This policy was written in consultation with The Asthma Foundation of Victoria. The Foundation’s Asthma & the Child in Care Model Policy has been incorporated into this policy.

PURPOSE
This policy will outline the procedures to:

- ensure educators, staff and parents/guardians are aware of their obligations and the best practice management of asthma at Ballarat YMCA Children’s Services (YMCA)
- ensure that all necessary information for the effective management of children with asthma enrolled at YMCA Services 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.

POLICY STATEMENT

1. VALUES
YMCA 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.

2. BACKGROUND AND LEGISLATION

Background
Asthma is a chronic, treatable health condition that affects approximately one in 10 Australian children and is the most common reason 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)).

Legislation and standards
Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Sections 167, 169, 174
- Education and Care Services National Regulations 2011: Regulations 90, 92, 93, 94, 95, 96, 136, 137
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children’s Health and Safety
- Information Privacy Act 2000 (Vic)
3. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the General Definitions section of this manual.

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 Child and Adolescent Program (ACAP): A Commonwealth Government funded, one-hour asthma training program available free of charge to all preschool staff (four-year-old funded program). This training covers asthma management and first aid in an emergency. Asthma Australia recommends that all education staff working on site (teaching and non-teaching) attend an ACAP session. The program also provides resources to parents/guardians and carers of children with asthma.

Asthma Friendly Children’s Services Program: A program developed by The Asthma Foundation of Victoria to provide a safer environment for children in kindergarten, childcare, family day care and out-of-school hours care. This program also gives staff the confidence and skills to care for a child with asthma and gives parents/guardians peace of mind. To be recognised as an Asthma Friendly Children’s Service, services must address and fulfill five essential criteria, which will be assessed by The Asthma Foundation of Victoria. Upon accreditation, the service will receive a certificate and window sticker. This accreditation is valid for three years.

Asthma Action 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. Asthma Action Plan templates can be downloaded from The Asthma Foundation of Victoria’s website: www.asthma.org.au. A sample plan specifically for use in children’s services is available from this website.

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
- 1 small volume spacer device
- 1 compatible children’s face mask
- record form
- asthma first aid instruction card.

The Asthma Foundation of Victoria recommends that spacers and face masks are for single-use only.

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.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child’s name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

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, a chemical 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, Epaq or Ventolin.

**Spacer device:** A plastic 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.

**Staff record:** Must be kept by the service and include details of the Nominated Supervisors, the educational leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Regulations 146–149).

4. **SOURCES**

- Asthma Australia: [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)
- The Asthma Foundation of Victoria: [www.asthma.org.au](http://www.asthma.org.au) or phone (03) 9326 7088 or 1800 645 130 (toll free)

**PROCEDURES**

**YMCA is responsible for:**

- providing the Nominated Supervisor and all staff with a copy of the service’s *Asthma Policy*, and ensuring that they are aware of asthma management strategies (refer to Attachment 1) upon employment at the service
- ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (refer to Definitions) is on duty at all times.
- ensuring the details of approved Emergency Asthma Management (EAM) training (refer to Definitions) are included on the staff record (refer to Definitions)
- ensuring that all educators’ approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA

**The Nominated Supervisor is responsible for:**

- providing parents/guardians with an Asthma Action Plan (available from [www.asthma.org.au](http://www.asthma.org.au)) to be completed in consultation with, and signed by, a medical practitioner
- 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 Action Plan for each child
- ensuring plans are completed in consultation with the child’s parents/guardians and available at the service for each child with asthma including:
  - A asthma action plan signed by a medical practitioner.
  - A medical conditions risk management plan.
  - A medical conditions communications plan.
- ensuring that children with asthma are not discriminated against in any way
- making parents aware of the service’s *Asthma Policy* upon enrolment of their child and providing a copy if requested (Regulation 91)
- ensuring adequate provision and maintenance of asthma first aid kits (refer to Definitions)
- identifying children with asthma during the enrolment process and informing staff
- 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
- ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that the service spacers and face masks are replaced after every use
- facilitating communication between YMCA, educators, staff and parents/guardians regarding the service’s *Asthma Policy* and strategies
- identifying and minimising asthma triggers (refer to Definitions) for children attending the service, where possible
displaying Asthma Australia’s Asthma First Aid poster (refer to Sources and Attachment 3) in key locations at the service
ensuring that medication is administered in accordance with the Administration of Medication Policy
ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94).
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
ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
ensuring an asthma first aid kit (refer to Definitions) is taken on all excursions and other offsite activities
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
ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma.

Other educators are responsible for:
ensuring that they are aware of the service’s Asthma Policy and asthma first aid procedure
ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Action Plans and the asthma first aid kit
discussing with parents/guardians the requirements for completing the enrolment form and:
  − A medical management action plan signed by a medical practitioner.
  − A medical conditions risk management plan.
  − A medical conditions communication plan.
maintaining current approved Emergency Asthma Management (EAM) (refer to Definitions) qualifications
identifying and, where possible, minimising asthma triggers (refer to Definitions) as outlined in the child’s Asthma Action Plan
taking the asthma first aid kit, children’s personal asthma medication and Asthma Action Plans on excursions or other offsite events
administering prescribed asthma medication in accordance with the child’s Asthma Action Plan and the Administration of Medication Policy of the service
communicating any concerns to parents/guardians if a child’s asthma is limiting his/her ability to participate fully in all activities
ensuring that children with asthma are not discriminated against in any way
ensuring that children with asthma can participate in all activities safely and to their full potential.

Parents/guardians are responsible for:
reading the service’s Asthma Policy
informing staff, either on enrolment or on initial diagnosis, that their child has asthma
providing a copy of their child’s Asthma Action Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Action Plan should be reviewed and updated at least annually
assisting the staff to develop a
  − medical conditions risk minimisation plan
  − medical conditions communication plan
ensuring all details on their child’s enrolment form and medication record (refer to Definitions) are completed prior to commencement at the service
providing an adequate supply of appropriate asthma medication and equipment for their child at all times
• communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child’s asthma
• encouraging their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

ATTACHMENTS
• Attachment 1: Asthma First Aid poster
• Attachment 2: Medical conditions communication plan
• Attachment 3: Medical conditions risk minimisation plan

AUTHORISATION
This policy was reviewed and adopted by the YMCA on 06/10/2014
ATTACHMENT 1
Asthma First Aid poster

This poster is available for download from The Asthma Foundation of Victoria’s website.

Asthma First Aid

1 Sit the person upright
   — Be calm and reassuring
   — Do not leave them alone

2 Give medication
   — Shake the blue reliever puffer*
   — Use a spacer if you have one
   — Give 4 separate puffs into the spacer
   — Take 4 breaths from the spacer after each puff

*You can use a Bricanyl Turbuhaler if you do not have access
   to a puffer and spacer.
   Giving blue reliever medication to someone who doesn’t have
   asthma is unlikely to harm them.

3 Wait 4 minutes
   — If there is no improvement, repeat step 2

4 If there is still no improvement call emergency assistance (DIAL 000)
   — Tell the operator the person is having an asthma attack
   — Keep giving 4 puffs every 4 minutes while you wait
     for emergency assistance

Call emergency assistance immediately (DIAL 000)
if the person’s asthma suddenly becomes worse

To find out more contact your local Asthma Foundation:
1800 645 130
asthmaaustralia.org.au
Translating and Interpreting Service: 131 450

© Asthma Australia September 2010  Supported by the Australian Government
This medical conditions communication plan is to be completed by Ballarat YMCA Children’s Services in consultation with the at risk child’s parents/guardian. Copies are to be kept by both the parent/guardian and the Children’s Service, on the child’s file. It is the parent/guardians responsibility to notify the children’s service of any changes.

All families must be aware that no child who has been prescribed with an EpiPen /Anapen is permitted to attend this Children’s Service without an EpiPen/Anapen.

Child’s Details

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Date Of Birth</th>
</tr>
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</table>

Parent/Guardian Contact Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Address Home &amp; Work</th>
<th>Telephone/s</th>
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It is the responsibility of the Parent/Guardian to:
(please tick box when completed)

☐ Provide the Medical Management Plan during enrolment.
☐ Inform the child’s service if their child’s medical condition changes, by phone or in person, and if relevant provide an updated Medical Management Plan.

It is the responsibility of the Ballarat YMCA Children’s Service to:
(please tick box when completed)

☐ Ensure all enrolment forms are completed; including:
  • Medical Management Plan signed by medical practicioner and parent.
  • Medical Conditions Risk Minimisation Plan signed by children’s service and parent/guardian
  • Medical Conditions Communication Plan signed by children’s service and parent/guardian
☐ Provide the Parent/Guardian with contact details of the service so they can notify of any updates or changes to the child’s medical condition, medical conditions risk minimisation plan or medical management plans
☐ Maintain up-to-date training, relevant to the child’s condition e.g. Anaphylaxis training, including administering of EpiPen or Anapen of Educators
It is the responsibility of the Ballarat YMCA Children's Service Staff to:
(please tick box when completed)

☐ Ensure all staff, including relief staff and parent/guardians/helpers, and others attending an excursion or outing with the at risk child are able to identify the child

☐ Carry the medical management plan/s and medication of any ‘at risk’ child when going on an excursion.

☐ Make sure any medication (within expiry date) is available for use at any time the child is in care and all staff including relief staff are aware of the location of the child’s medication.

☐ Inform other families in care that there is an ‘at risk’ child and the procedures that are to be followed, information sign up on display.

☐ Provide the Parent/Guardian with contact details so they can notify of any updates or changes to the child’s medical condition, medical conditions risk minimisation plan or medical management plans.

☐ Follow the DEECD Incident and Accident Reporting requirements.

☐ Maintain up-to-date training, relevant to the child’s condition e.g. Asthma Training, Anaphylaxis training, including administering of EpiPen or Anapen.

The following people have read, understood and agree that this document is a medical conditions communication plan for the at risk child of a medical condition.

<table>
<thead>
<tr>
<th>Parent/ Guardian Name</th>
<th>Signature</th>
<th>Date</th>
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<table>
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<tr>
<th>Educator Name</th>
<th>Signature</th>
<th>Date</th>
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</table>
Attachment 3: MEDICAL CONDITION RISK MINIMISATION PLAN

Date of risk minimisation plan: …………………………..

| Name of child | Date Of Birth | Medical Condition/s |

*This risk minimisation plan is to be completed by the Children’s Service in consultation with the at risk child’s parents/guardian.

Anaphylaxis

Are all families aware that children will not be accepted into care without their prescribed EpiPen or Anapen?  
Yes / No

The Service/Educator will ensure the EpiPen/Anapen kit is taken on all excursions attended by the ‘at risk’ child.  
Yes / No

Anaphylaxis/Allergy

Does the family give permission to display the potential sources of exposure to each known allergen to assist the Service/Educator to provide a safe environment for their child?  
Yes / No

Has the Service/Educator notified all other families in care of any specific procedures to be followed to minimise the risk of exposure to a known allergen?  This may include requesting certain foods are not sent with children. i.e. nut products  
Yes / No

Asthma

Are all families aware that children will not be accepted into care without their prescribed Asthma medication?  
Yes / No

The Service/Educator will ensure the Asthma Medication is taken on all excursions attended by the ‘at risk’ child.  
Yes / No

Diabetes

Are all families aware that no child who has been prescribed with Diabetes medication and/or blood glucose meter is permitted to attend the Children’s Service without these items?  
Yes / No

The Service/Educator will ensure that the Diabetes Medication and/or blood glucose meter is taken on all excursions attended by the ‘at risk’ child.  
Yes / No

Epilepsy

Are all families aware that when medication is prescribed, parents must provide an adequate supply of emergency medication for their child?  
Yes / No

The Service/Educator will take medication on all excursions attended by the “at risk” child.  
Yes / No
Risk Minimisation Table

1. List the known Medical Condition and scenario including allergens where necessary for the ‘at risk’ child in the following table.
2. List the strategies to minimise the risk to the child, in the following column. This may include requesting that certain food / items not be brought to the service/care environment.
3. In the last column include who is responsible for enforcing the risk minimisation strategy

See examples of risk minimisation strategies on the last page

<table>
<thead>
<tr>
<th>Medical Condition &amp; Scenario</th>
<th>Risk Minimisation Strategies</th>
<th>Who (parent/guardian/ educator)</th>
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</table>

How will all staff, including relief staff and parent/guardians/helpers, recognise the child if on an excursion or incursion.

(List Strategies)

State where the child’s Medical Management/Action Plan will be displayed or located:

Record when regular checks of the expiry date of each medication for the at risk child are undertaken.

<table>
<thead>
<tr>
<th>Date Checked</th>
<th>Name of Medication Applicable Notes</th>
<th>Checked By</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
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(more space at back of plan)

The medical conditions risk minimisation plan will be reviewed with the family of the ‘at risk’ child at least annually, but always upon enrolment of the ‘at risk’ child and after any incident or accidental exposure.

Date the annual review is to be completed…………………….
Tick and Date those that apply:

☐ Parent/Guardian of an ‘at risk’ child is provided a copy of the Dealing with Medical Conditions Policy:
   Date: ……………

☐ Parent/Guardian of an ‘at risk’ child has provided an Asthma Action Plan/Allergy Action Plan/ Anaphylaxis Action Plan/Diabetes Management Plan/ Epilepsy Action Plan (Circle those that apply) to the children’s service:
   Date: ……………

☐ Parent/Guardian has provided a complete EpiPen/Anapen kit:
   Date……………..

☐ Is the EpiPen or Anapen prescribed for the child?  Yes / No

☐ Have copies of this form been stored at the Children’s Service?  Yes / No

☐ Have copies of this form been given to the parent/guardian?  Yes / No

*The following people have read, understood and agree that this document is a medical conditions risk minimisation plan for the ‘at risk’ child of Medical Conditions that affect the child’s health. It is the parent/guardians responsibility to notify the child service of any changes.*

<table>
<thead>
<tr>
<th>Parent/ Guardian Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educator Name</td>
<td>Signature</td>
<td>Date</td>
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</tbody>
</table>
Record when regular checks of the expiry date of each medication are undertaken by an Educator/Parent/Guardian of an ‘at risk’ child

<table>
<thead>
<tr>
<th>Date Checked</th>
<th>Name of Medication</th>
<th>Applicable Notes</th>
<th>Checked By</th>
<th>Signature</th>
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</table>
**Example of Risk Minimisation Table**

The following strategies will be implemented during the following possible scenarios. That will reduce the potential exposure for the ‘at risk’ child to a risk allergen:

<table>
<thead>
<tr>
<th>Medical Condition &amp; Scenario</th>
<th>Risk Minimisation Strategies</th>
<th>Who (parent/guardian/educator)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANAPHYLAXIS</strong></td>
<td><strong>Food allergies (eggs)</strong> Enteri <strong>hygiene practices</strong> Enteri <strong>service</strong></td>
<td>Parent Guardian / Educator</td>
</tr>
<tr>
<td></td>
<td>Ensure each child in care washes his / her hands upon arrival and before eating.</td>
<td>Educator</td>
</tr>
<tr>
<td></td>
<td>After eating the children will wash or use baby wipes to clean their hands.</td>
<td>Educator</td>
</tr>
<tr>
<td></td>
<td>Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens.</td>
<td>Educator</td>
</tr>
<tr>
<td></td>
<td>Bottles and lunch boxes provided by the family of the child at risk should be clearly labelled with the child’s name.</td>
<td>Parent/guardian</td>
</tr>
<tr>
<td><strong>ALLERGIC TO BEES</strong></td>
<td><strong>Protection from insect bite allergies</strong></td>
<td>Educator</td>
</tr>
<tr>
<td></td>
<td>Specify play areas that are lowest risk to the ‘at risk’ child and encourage him/her and peers to play in the area.</td>
<td>Educator</td>
</tr>
<tr>
<td></td>
<td>Decrease the number of plants that attract bees.</td>
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<tr>
<td></td>
<td>Ensure the at risk child wears shoes at all times outdoors</td>
<td></td>
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<tr>
<td></td>
<td>Quickly manage any instance of insect infestation. It may be appropriate to request the exclusion of the child at risk during the period required to eradicate the insects.</td>
<td></td>
</tr>
<tr>
<td><strong>ASTHMA</strong></td>
<td><strong>Child has a cold</strong></td>
<td>Educator</td>
</tr>
<tr>
<td></td>
<td>Monitor ‘cold’ symptoms notify parents if needed</td>
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</tr>
<tr>
<td></td>
<td>Monitor child’s asthma symptoms and provide medication as required</td>
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<tr>
<td></td>
<td>Be vigilant with the spread of infection to minimise repeat infections.</td>
<td></td>
</tr>
<tr>
<td><strong>DIABETES</strong></td>
<td><strong>Excursions,</strong></td>
<td>Educator</td>
</tr>
<tr>
<td></td>
<td>Organise excursions to places that are low risk to the at risk child</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Make sure child’s medication and management plan are with the child at all times</td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note ** This is not a conclusive list and may be added to as the need arises