Authority as fit and proper (in accordance with Sections 12, 13 and 14 of the National Law) to operate one or more education and care services. Where the applicant is an organisation, each person with management and control (see definition below) of that organisation must complete a separate application form. (Note: Under the Education and Care Services National Law Act 2010, Section 5, Definitions: “**person with management or control**, in relation to an education and care service, means – (b) if the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service”.)

Australian Children’s Education and Care Quality Authority (ACECQA): The national authority established to oversee the National Quality Framework and guide its implementation in a consistent way throughout Australia.

Department of Education and Training (DET): The Victorian State Government department with Primary responsibility for the approval, monitoring and quality assessment of services in Victoria in accordance with the national legislative framework and in relation to the *National Quality Standards*

Early childhood teacher: A person with an approved early childhood teaching qualification as listed on the ACECQA website www.acecqa.gov.au

Educational Leader: The Approved Provider of an education and care service must designate, in writing, a suitably qualified and experienced educator, coordinator or other individual to lead the development and implementation of education programs at the service (Regulation 118). This person must have a thorough understanding of the Early Years Learning Framework (or other approved learning framework), be able to guide other educators in their planning and reflection, and mentor colleagues in their implementation practices.

Educator: An individual who is qualified to provide education and care for children as part of an education and care service.

Learning frameworks: Under the National Quality Framework (NQF), education and care services are required to ensure that the program delivered to all children being cared for and educated by the service is based on and delivered in a manner that accords with an approved learning framework. In Victoria, the approved frameworks are:

- ☒ *Early Years Learning Framework (EYLF)*
- ☒ *Victorian Early Years Learning and Development Framework (VEYLDF)*
- ☒ *My Time, Our Place: Framework for School Age Care in Australia.*

National Law: Refers to the *Education and Care Services National Law Act 2010*: the national law regulating education and care services for children.

National Quality Framework (NQF): This framework for the early childhood education and care sector helps providers to improve the quality of services in areas that impact on a child’s development. The framework includes:

- ☒ a National Law – the Education and Care Services National Law Act 2010

☒ National Regulations – the Education and Care Services National Regulations 2011 (please check online to ensure the most current version is being used)

☒ the National Quality Standard

☒ an assessment and rating system

☒ a Regulatory Authority in each state and territory with primary responsibility for the approval, monitoring and quality assessment of services in their jurisdiction in accordance with the national legislative framework and in relation to the National Quality Standard

☒ the Australian Children’s Education and Care Quality Authority (ACECQA). The national body responsible for providing oversight of the system and ensuring consistency of approach.

National Quality Standard (NQS): The NQS sets a National benchmark for the quality of children’s education and care services. The NQS is comprised of guiding principles, quality areas, standards and elements. There are seven quality areas which capture aspects critical to the provision of quality education and care.

National Regulations: Refers to the *Education and Care Services National Regulations 2011*: the regulations or rules under which education and care services must operate. The regulations are the way in which the law is applied.

Nominated Supervisor: A person who has been nominated by the Approved Provider of the service under Part 3 of the Act and who has consented to that nomination in writing can be the Nominated Supervisor. All services must have a Nominated Supervisor with responsibility for the service in accordance with the National Regulations. The Approved Provider must take reasonable steps to ensure that the Nominated Supervisor is a fit and proper person (in accordance with Sections 12, 13 and 14 of the National Law), with suitable skills, qualifications and experience. The Regulatory Authority must be notified if the Nominated Supervisor for the service changes, or is no longer employed at the service.

Person with management or control: Means— (a) if the provider or intended provider of the service is a body corporate, an officer of the body corporate within the meaning of the Corporations Act 2001 of the Commonwealth who is responsible for managing the delivery of the education and care service; or (b) if the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service; or (c) if the provider of the service is a partnership, each partner who has the responsibility, alone or with others, for managing the delivery of the education and care service; or (d) in any other case, a person who has the responsibility, alone or with others, for managing the delivery of the education and care service (Note: Under the *Education and Care Services National Law Act 2010*, Section 5).

Person in day-to-day charge: A person is in day-to-day charge if (a) the person is placed in day-to-day charge by the approved provider or a nominated supervisor of the education and care service after meeting the definition for a service supervisor certificate: and (b) the person consents to the placement in writing (Regulation 54)

Policy: A formal statement of principles which provides a framework for decision-making and indicates the course of action to be taken in specific circumstances. Policies provide services with an approved way of operating in relation to particular matters and improve the management of risk. They reflect the values and beliefs of a service, current thinking, national standards and community expectations, and are relevant in terms of current laws and regulations.

Procedures: The steps required to implement and comply with a policy. Procedures specify how to achieve the necessary result by outlining who does what and when. Procedures are succinct, factual and to the point, and are generally expressed as a list.

Program: The group/activity in which a child is enrolled and which has specific hours of attendance.

Regulatory Authority: see definition for the Department of Education and Training.

Responsible Person: The Approved Provider (if that person is an individual, and in any other case the person with management or control of the service operated by the Approved Provider) or a Nominated Supervisor or person who has been placed in day-to-day charge of the service in accordance with the National Regulations.

Service Supervisor Certificates: On 1st November 2016 the National Regulations were amended to expand the classes of people who may be covered by a prescribed class supervisor certificate.

The new prescribed classes are set out in regulation 238A, and include a person who is:

- ☒ *responsible for day to day management of the service, or*
- ☒ *exercising supervisory and leadership responsibilities for part of the service, or*
- ☒ *a family day care coordinator*

Certificates issued for people working in one of these roles are referred to as “*service supervisor certificates*”.

Service supervisor certificates will not be issued to a particular person. Instead they may apply to any person working at the service who has been identified by the approved provider as working in one of the above roles.

For example, if the service director is responsible for day to day management of the service, they can be covered under the service supervisor certificate. Similarly, a room leader who is responsible for supervising part of the service can also be covered by the service supervisor certificate.

With this new flexibility, most individuals do not need to apply to the regulatory authority for a supervisor certificate.

Under these arrangements, a person is covered under the service supervisor certificate and may be a nominated supervisor if:

- ☒ the approved provider identifies that they meet the definition for a service supervisor certificate and
- ☒ they give their written consent to be the nominated supervisor (required under sections 35, 44 and regulation 56).

Nominated supervisors have specific obligations under the National Law (See Nominated Supervisors above).

A person is covered and may be placed in day to day charge of the service if:

- ☒ the approved provider or the nominated supervisor identifies that they meet the definition for a service supervisor certificate and
- ☒ they give their written consent to be placed in day to day charge of the service (required under regulation 54).

These arrangements apply for centre based and family day care services, and make it easier for providers to meet the requirements to ensure that:

- ☒ for centre based services, either the approved provider, nominated supervisor or certified supervisor in day to day charge is present at the service at all times the service is educating and caring for children (section 162) and
- ☒ for family day care services, either the approved provider, nominated supervisor or a certified supervisor in day to day charge is available at all times to support family day care educators

Staff: Any individual (other than the Nominated Supervisor or a volunteer) employed, appointed or engaged to work in or as part of an education and care service.