



# Asthma Policy

**Custodian:** Management  
Committee

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**Version No:** 5

**Approved By:**

Alison Curtis

Chairperson

**On behalf of the Management  
Committee.**

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**Next Review Date:** 14/12/25

**Supersedes:**

Asthma Policy Version 4

## 1 Purpose:

All children at C.a.F.E. Enfield Children's Centre who are known to have asthma are supported via Asthma Friendly policies and procedures. All children, staff and visitors can access Asthma First Aid in an emergency.

At all times staff will act in the best interests of the children and ensure the health, safety and wellbeing of all children being educated and cared for at the service

## Scope:

Approved Provider (at this site we have 2 approved providers- the Management Committee and Department for Education)

Nominated Supervisor  
Responsible person on duty  
First Aid Officer  
Educators & Staff  
Parents/Caregivers  
Children

## 3 Supporting Documents:

Administration of First Aid Policy  
[Child Health Policy](#)  
[Medication Policy](#)  
[Procedure for Administering Medication](#)  
[Responsible Person Procedure](#)  
[Professional Development Policy](#)  
Asthma Care plan  
Health Support Agreement  
Safety and Risk Management Plan

## 4 Policy Details:

During the enrolment process (or upon receiving a diagnosis of Asthma), children's medical issues and how to manage them must be discussed with families, including the provision of an Asthma Care plan completed by a doctor. In collaboration with the family/carers, the service must develop a health support agreement and risk minimisation plan before the child can attend.

At least 1 staff member on duty at any time holds a current (ACECQA approved) certificate in Emergency Asthma Management training.

Asthma Emergency kits are accessible to staff and include in-date reliever medication & single person use spacers with masks for children under 5 years of age. They are located in the staff room.

Asthma first Aid posters are on display and information is available to staff and families.

## 5 Role and Responsibilities:

Asthma Management should be viewed as a shared responsibility between the Centre and families. This policy will cover the roles and responsibilities of:

- Approved provider and Nominated Supervisor
- the nominated First aid officer
- Responsible Person on Duty and early childhood educators
- Parents and guardians

*Note:* First aid training should be delivered by approved first aid providers, and a list of approved qualifications is published on the ACECQA website: [www.acecqa.gov.au/qualifications/approved-first-aid-qualifications](http://www.acecqa.gov.au/qualifications/approved-first-aid-qualifications)

<b>Role</b>	<b>Authority/ Responsibility</b>
<b>Families</b>	<ul style="list-style-type: none"> <li>• Provide the Centre with an Asthma Care Plan signed by the treating doctor either upon enrolment of their child with Asthma or on initial diagnosis (without undue delay),</li> <li>• Work with educators to develop a health support agreement and risk management plan.</li> <li>• Notify educators immediately, in writing, of any alterations to the Asthma Care plan.</li> <li>• Provide their child's medication, clearly named and dated, and in the original labelled container. A spacer and mask should also be supplied. If this is not kept at the Centre, then it must be handed directly to a staff member upon arrival each day.</li> <li>• provide written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required</li> <li>• Be contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid.</li> </ul>
<b>Administration staff</b>	<ul style="list-style-type: none"> <li>• Identify children with asthma during the enrolment process.</li> <li>• Provide all affected families with a copy of the Asthma policy and Asthma care plan upon enrolment. The care plan is to be completed by a medical practitioner and will need to be returned to the Centre before the child can start care.</li> <li>• Ensure all staff are informed of the children with Asthma in their care.</li> <li>• Maintain a central record of children's health care needs, including asthma. These records are reviewed regularly and stored confidentially</li> </ul>
<b>Approved Provider &amp; Nominated Supervisor</b>	<ul style="list-style-type: none"> <li>• Encourage open communication between families &amp; staff.</li> <li>• Identify and where possible, minimise asthma triggers using appropriate techniques, policies and procedures.</li> <li>• Ensure at least 1 Educator who has completed certified asthma training (Emergency Asthma Management) is on duty whenever children are being cared for or educated, including off-site excursions.</li> <li>• Ensure that educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current and meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA.</li> <li>• Ensure there is an induction process for all new staff, including casual and relief staff, that includes providing information on asthma policies &amp; procedures, the location of emergency asthma kits and specific first aid requirements</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure first aid training details are recorded on each staff member's record</li> <li>• Keep up to date with any changes in procedures for administration of first aid and ensure that all educators are informed of these changes</li> <li>• Ensure a <b>nominated first aid officer</b> is appointed. This is a legislative requirement where there are 10 or more employees</li> <li>• Ensure a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised</li> <li>• Ensure a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the service</li> <li>• Notify the regulatory authority (ESB) &amp; Department for Education of any serious incidents (as defined in Section 7 of this policy). This notice must be provided within 24 hours of the incident or the time that the person becomes aware of the incident.</li> <li>• Ensure staff are offered support and debriefing following a serious incident requiring the administration of first aid</li> </ul>
<b>Early Childhood Educators</b>	<ul style="list-style-type: none"> <li>• Work with the family to complete a health support agreement &amp; safety risk management plan</li> <li>• Ensure they are familiar with each child with asthma in their care and their care plan.</li> <li>• Minimise exposure to known triggers</li> <li>• Implement appropriate Asthma first aid procedures when required</li> <li>• Maintain current approved first aid qualifications, including CPR and emergency asthma management, as required</li> <li>• Ensure all children are adequately supervised while providing first aid, and comfort for a child involved in an incident or suffering trauma</li> <li>• Ensure that the full details of any incident requiring the administration of first aid are recorded on the Minor/Major Incident, Injury, Trauma and Illness Record</li> <li>• Conduct a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised</li> </ul>
<b>Responsible Person on Duty</b>	<ul style="list-style-type: none"> <li>• respond to staff seeking assistance when dealing with a serious incident or trauma.</li> <li>• Notify the nominated supervisor as soon as possible</li> <li>• Follow the procedure for notifying the regulatory authority &amp; Department for Education in the event of a serious incident (as defined in Section 7 of this policy)</li> </ul>
<b>First Aid Officer</b>	<ul style="list-style-type: none"> <li>• Maintain a current approved first aid qualification</li> <li>• Maintain 2 portable emergency asthma &amp; anaphylaxis kits and arrange replacement of stock, including when the use-by date has been reached</li> <li>• Monitor the contents of children's individual asthma kits and notify parents when asthma plans need to be reviewed or medications need replacing.</li> <li>• Dispose of out-of-date materials appropriately</li> <li>• Keep up to date with any changes in the procedures for the administration of first aid</li> </ul>

## Asthma & Anaphylaxis Emergency Kits

- 2 Emergency Kits for Asthma & Anaphylaxis will be kept and maintained by the Centre. At least 1 kit will remain at the centre at all times and 1 kit will be utilised for excursions and walks.
- Spacer masks will be used for one person only. Once used they will be labelled with that person's name, and either sent home for continued use by that person or disposed of. A replacement spacer and mask will then be put in the kit. This is in accordance current national infection control guidelines.

Asthma & Anaphylaxis emergency kits must contain:

- at least 1 reliever inhaler (ie Asmol®, Ventolin®)
- at least 2 x single-person use spacer devices with blank labels attached
- at least 2 x single-person use face masks.
- clear asthma first aid instructions, including how to use the medication and spacer devices and steps to be taken in treating an asthma attack
- a blue major Incident, Injury, Illness & Trauma (IITI) form to be completed if medication is used.

## 6 Procedures

### In the event of a Child having an asthma attack whilst at the centre:

1. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
2. Administer Asthma medication as outlined in the child's Asthma Action Plan.
3. In the event of a severe attack, send another educator to bring the mobile phone to where the child is being treated, and call the Ambulance service **000** immediately. Implement the 4 Step Asthma First Aid Plan (see attachment) until Ambulance officer arrives.
4. Communicate with the Responsible Person on Duty at the centre so they are aware of the incident and progress
5. Inform the parents or emergency contacts as soon as possible.
6. **For all asthma events:** After the casualty has been attended to, the necessary incident reporting procedures must be followed. Complete the appropriate incident, injury, trauma and illness record:
  - A blue **minor** Incident, Injury, Trauma and Illness record is to be completed for any incident that is minor and does not require medical attention or the immediate notification of the parents
  - The blue **major** Incident, Injury, Trauma and Illness record will need to be completed for any serious incidents including when emergency services are contacted.

## 7 Legislation and regulations

Education and Care Services National Law Act 2011

Education and Care Services National Regulations 2011:

### **Reg 12** Meaning of a Serious Incident

For the purposes of the definition of **serious incident** in section 5(1) of the Law, each of the following is prescribed as a serious incident—

(a) the death of a child—

- (i) while that child is being educated and cared for by an education and care service; or

- (ii) following an incident occurring while that child was being educated and cared for by an education and care service;
- (b) any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service—
  - (i) which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or

(ii) for which the child attended, or ought reasonably to have attended, a hospital;

**Example**—A broken limb.

- (c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital;

**Example**—Severe asthma attack, seizure or anaphylaxis reaction.

- (d) any emergency for which emergency services attended;

- (e) any circumstance where a child being educated and cared for by an education and care service—

(i) appears to be missing or cannot be accounted for; or

(ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or

(iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises.

<b>Reg 77</b>	Health, hygiene and safe food practices
<b>Reg 85</b>	Incident, injury trauma and illness policies in place
<b>Reg 86</b>	Notification to parents of incident, injury, trauma and illness
<b>Reg 87</b>	Incident, injury trauma and illness record
<b>Reg 89</b>	Provide an appropriate number of first aid kits
<b>Reg 90</b>	Medical conditions policy
<b>Reg 91</b>	Medical conditions policies to be provided to parents
<b>Reg 92</b>	Medication record
<b>Reg 93</b>	Administration of medication
<b>Reg 94</b>	Exception to authorisation requirement- anaphylaxis or asthma emergency
<b>Reg 95</b>	Procedure for administration of Medication
<b>Reg 136</b>	at least one educator who has undertaken current approved emergency asthma management training is on duty at all times.
<b>Reg 168(2)(d)</b>	Education and care service must have policies and procedures dealing with medical Conditions
<b>Reg 170</b>	Policies and procedures to be followed
<b>Reg 171</b>	Policies and procedures to be kept available
<b>Reg 172</b>	Notification of changes to policies or procedures

## 8 Definitions of Terms:

<b>ACECQA</b>	Australian Children’s education and Care Quality Authority
<b>Asthma Care Plan</b>	A document that has been prepared and signed by a registered medical practitioner that describes symptoms, causes, clear instructions on action and treatment for the child’s specific medical condition, and includes the child’s name and a photograph of the child.
<b>DfE</b>	Department for Education
<b>Medical condition</b>	a condition that has been diagnosed by a registered medical practitioner
<b>Safety Risk Management Plan-</b>	Document prepared by educators, in consultation with the child’s parents, detailing how risks relating to the child’s specific health care need will be managed and minimised.

## 9 References:

ACECQA, 2021, Dealing with medical conditions in children policy guidelines, accessed online 14/10/22, at url: <https://www.acecqa.gov.au/sites/default/files/2021-08/DealingMedicalConditionsChildrenGuidelines.pdf>

Asthma Australia website accessed online 14/10/2022 at url: <https://asthma.org.au/>

[Department for Education webpage "Supporting children and students with Asthma", accessed on line 28/9/22 at url: https://www.education.sa.gov.au/schools-and-educators/health-safety-and-wellbeing/specific-conditions-and-needs/supporting-children-and-students-asthma](https://www.education.sa.gov.au/schools-and-educators/health-safety-and-wellbeing/specific-conditions-and-needs/supporting-children-and-students-asthma)

## 10 Review Strategy and History:

Review should be conducted every 2 years to ensure compliance with this procedure.

Version No.	Reviewed By	Approved By	Approval Date	Review Notes
1	Management Committee	Liam Fudali Chairperson	15/09/2012	Initial approval in new format
1	Management Committee Educators	Liam Fudali Chairperson	21/08/2013	No change
2	Management Committee Educators	Lyn Rowberry- Chairperson	08/04/15	minor changes Update referencing
3	Management Committee Educators	Scott Dolman Chairperson	17/5/17	Rewording of several sections to align with current Asthma Australia policy. Addition of section 6 Regulations Updated referencing Review schedule changed to annually
3.1	Management Committee Educators	Melissa Smithen Chairperson	15/8/18	Checked for updates to Asthma Australia Policy and other references Updated review history
4	Management Committee Educators Families	Alison Cooksley Acting Chairperson	21/10/20	Re-formatted Section 5 Roles and Responsibilities Changes to content to align with other Centre policies Updated referencing Review schedule changed to 2 years
5	Management Committee Educators Families	Alison Curtis Chairperson	14/12/22	content changes to Policy purpose and details; roles Inserted section about kit contents Expanded regulations section Updated referencing and review history



# ASTHMA FIRST AID

1



## SIT THE PERSON UPRIGHT

- Be **calm** and reassuring
- Do not leave them alone

Rectangular Sign

2



## GIVE 4 SEPARATE PUFFS OF BLUE/GREY RELIEVER PUFFER

- Shake puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer
  - Repeat until **4 puffs** have been taken

OR give 2 separate inhalations of Bricanyl (5 years or older)

OR give 1 inhalation of Symbicort Turbuhaler (12 years or older)

OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

**If no spacer available:** Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3



## WAIT 4 MINUTES

- If there is no improvement, give **4 more separate puffs of blue/grey reliever** as above

OR give 1 more inhalation of Bricanyl

OR give 1 more inhalation of Symbicort Turbuhaler

OR give 2 puffs of Symbicort Rapihaler through a spacer

## IF THERE IS STILL NO IMPROVEMENT

4



## DIAL TRIPLE ZERO (000)

- Say **'ambulance'** and that someone is having an asthma attack
- Keep giving **4 separate puffs every 4 minutes** until emergency assistance arrives

OR give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes

– up to a max of 4 more inhalations of Symbicort Turbuhaler

OR give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes

– up to a max of 8 more puffs of Symbicort Rapihaler

## CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it is asthma
- **the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid**

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.



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