ASTHMA MANAGEMENT POLICY

Asthma is a chronic health condition, which is one of the most common reasons for childhood admission to hospital. Correct asthma management will assist to minimise the impact of asthma. Children under the age of six usually do not have the skills or ability to recognise and manage their own asthma effectively. With this in mind, our Service recognises the need to educate its staff and families about asthma and to implement responsible asthma management strategies.

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. 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
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
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
175	Prescribed information to be notified to Regulatory Authority

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Excursion/ Incursion Policy Enrolment Policy Family Communication Policy Handwashing Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Supervision Policy

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 Service 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.

SCOPE

This policy applies to children, families, staff, management, the approved provider, nominated supervisor, students, volunteers and visitors of the Service.

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide

a. a safe environment free from foreseeable harm and
b. adequate Supervision for children.

Staff members, including relief staff, must have adequate knowledge of the signs and symptoms of asthma to ensure the safety and wellbeing of the children. Management will ensure all staff are aware of children's medical management plans and risk management plans. This policy supplements our *Medical Conditions Policy.*

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. It is the most common reason for childhood admission to hospital. However, 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 may 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.

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 children's services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. Our Service 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.

It can be difficult to diagnose asthma with certainty in children aged 0–5 years, because:

- episodic respiratory symptoms such as wheezing, and coughing are very common in children, particularly in children under 3 years
- objective lung function testing by spirometry is usually not feasible in this age group
- a high proportion of children who respond to bronchodilator treatment do not go on to have asthma in later childhood (e.g., by primary school age).

IMPLEMENTATION

We will involve all educators, families, and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs. It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL ENSURE:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- that a copy of this policy is provided and reviewed during each new staff member's induction process
- all staff, educators, students, visitors and volunteers have knowledge of and adhere to this policy and our Service's *Medical Conditions Policy*
- 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
- 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 [see section below- *In Services where a child is diagnosed with asthma]*
- parents/guardians are provided with a copy of the Service's *Medical Conditions Policy*, *Asthma Management Policy* and *Administration of Medication Policy* via email and a copy of this email will be saved in the child's enrolment record
- parents/guardians are informed the Service may administer emergency asthma medication or treatment if required, with advice from emergency services. Parents are advised of this at time of enrolment and orientation to the Service.

- to always have Salbutamol (Ventolin) onsite and accessible for an emergency, regardless of whether or not they have a child enrolled with asthma
- at least one educator, staff member or nominated supervisor is in attendance and immediately available at all times children are being cared for by the service who:
    - holds a current ACECQA approved first aid qualification
    - undertaken current ACECQA approved emergency asthma management and
    - current ACECQA approved emergency anaphylaxis management training
- all staff and educators have completed ACECQA approved first aid training at least every 3 years and cardiopulmonary resuscitation (CPR) at least every 12 months
- staff training is kept up to date in each staff member's record
- that all staff members are aware of
    - any child identified with asthma enrolled in the Service
    - the child's individual medical management plan
    - symptoms and recommended first aid procedure for asthma and
    - the location of the child's asthma medication
- all staff members are able to identify and minimise asthma triggers for children attending the Service where possible
- risk assessments are developed prior to any excursion or incursion consistent with Reg. 101
- upon employment at the Service all staff will read and be aware of all medical condition policies and procedures including this policy, maintaining awareness of asthma management strategies
- children with asthma are not discriminated against in any way
- children with asthma can participate in all activities safely and to their full potential
- *Asthma Australia's Asthma First Aid* for posters are displayed in key locations at the Service
- that medication is administered in accordance with the *Administration of Medication Policy*
- that when medication has been administered to a child in an asthma emergency, emergency services (in the first instance) and the parent/guardian of the child are notified as soon as is practicable (Reg.94)
- communication between management, educators, staff and parents/guardians regarding the Service's *Asthma Management Policy* and strategies are reviewed and discussed regularly to ensure compliance and best practice
- that updated information, resources, and support for managing asthma is regularly provided for families
- that 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

- a review of practices is conducted following an incident at the Service, including an assessment of areas for improvement.

IN SERVICES WHERE A CHILD DIAGNOSED WITH ASTHMA IS ENROLLED, THE NOMINATED SUPERVISOR 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
- ensure the medical management plan includes:
  - child's name, date of birth
  - a recent photo of the child
  - specific details of the child's diagnosed medical condition
  - supporting documentation (if required)
  - triggers for asthma (signs and symptoms)
  - list of usual asthma medicines including doses
  - 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
- develop and document a risk minimisation plan and communication plan in collaboration with parents/guardian
- ensure the risk minimisation plan is specific to our Service environment, activities, incursions and excursions, and the individual child and is reviewed annually
- discuss with the requirements for completing an *Administration of Medication Record* for their child
- request parental authorisation to display a child's medical management plan in key locations at the Service, where educators and staff are able to view these easily whilst ensuring the privacy, safety and wellbeing of the child (for example, in the child's room, the staff room, kitchen, and / or near the medication cabinet)
- keep a copy of the child's medical management plan, risk minimisation plan and communication plan in the child's enrolment record
- ensure families provide reliever medication that is not expired and a clean spacer (including a child's face mask, if required) whenever their child is present at the Service
- ensure that all staff in the Service know the location of asthma medication and the child's medical management plan or Action Plan

- 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 medical management action plan and required medication e.g., on excursions that this child attends, transporting the child, or during an emergency evacuation
- 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 medical management 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 WILL:

- read and comply with the *Asthma Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- maintain current approved *Emergency Asthma Management* qualifications [recommended as best practice]
- know which child/ren are diagnosed with asthma, and the location of their medical management plan and risk management plans and any prescribed medications
- be able to identify and, where possible, minimise asthma triggers as outlined in the child's medical management plan and risk minimisation plan
- ensure the first aid kit, children's personal asthma medication and asthma medical management plans are taken on excursions, during transportation of the child or other offsite events, including emergency evacuations and drills
- administer prescribed asthma medication in accordance with the child's medical management plan and the Service's *Administration of Medication Policy*
- ensure that the asthma medication is:
    - stored in a location that is known to all staff, including relief staff
    - NOT locked in a cupboard
    - easily accessible to adults but inaccessible to children
    - stored in a cool dark place at room temperature
    - NOT refrigerated
    - contains a copy of the child's medical management plan or Action Plan
- regularly check and record the asthma medication expiry date

- complete the *Administration of Medication Record* whenever medication is provided to a child
- ensure any asthma attacks are clearly documented in the *Incident, Injury, Trauma or Illness Record* and advise parents as a matter of priority, when practicable
- 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 and
- ensure that children with asthma can participate in all activities safely and to their full potential, ensuring an inclusive program.

FAMILIES WILL:

- inform management and staff at the child's service, either on enrolment or on diagnosis, that their child has asthma
- read and be familiar with the Service's *Asthma Management Policy and Medical Conditions Policy*
- ensure all details on their child's enrolment form and medication record are completed prior to commencement at the Service
- provide a copy of their child's medical management plan to the Service ensuring it has been prepared in consultation with, and signed by, a registered medical practitioner
- develop a risk minimisation plan in collaboration with the nominated supervisor and other service staff
- develop a communication plan in collaboration with the nominated supervisor and lead educators
- provide an adequate supply of appropriate asthma medication and equipment for their child when they attend the Service (including spacer and medication)
- comply with the Service's policy that a child who has been prescribed asthma medication is **not** permitted to attend the Service or its programs without that medication
- review the risk minimisation plan annually with the nominated supervisor and other service staff
- provide an updated plan at least annually or whenever medication or management of their child's asthma changes
- maintain a record of the asthma medication expiry date to ensure it is replaced prior to expiry
- communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- notify staff in writing via email or through the *Notification of Changed Medical Status* form of any changes to their child's medical condition status and provide a new medical management plan in accordance with these changes

- encourage their child to learn about their asthma, and to communicate with Service staff if they are unwell or experiencing asthma symptoms.

IF A CHILD SUFFERS FROM AN ASTHMA EMERGENCY STAFF WILL:

- Follow the child's medical management plan (If the child has not been diagnosed with asthma; educators will follow the steps below and follow emergency service advice)
- If the child does not respond to steps within the medical management 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.

[Authorisation for emergency medical treatment for conditions such as anaphylaxis or asthma is not required and medication may be administered- as per Reg. 94]

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 ought reasonably to have attended a hospital e.g., severe asthma attack is considered a serious incident (Reg. 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*
- place 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/trigger and the strategies that need to be implemented and maintained to prevent further exposure.

RESOURCES

Asthma First Aid A4 Poster

Asthma Action Plan

FIRST AID FOR ASTHMA CHILDREN UNDER 12

Aiming for Asthma Improvement in Children

Asthma Management Regulatory guidance note NSW

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Asthma Management Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of First Aid Procedure Administration of Medication Form Authorisation to Display Medical Management Plan Managing a Medical Condition Procedure Medical Communication Plan	Medication Update Letter to parents Medical Conditions Register Medical Management Plan Medical Risk Minimisation Plan Notification of Changed Medical Status

SOURCES

Asthma Australia: https://asthma.org.au

Australian Children's Education & Care Quality Authority. (2021). Dealing with Medical Conditions in Children Policy Guidelines

Australian Children's Education & Care Quality Authority. (2025). *Guide to the National Quality Framework*

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).

National Asthma Council Australia. (2015). *Australian asthma handbook: Quick reference guide.* *https://www.asthmahandbook.org.au/*

National Health and Medical Research Council. (2024). *Staying Healthy: preventing infectious diseases in early childhood education and care services* (6th Ed.). NHMRC. Canberra.

Western Australian Legislation Education and Care Services National Regulations (WA) Act 2012

Western Australian Legislation Education and Care Services National Law (WA) Act 2012

REVIEW

POLICY REVIEWED BY	[NAME] Amy Flockhart	[POSITION] office admin	[DATE] 18/06/2026
POLICY REVIEWED	JULY 2025	NEXT REVIEW DATE	JULY 2026
VERSION NUMBER	V14.07.25		

MODIFICATIONS	• annual policy review • added RA suggestion to email copies of Medical Conditions Policy and Asthma Policy to parents/guardian and keep copy email on record • added best practice recommendation to have access to Ventolin in case of an emergency • sources checked and updated as required	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JULY 2024	• annual policy review • deleted section- Asthma and COVID-19 • deleted 'asthma' from medical management plan • deleted sections-Risk Management Plan/Communication Plan (these are covered in Medical Management Policy) • minor edits within policy • updated WA regulations and law	JULY 2025