Springwood Preschool Kindergarten

Medical Conditions
Asthma Management Policy

Legislation:
Education and Care Services National Law Act 2010
Education and Care Services National Regulation 2018
United Nations Convention on the Rights of the Child 1989
Occupational Health and Safety Act 2000
Health Records and Information Privacy Act 2002
Civil Liabilities Act 2002
Employees Liability Act 1991
Disability Discrimination Act 1992
Anti Discrimination Act 1977
Information Privacy Act 2000

QUALITY AREA 2. CHILDREN'S HEALTH & SAFETY

National Quality Standard Quality area 2 – Standard 2.1 – Element 2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented. Quality area 7 – Standard 7.1 – Element 7.1.2 Systems are in place to manage risk and enable the effective management and operation of a quality service.

Occupational Health and Safety Regulations 2007
Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces

Section 167 Every reasonable precaution must be taken to protect children from harm and hazards.
Education and Care Services National Regulations
Regulation 90 details the requirements for the medical conditions policy.
Regulation 91 states that a service's medical conditions policy must be provided to parents upon enrolment.
Regulation 92 sets out the requirements to be recorded on the medication record.
Regulation 93 explains the administration of medication must be authorised and administered appropriately.
Regulation 94 states the exception to authorisation requirement where there is an anaphylaxis or asthma emergency.
Regulation 95 set out the procedure for correct administration of medication.

Regulation 96 outlines how a child over preschool age may be permitted to self-administer medication.
Regulation 136 outlines persons required to have a current first aid qualification and anaphylaxis and emergency asthma management training.
Regulation 168(2)(d) requires education and care services to have policies and procedures in relation to medical management.
Regulation 170 explains requirements to ensure service policies and procedures are followed.

Policy Statement

This policy acts to ensure that:

- Children are supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well.
- Families can expect that Educators will act in the best interests of the children in their care at all times; meet the children's individual health care needs; maintain continuity of medication for their children when the need arise.
- Educators feel competent to perform their duties; understand their liabilities and duty of care requirements; are provided with sufficient information and training regarding the administration of medication and other appropriate treatments.
- Collaboration with families of children with diagnosed medial conditions to develop a Risk Minimisation Plan for their child;
- All staff, including casual staff, educators and volunteers, are informed of all children diagnosed with a medical condition and the risk minimisation procedures for these;
- All families are provided with current information about identified medical conditions of children enrolled at the service with strategies to support the implementation of the Risk Minimisation Plan;
- All children with diagnosed medical conditions have a current Risk Minimisation Plan that is accessible to all staff;
- All staff are adequately trained in the administration of emergency medication.

Rationale:
Asthma is a disease in which the airways (breathing passages) tend to narrow too easily and too much in response to a wide range of triggers. Asthma symptoms include wheezing, chest tightness, difficulty in breathing, shortness of breath, and sometimes cough. Asthma in young children is one of the most common causes of hospital admissions and visits to the doctor. (Asthma Foundation, Asthma in Under 5's)

Springwood Preschool Kindergarten believes the safety and well being of children, including children who have asthma is a whole community responsibility. Springwood Preschool Kindergarten is committed to providing a safe and healthy environment in which children with asthma can participate equally in all aspects of the program. Springwood Preschool Kindergarten is also committed to raising awareness of asthma amongst the Preschool community and being actively involved in assessing risks and developing an 'Asthma Friendly Preschool 'in conjunction with families

Aim:

- To document strategies for implementation of best practice asthma management at Springwood Preschool Kindergarten
- To provide appropriate attention as required to children who have asthma at Springwood Preschool Kindergarten
- To ensure educators are able to respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack or difficulty breathing at preschool
- To minimise the risk of an asthma attack occurring whilst children are at Springwood Preschool Kindergarten and be an 'Asthma Friendly Preschool' as per Asthma Foundation Australia NSW by:
    - Providing asthma education to Springwood Preschool Kindergarten educators
    - Ensuring an asthma record is kept for each child and in a central location
    - Displaying an asthma first aid poster in an appropriate location at Springwood Preschool Kindergarten
    - Having medications readily available for children with asthma at Springwood Preschool Kindergarten
    - Having a policy in place for managing asthma both on and off Springwood Preschool Kindergarten premises
    - Providing asthma related information to Springwood Preschool Kindergarten families
- To comply with the legislative requirements of the Education and Care Service National Regulations legislation, Division 3 – Medical conditions policy and Division 4 - Medications procedure.
- **For best practice, Springwood Preschool require that all children have their asthma plan updated/reviewed every 12 months as recommended by Asthma Australia.**

Procedure:

- Upon enrolment families are asked to bring support medical documentation prior to the child's first preschool day. So staff can ensure all procedures are clearly in place.
- Ask all parents as part of the enrolment procedure (see Enrolment Policy), prior to their child's attendance at Springwood Preschool Kindergarten whether the child has any medical conditions, including asthma and document this information on the child's enrolment record. If the child has asthma, ask the parents to provide a Child Asthma Record/Medical Management Action Plan signed by a Registered Medical Practitioner (see Attachment 1 for Enrolment Checklist and Attachment 2 for Sample Child Asthma Record)
- If a child has asthma management instructions different to standard asthma management this must be identified and a copy attached to the Child Asthma record. A notice will be displayed in an appropriate location at Springwood Preschool Kindergarten detailing these individual child instructions.
- Parents will be asked to ensure their child has an adequate supply of appropriate medication clearly labeled with the child's name and including expiry dates. Medication forms as per Springwood Preschool Kindergarten's Medication Policy must be completed and signed by the parent.
- Ensure parents/guardians of the child diagnosed with asthma are provided with a copy of this *Medical Conditions Asthma Management policy.*
- Provide educators with a copy of the *Medical Conditions Asthma Management policy* and brief them on asthma procedures.

- Ensure that at all times at least one educator at Springwood Preschool Kindergarten, whether or not there is a child diagnosed with asthma attending Springwood Preschool Kindergarten, is present at all times and undertakes training in Emergency Asthma Management and record this in the staff records.
- Brief all relief educators on symptoms of asthma and the child/ children with asthma at the Preschool. If the relief educator is not trained in emergency asthma management then the Director will ensure that at least one educator trained in emergency asthma management is present at the service and aware they are responsible for managing the asthma attack in an emergency. If this is not possible then the parents/ guardians must be informed of the situation before a child with asthma is left at preschool.
- Ensure that a notice is displayed prominently in the main entrance of Springwood Preschool Kindergarten stating that a child diagnosed with asthma is being educated at Preschool
- Display a standard *Asthma First Aid* poster and emergency numbers in key locations at Springwood Preschool Kindergarten (see Attachment 3)
- Include an Asthma Emergency Kit in the First Aid box – ensure this kit contains a blue reliever puffer, a spacer device and a child mask if necessary and concise written instructions on Asthma first aid procedures. This kit must be maintained by educators as per typical first aid kit maintenance and cleaned after each use.
- Provide a mobile Asthma Emergency Kit for use on excursions outside the preschool
- A parent will be asked to replace the spacer in the preschools emergency kit if used by their child.
- Complete an assessment of the potential for accidental exposure to asthma triggers while children are at preschool and develop a *Risk Minimisation Plan* (see Attachment 4) for the preschool in consultation with educators and the families of the child/children. Follow this *Risk Minimisation Plan* – this forms part of this *Medical Conditions Asthma Management Policy.*
- Develop a *Communications Plan* for the parents and educators to ensure all are informed about the medical conditions policy and risk minimization plan, and any changes to the medical management plan and risk management plan for their child at preschool is communicated efficiently and effectively.
- Discussions about children with medical conditions attending preschool are embedded into weekly rooms minutes to ensure any changes to the medical management plan and risk management plan for their child at preschool is communicated efficiently and effectively.
- Administer emergency management treatment if required accordingly to each child's Asthma Record. If no asthma record is available the Standard Asthma First Aid Plan (see Attachment 3) will be followed immediately.
- Provide information to the preschool community about resources and support for managing asthma.

Links to Quality Areas and Standards:

Quality Area 2	Children's Health and Safety
Standard 2.1	Each child's health and physical activity is supported and promoted.
Standard 2.3	Each child is protected.
Quality Area 4	Staffing Arrangements
Standard 4.1	Staffing arrangements enhance children's learning and development

Standard 4.2	Management, Educators, co-ordinators and staff members are respectful and ethical.
Quality Area 6	Collaborative partnerships with families and communities
Standard 6.1	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
Standard 6.1.2	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.
Quality Area 7	Governance and Leadership
Standard 7.1	Governance supports the operation of a quality service.
Standard 71..2	Systems are in place to manage risk and enable the effective management and operation of a quality service.
Standard 7.2	Effective leadership builds and promotes a positive organisational culture and professional learning community.

Source:

Asthma Foundation NSW. www.asthmafoundation.org.au
Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au.
Community Services www.community.nsw.gov.au
Department of Education, Employment and Workplace Relations (DEEWR) (2009) *Belonging, Being, Becoming: The Early Years Learning Framework for Australia.* Canberra:DEEWR
Department of Education, Employment and Workplace Relations (DEEWR) (2011) *Education and Care Services National Regulation*
Department of Education, Employment and Workplace Relations (DEEWR) (2009) *National Quality Standard for Early Education and Care and School Aged Children* Canberra:DEEWR
Kids with Asthma www.kidswithasthma.com.au/
National Asthma Council Australia www.nationalasthma.org.au
National Health and Medical Research Council www.nhmrc.gov.au
NSW Department of Health www.health.nsw.gov.au

Reviewed by: _____ *Approved by:* _____

Signature: _____ _____

Date: ____/____/____ *Date:* ____/____/____

Date of next review: _____/_____/_____

ATTACHMENT 1: Enrolment Checklist for Children with Asthma

Thorough details of the child with asthma are collected including triggers	
A risk minimisation plan is completed, which includes strategies to address the particular needs of the child with asthma, and this plan is implemented	
Parents of the child with asthma have been provided a copy of Springwood Preschool Kindergarten's Medical Conditions – Asthma Management Policy	
All parents are made aware of the Medical Conditions – Asthma Management Policy	
An Child Asthma Record/Medical Management Action Plan is received for the child, is signed by the child's Doctor and is visible to all staff	
All asthma medication is appropriately signed for and available for use at any time the child is at Springwood Preschool Kindergarten	
All asthma medication is stored in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat	
All educators, including relief educators, are aware of the asthma medication location	
Educators have had recent asthma emergency management training	
Springwood Preschool Kindergarten's Emergency Action Plan for the management of Asthma is in place and all educators understand the plan	
The parents current contact details are available	
Information regarding any other medication or medical conditions of the child is available for educators	

ATTACHMENT 2 – Sample Child Asthma record

Asthma FOUNDATION

Child Asthma Record

This form is to be completed by parents/carers, ideally in consultation with the child's doctor (general practitioner or specialist). Parents/carers should inform the service immediately if there are any changes to the child's asthma management. A new Asthma Record should be provided at the beginning of each year.
Please tick the appropriate box, and print your answers clearly in the blank spaces where indicated.

Personal Details

Child's Name _____ (first name) _____ (last name)

Gender ☐ Male ☐ Female Date of Birth __ __ / __ __ / __ __ __ __

Emergency Contacts (eg. Parent or Carer)
1. Name _____ Relationship _____
Telephone (daytime) _____ (home) _____
2. Name _____ Relationship _____
Telephone (daytime) _____ (home) _____

Doctor's Contact Details Name _____ Telephone _____

Asthma Management Plan

Does the child tell the carer when he/she needs medication? ☐ Yes ☐ No

Child's Symptoms (eg cough) _____

Triggers (eg exercise, pollens) _____

Medication Requirements: (Parents need to supply asthma medication eg, puffer and spacer)

Name of Medication	Method of delivery (eg puffer & spacer)	When & How Much

In an **EMERGENCY**, follow the plan that has been ticked:

☐ **Standard Asthma First Aid Plan**

Step 1: Sit the child upright and remain calm and provide reassurance. Do not leave the child alone.

Step 2: Give 4 puffs of a blue reliever (*Airomir, Asmol, Epaq or Ventolin*), one puff at a time, through a spacer device*. Ask the child to take 4 breaths from the spacer after each puff.

Step 3: Wait 4 minutes.

Step 4: If there is little or no improvement, repeat steps 2 and 3. If there is still little or no improvement, call an ambulance immediately (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance.

*Use a blue reliever (*Airomir, Asmol, Epaq or Ventolin*) on its own if no spacer is available.

☐ **My Child's Asthma First Aid Plan**

As written in consultation with my child's doctor.
(Full details must be attached or staff will use the Standard Asthma First Aid Plan)

Additional Comments: _____

_____

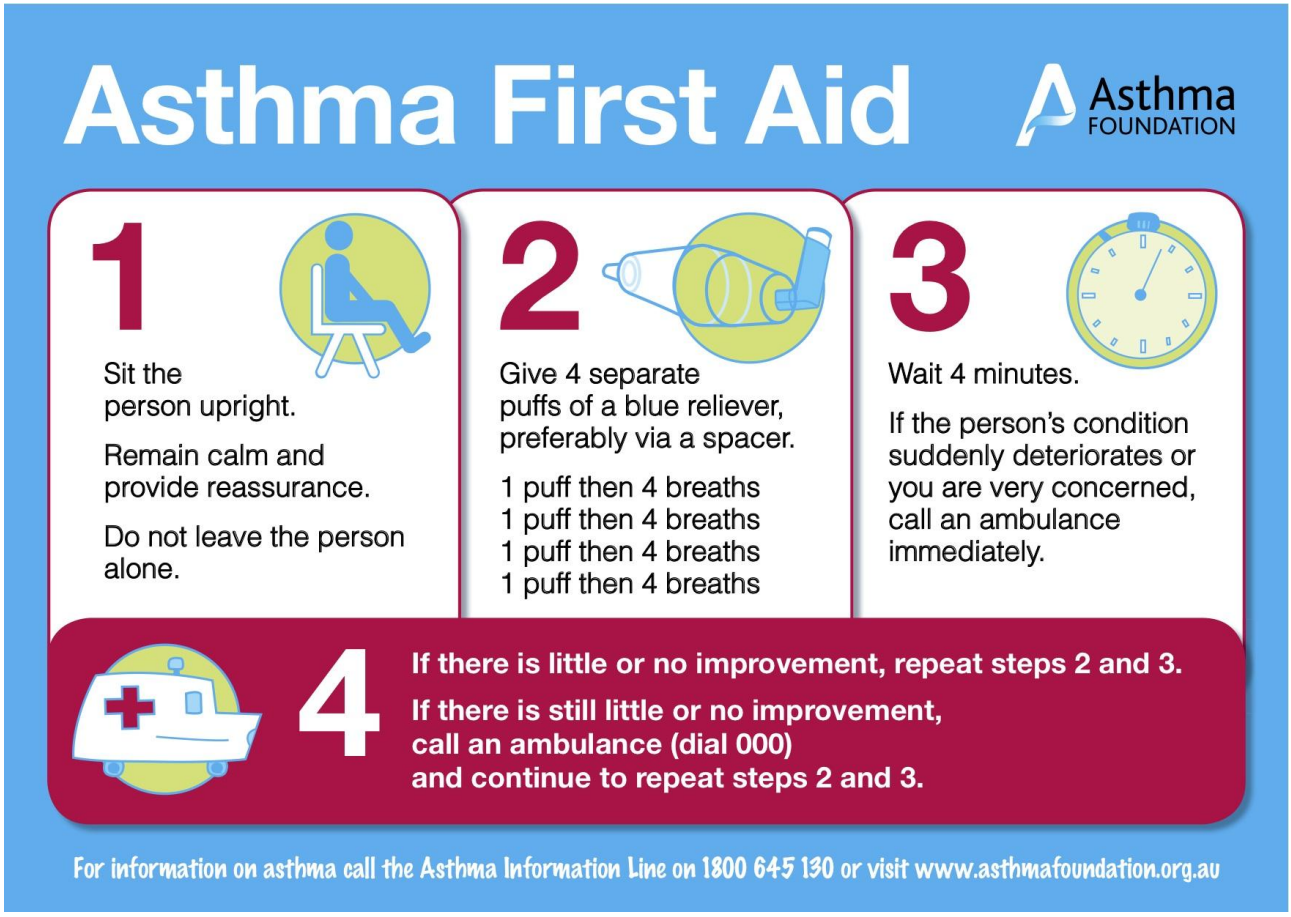
I authorise the staff at the service to follow the preferred Asthma First Aid Plan and assist my child with taking asthma medication should he/she require help. I will notify you in writing if there are any changes to these instructions.
Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms whilst attending the service.

Signature of Parent/Carer _____ Date _____

Signature of Child's Doctor (recommended) _____ Date _____

P 1800 645 130 | www.asthmafoundation.org.au | F 02 9906 4493

ATTACHMENT 3 – General Asthma First Aid Poster



ATTACHMENT 4: Risk Minimisation Plan

Risk Minimisation Plan/ Checklist for Asthma

Springwood Preschool Kindergarten **Planning for meeting the needs of children with asthma?**		
Who are the children?	• List the names and room locations of each of the at risk children	
What are their triggers?	• List the known triggers for each of the at risk children • List potential sources of exposure to each known trigger and strategies to minimise the risk of exposure.	
Identification	• List the strategies for ensuring that all educators, including relief educators, recognise each child with asthma • Confirm where each child's *Asthma Medical Management Action Plan* (including the child's photograph) will be displayed	

Families at Springwood Preschool Kindergarten **Do families and staff know how the service manages the risk of asthma?**	
• Record when each family of an a child with asthma is provided with a copy of Springwood Preschool Kindergarten's Medical Conditions Asthma Management Policy	
• Record when each family member provides asthma medication for their child	
• Ensure that all educators, including relief educators know where the asthma medication kit is kept for each at risk child	
• Regularly check the expiry dates of the asthma medication - undertaken and recorded by a nominated educators and the families of each at risk child	
• Regularly communicate (written and verbal) with all families requesting that specific procedures be followed to minimise the exposure to know triggers.	
• Provide Medical Conditions Asthma Management Policy to families highlighting no child who has been prescribed with asthma is permitted to attend preschool without their medication	
• Display the standard Asthma First Aid poster in key locations and accompanied by emergency numbers	
• Take Asthma Emergency Management kit on all excursions out of preschool	

Educators at Springwood Preschool Kindergarten

Do educators know how Springwood Preschool Kindergarten aims to minimise the risk of a child being exposed to an allergen?

- Brainstorm potential exposure situations and develop strategies, e.g.-
  - Having a no smoking policy
  - Keeping any pets outside
  - Keeping areas as dust free as possible
  - Optimally no carpets – if carpet short pile or having the child sit on a chair whilst completing experiences at preschool
  - Cleaning of ceiling fans and air conditioning regularly
  - Use of electric or flue gas heating
  - Use of low irritant/ low allergen cleaning agents
  - Avoid strong perfumes or room deodorisers
  - Use of non latex gloves
  - Check rooms regularly for mould
  - Ensure rooms are well ventilated
  - Use extractor fans in all wet areas (bathrooms, kitchen, etc.)
  - Know which food and food additives may be potential triggers and seek alternatives
  - Being conscious of weather and making a decision to remain inside in extremes of temperatures and on high pollen and / or high pollution days
  - Keeping Springwood Preschool Kindergarten well maintained indoors and outdoors. Keeping grassed areas mown, keeping plants well maintained. Reduce plants that may be high allergy plants (see Asthma Foundation NSW– Asthma and Allergy Friendly Gardens)
  - Read 'Triggers – things that can cause asthma symptoms' – kidswithasthma.com.au (see attached – Appendix 5)

ATTACHMENT 5 – Kids with Asthma – Triggers

TRIGGERS – THINGS THAT CAN CAUSE ASTHMA SYMPTOMS
Children with asthma have airways that are inflamed and more sensitive than normal, so anything that causes a reaction can set off asthma symptoms.

These triggers differ between children. Over time, parents get to know which circumstances can make their child's asthma get worse. Some can be avoided or planned for.

Common triggers that cause wheezing in some children include:

- respiratory infections (such as the common cold)
- cold weather or weather changes
- exercise
- particles in the air that the child is allergic to (inhaled allergens), such as pollens, dust mite or animal fur
- irritating substances breathed in the air (inhaled irritants), such as cigarette smoke
- foods that the child is allergic to (food allergens)
- some food additives
- certain medications.

Respiratory infections
Viral infections (colds) are the most common triggers that cause asthma symptoms in children, particularly in preschoolers. For many children, viral infections are the only cause of wheezing.

If you know from experience that your child has asthma symptoms whenever he or she gets a cold, talk to your doctor about what to do. Your doctor might recommend that you change the dose or use medication differently at the first sign of a cold, or that you use preventer medication regularly during the winter months. Make sure these instructions are in your written asthma action plan.

Weather
Many parents find that their children's asthma gets worse during a change of season or when the weather changes suddenly.

During a thunderstorm, the air can suddenly be filled with grass pollen, so children who are allergic to that particular pollen will react to it as they breathe it in.

Sudden changes in air temperature can cause asthma symptoms. When the temperature suddenly drops, some people find that they can help prevent asthma symptoms by breathing through their nose (and keeping their mouth closed) for the first few minutes when they go outside.

Inhaled allergens

Many children with asthma have allergies to foods or to particles in the air, such as pollens, animals (particles from skin and fur), moulds, and house dust mite (microscopic creatures that live in bedding and furniture in most houses).

When a child inhales a substance that he or she is allergic to, it can set off a reaction that causes wheezing or symptoms of allergic rhinitis ('hay fever'), like runny nose, blocked nose, or itchiness in the eyes and throat. This can also cause asthma symptoms or make asthma harder to control over the 'allergy season'.

Each allergic child will react to some things and not others. Your doctor might arrange for allergy tests to work out exactly which allergies your child has. Allergy tests have a practical use, because there may be things you can avoid around your home or garden. Knowing exactly which allergies your child has could also help you avoid wasting time and money trying to avoid substances that your child is *not* allergic to. Inhaled allergens are difficult to avoid.

Allergy to house dust mite droppings is one of the most common allergies for Australian children with asthma. These mites live in bedding, carpet, soft furnishings and clothing. If your child is allergic to dust mites, there are some things that you can do to reduce the number of mites in the home. Unfortunately, it is probably not possible to improve your child's asthma by trying to eliminate dust mites completely.

Tiny particles in the air from the saliva, skin and hair or fur of household pets can trigger asthma in some children. Animals can also be carriers of pollen and other allergens that they have come into contact with. If you think your child might be allergic to pets, get advice from your doctor before deciding whether you need to avoid pets and what you can do.

Food allergies

On their own, food allergies rarely cause asthma. Vomiting and hives are the most common reactions to food allergies.

Food allergies can be serious. If your child seems to be allergic to any foods, make sure you know which foods to avoid and what to do if they are accidentally eaten. Your doctor may arrange allergy tests or referral to a specialist.

Children with asthma who are also highly allergic to food may require an *EpiPen* (adrenaline) to use if they develop a severe reaction after accidental exposure. Speak to your doctor if this may be an issue for your child.

Inhaled irritants

Wheezing and cough can be worsened by cigarette smoke, including second-hand smoke from someone smoking nearby. Children with asthma need a smoke-free home and car.

In some children, asthma symptoms can be triggered by perfumed products such as air fresheners and cleaning products. Avoid spraying perfumed products into the air.

Food additives and medications

Some ingredients of processed foods can set off wheezing in children who are sensitive to these substances. The most common food additive to cause asthma symptoms in some children is metabisulphite, a food preservative often used in dried fruit. If your child has troublesome asthma, it might be worth avoiding foods containing sulphites.

Certain medications, such as aspirin, can also set off wheezing in some children. Echinacea and royal jelly, which are complementary medicines, can cause life-threatening allergic reactions (anaphylaxis) in children with asthma who are sensitive to them

More information

National Asthma Council Australia

Asthma and allergy – an evidence-based guide
http://www.nationalasthma.org.au/html/management/infopapers/consumer/1001_allergy.asp

Asthma and diet in early childhood – an evidence-based guide
http://www.nationalasthma.org.au/html/management/infopapers/consumer/7001_diet.asp

Allergic rhinitis and your asthma: what you need to know
http://www.nationalasthma.org.au/html/management/info_ar_cs/index.asp

Asthma Foundation of NSW

A–Z of asthma triggers
http://www.asthmansw.org.au/content.cfm?id=2170&menulink=606&subid=602&menuid=606

Australasian Society of Clinical Immunology and Allergy

Patient information sheets on allergy
http://www.allergy.org.au/content/view/101/49/