

# Lady Gowrie Community Kindergartens

## MEDICAL CONDITIONS - ASTHMA MANAGEMENT POLICY

### CONSIDERATIONS:

NATIONAL QUALITY STANDARDS	2.1 and 2.2
NATIONAL LAW ACT & NATIONAL REGULATIONS	Law: Sections 167 and 174  Regulations: 85- 87, 89, 90 – 95, 136

### POLICY STATEMENT:

To ensure that all asthmatic children have access to appropriate treatment and asthma medication at all times. To ensure that all staff are aware of the possible triggers for the individual child's asthma are as far as possible these are minimised.

### RELEVANT FORMS/MATERIAL:

- Lady Gowrie Qld Ongoing Medication Permission Form
- Lady Gowrie Qld Medication Permission Form
- Lady Gowrie Qld Incident, Injury, Trauma and Illness Record
- Individual Child's Asthma Action Plan
- The Kindergarten Handbook
- Lady Gowrie Qld Risk Minimisation Plan
- Lady Gowrie Community Kindergartens Administration of Medication Policy
- Lady Gowrie Community Kindergartens Medical Conditions Policy
- Lady Gowrie Community Kindergartens First Aid Administration
- Individual Child's Enrolment Form
- Notification of Serious Incident (ACECQA)
- Asthma First Aid Posters

### SOURCES:

- Asthma Australia ([www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au))
- Asthma Australia – Cleaning your puffer device information sheet
- National Health & Medical Research Council (2024) *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services*. (6th Ed.) Commonwealth of Australia: Canberra.
- Asthma Foundation Queensland. *Asthma Guidelines for Queensland Schools*.
- National Asthma Council Australia (2012). Asthma and Wheezing in the first years of life.
- Children's Health, Queensland Hospital and Health Service (2024). Asthma – emergency management in children.
- ACECQA and Queensland Government, Department of Education, Early Childhood Education and Care (2020). Dealing with Medical Conditions in Children – Policy Guidelines. (Accessed 2024)

Reviewed: August 2024

Date to be Reviewed: February 2026

This policy outlines the procedures for a child who has been diagnosed with Asthma.

Where a Service holds emergency medication (salbutamol inhaler) for use in an emergency treatment of a child, who has not been diagnosed as having asthma, the process outlined in the Lady Gowrie Community Kindergartens First Aid Administration Policy, must be followed.

## WHAT YOU SHOULD KNOW

BACKGROUND	<p>All permanent teachers/educators at the Kindergarten hold a current First Aid Qualification including emergency anaphylaxis and asthma management as per the ACECQA approved list <a href="http://www.acecqa.gov.au">www.acecqa.gov.au</a>. At all times the Service is in operation, at least one staff member holds the required first aid qualifications, should relief staff be in place.</p> <p>Holding this qualification will ensure that staff will be competent in the treatment of asthma for children in care and to ensure all staff are competent in the use of puffers, spacers and facemasks.</p> <p>A list of all children and staff who are diagnosed with asthma, will be compiled and all staff will be made aware of case histories and appropriate treatment including trigger factors for each child.</p> <p>If a staff member is diagnosed with asthma they should also follow the procedures.</p> <p><i>Trigger factors for children may be:</i></p> <ul style="list-style-type: none"> <li>○ Colds and flu.</li> <li>○ Changes in temperature and weather conditions.</li> <li>○ Exercise/physical activity, including play.</li> <li>○ Cigarette smoke.</li> <li>○ Inhaled allergens such as dust mites, pollens and moulds.</li> <li>○ Certain medications such as aspirin or ibuprofen.</li> <li>○ Emotional factors, such as laughter and stress.</li> <li>○ Chemicals and strong smells such as perfumes and cleaners.</li> <li>○ Some food and food preservatives, flavourings and colourings although this is uncommon.</li> </ul> <p><i>Signs of asthma in young children are:</i></p> <ul style="list-style-type: none"> <li>○ Dry, irritating, persistent cough that worsens with play.</li> <li>○ Complaint of a sore tummy.</li> <li>○ Tightness in the chest.</li> <li>○ Shortness of breath, which often shows as tummy breathing (abdomen looks more swollen than usual).</li> <li>○ A wheeze (whistling sound) that can sometimes be heard when the child is breathing out.</li> </ul> <p>These symptoms may vary from child to child and from time to time within the same child. Some children may have a number of symptoms, while some may only have a cough or a wheeze.</p> <p>A copy of each child's <b>Asthma Action Plan</b> and <b>Risk Minimisation Plan</b> will be kept on the child's individual file and in a known place to staff (for example medication folder) in the classroom and if applicable in a visible location at the Service.</p>
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	<p><b>Reliever puffers with dose counter.</b></p> <p>Asthma reliever medications now include a dose counter – a window and numbers on the device which indicates the number of single doses of medication remaining in the device. You should consider getting a replacement when the counter shows the number 020. When the counter reads 000 you must replace it. A reliever puffer with a dose counter needs to be cleaned regularly to keep it working effectively. That includes Ventolin/Asmol/Zempreon – which are all brands available over the counter. The Asthma Australia cleaning your puffer device information is recommended to be followed.</p>
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## WHAT IS ASTHMA

ASTHMA	<p>"Asthma is a long-term health condition which affects the airways in the lungs. People with asthma have sensitive airways that narrow in response to a trigger. This can happen at any time. When a person with asthma is having an asthma flare-up, the muscles around the airways squeeze tight, the airways swell and more mucus is produced. This makes it hard to breathe. A sudden or severe asthma flare-up is often called an asthma attack." (Asthma Foundation Queensland)</p>
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## WHAT FAMILIES NEED TO DO

WHAT FAMILIES NEED TO DO	<p>Prior to beginning care, or on first diagnosis, parents/guardians of asthmatic children are required to complete an <b>Asthma Action Plan</b> in consultation with a medical practitioner. These plans are to be updated at a minimum annually (Asthma Australia recommends six monthly for children) or when any change to medication or treatment occurs or where an earlier date is specified on their individual plan.</p> <p>The Asthma Action Plan is the Medical Management Plan for the child.</p> <p>A <b>Risk Minimisation Plan</b> in consultation with the Service and or medical practitioner must be completed and all staff informed of this documentation.</p> <p>The Risk Minimisation Plan ensures that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised including when relevant, the safe handling, preparation and consumption of food at the Service and when relevant, notifying families of any known allergens that pose a risk and strategies for minimising risks.</p> <p>The Risk Minimisation Plan includes details of the known triggers or allergens for the child, where the child's Asthma Action Plan is displayed or held at the Service and where the child's individual medication is held at the Service.</p> <p>Asthma management and the well-being of a child with asthma is primarily the responsibility of the child's parent/guardian.</p> <p>The Nominated Supervisor or Service Manager must be informed of any</p>
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	<p>significant changes in the child's asthma management with a new <b>Asthma Action Plan</b>.</p> <p>Staff will be made aware of case history and treatment.</p> <p>Ensure that parents/guardians or other emergency contacts are available by telephone at all times that the child is in care.</p> <p>Staff will only administer medication which is prescribed by a medical practitioner and is normally being received by the child.</p> <p>Interpretation of peak flow meter readings will not be undertaken by any staff member. Peak flow is not recommended for children under 12 years of age.</p> <p>Asthma medication must be handed to a staff member who will store it in a safe place. It must be labeled clearly with the child's name and the dose of medication required (refer to Lady Gowrie Community Kindergartens Administration of Medication Policy). It is recommended that Asthma Spacers are not stored in plastic bags as this may reduce the delivery of the medication.</p> <p>When discussing the Risk Minimisation Plan for the child, storage of the medication will be discussed. Asthma medication can be stored in such a way that it is inaccessible to children and not in a locked cupboard or locked room, to ensure that it is immediately accessible to a staff member in the instance of the individual child who the medication is for, having an asthma attack.</p> <p>Parent/guardian must have completed an <b>Ongoing Medication Permission Form</b> for each medication.</p> <p>Children with life threatening medical conditions <b>must have their required medication</b> (which is in date) available at the Service whenever they are in care.</p>
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## WHAT FAMILIES CAN EXPECT OF STAFF

WHAT YOU SHOULD DO	STAFF WILL:
	<ul style="list-style-type: none"> <li>• Provide a copy of the Lady Gowrie Community Kindergartens Medical Conditions Asthma Management Policy to the family (this is to be recorded in the child's enrolment form).</li> <li>• Be familiar with the symptoms of asthma and be current in their first aid training including emergency management of asthma.</li> <li>• Review each child's <b>Asthma Action Plan</b> with parent(s) annually, or more frequently should any changes in treatment occur or where an earlier review date is specified on their individual plan. Record that the review has taken place on the Risk Minimisation Plan.</li> <li>• Have a system in place to check expiry dates of medication and notify parents/guardians if replacements are required.</li> <li>• Ensure asthma first aid posters are displayed at the Service.</li> </ul>

	<ul style="list-style-type: none"> <li>• Staff members and volunteers will be informed about practices to be followed (communications plan as per the Lady Gowrie Community Kindergartens Medical Conditions Policy) in the event of a possible asthma flare-up or asthma attack.</li> <li>• Staff will include age appropriate discussions of asthma in the program with children as relevant to their discussions of health and wellbeing.</li> <li>• Staff will discuss the Service response process to a medical emergency during staff induction and throughout the year as relevant to the children and families currently enrolled at the Service.</li> </ul>
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## RESPONSE TO ASTHMA INCIDENT

BACKGROUND	<p>Dial triple zero (000) for an ambulance immediately, if the person:</p> <ul style="list-style-type: none"> <li>○ is not breathing</li> <li>○ suddenly becomes worse or is not improving</li> <li>○ is having an asthma attack and a reliever is not available</li> <li>○ is unsure if it is asthma</li> <li>○ has a known allergy to food, insects or medication and has <b>SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST</b> (if available)</li> </ul> <p>Standard Asthma First Aid (Blue / Grey Reliever - Airomir, Asmol, Ventolin or Zempreon) is:</p> <ul style="list-style-type: none"> <li>• Sit the person upright, be calm and reassuring, do not leave them alone.</li> <li>• Give 4 separate puffs of blue/grey reliever puffer           <ul style="list-style-type: none"> <li>○ Shake puffer</li> <li>○ Put 1 puff into spacer</li> <li>○ Take 4 breaths from spacer</li> <li>○ Repeat until 4 puffs have been taken</li> <li>○ Remember, Shake, 1 puff, 4 breaths</li> </ul> </li> <li>• Wait 4 minutes – if breathing does not return to normal, give 4 more separate puffs of blue/grey reliever as above.</li> <li>• If breathing does not return to normal, call emergency services, dial <b>000</b>. Ask for an ambulance and this is an asthma attack.</li> <li>• Keep giving 4 separate puffs, every 4 minutes, until emergency assistance arrives.</li> </ul> <p>Where the individual person is prescribed Bricanyl as their reliever medication, in a first aid situation, follow the instructions on the Asthma Australia Asthma First Aid poster or if available, the individual person's Asthma Plan.</p>
WHAT YOU SHOULD DO	<ul style="list-style-type: none"> <li>• Reassure the child and if suitable move him/her to a quiet warm area under the direct supervision of a suitably experienced member of the staff.</li> <li>• Inform the Responsible Person of the program immediately.</li> <li>• Gather the medication and Asthma Action Plan for the child.</li> </ul>

	<p><b>Follow the child's Asthma Action Plan</b></p> <ul style="list-style-type: none"> <li>• Contact parent/guardian (or if not available the emergency contact) immediately when a staff member has a concern regarding the child's condition.</li> <li>• Administer the puffer or other medication as outlined on the current <b>Asthma Action Plan</b> for that child.</li> <li>• Contact the ambulance service if concerned by child's condition for transfer to hospital. Dial 000.</li> <li>• Continue to reassure the child and observe them while completing the steps below.</li> <li>• Complete an Incident, Injury, Trauma and Illness Record.</li> <li>• Complete the staff section on the Ongoing Medication Permission Form.</li> </ul> <p>Please note that the completion of all these tasks should be managed as efficiently and effectively as possible with the consideration of the child's wellbeing paramount at all times and ensuring the safety of the other children in the group.</p> <ul style="list-style-type: none"> <li>• If the parent/guardian is not present, an experienced member of the Service staff will accompany the child to hospital (if the child requires transport to hospital and a staff member is available without compromising the staff: child ratio at the Service).</li> <li>• Notify the President/Executive Committee Member of incident and outcome.</li> <li>• <b>Note: If a child does not have a history of asthma</b>, standard First Aid procedures will be followed while you wait for an ambulance, reassure the child and sit in an upright position. Those staff that are trained in an asthma first aid training course are able to administer the Service Salbutamol as per asthma first aid procedure. If possible, this is discussed with family at the time of the call advising them of the child's condition and the child's enrolment form checked regarding authorisation for this emergency medication. <b>Follow the procedure in Lady Gowrie Community Kindergartens First Aid Administration Policy.</b></li> <li>• An emergency where urgent medical treatment was required or reasonably ought to have been sought is a notifiable circumstance under legislation. Inform the Regulatory Authority of the incident through your normal representation within 24hrs and completion of a Notification of Serious Incident through the NQA ITS Portal.</li> <li>• Notify Lady Gowrie Qld as the Service's CGB and forward a copy of the IITI Record and notification of the submission of the incident through NQA ITS.</li> <li>• At a suitable time undertake a review of the child's Medical Management Plan/Anaphylaxis Action Plan and Risk Minimisation Plan. Any changes to these documents will be communicated with staff and relevant stakeholders as noted in the Communications Plan (Lady</li> </ul>
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	<p>Gowrie Community Kindergartens Medical Conditions Policy).</p> <ul style="list-style-type: none"> <li>The Service will review the response to the medical emergency and document if any action or no alternative action should be taken during or following any future medical emergency for any child at the Service.</li> </ul>
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## Communications Plan

Action	Persons Involved
Prior to beginning care Medical Management Plan / Action Plan and Risk Minimisation Plan completed.	Family, if applicable for the child's medical condition their medical or nurse practitioner and the Nominated Supervisor or Service Manager (where this is the Service Manager it is the Service Manager's responsibility to inform the Nominated Supervisor of completion of the documentation).
Providing the family with a copy of the relevant Medical Conditions Policy	Nominated Supervisor or Service Manager.
Informing staff members and volunteers.  On induction all staff members will be informed about the Medical Conditions Policy and the Medical Management Plan and Risk Minimisation Plan for children enrolled at the Service.  On induction all volunteers will be informed about the Medical Conditions Policy and the Medical Management Plan and Risk Minimisation Plan for children enrolled at the Service and participating in the group which the volunteer will have direct contact with.	Nominated Supervisor or Service Manager. Informing of staff members and volunteers will be recorded on the individual staff member or volunteers induction documentation.
Updating the list of children who have specific health care needs or medical conditions and notifying the staff that this list has been updated.  Staff will be notified that the list has been updated by internal communication methods (staff memo folder, staff email distribution list or verbally. The date and method by which staff were advised of the updated information will be recorded on the list.)	Nominated Supervisor or Service Manager
Parents / guardians must update the Nominated Supervisor or Service Manager <b>in writing</b> of any changes to the Medical Management Plan / Action Plan.  Staff will be notified that the Medical Management Plan / Action Plan has been updated by internal communication methods (staff memo folder, staff email distribution list or verbally. The date and method by which staff were advised of the updated information will be recorded.)	Parent / guardian  Where the Service Manager is informed, it is the Service Manager's responsibility to inform the Nominated Supervisor of the updated information and distribution of new information to staff.  The receipt of the written information will be dated and recorded on the child's file.  When this change involves a change in the medication for the child the Nominated Supervisor or Service Manager will provide the parent / guardian with new Ongoing Medication Permission Forms or Medication Permission Forms, as relevant, for any medication that has been changed and request these are completed by the parent / guardian.  Please note: Action Plans using the template from the

	<p>Australasian Society of Clinical Immunology and Allergy can only be altered with the permission of the medical or nurse practitioner who completed the plan (<a href="http://www.allergy.org.au">www.allergy.org.au</a>).</p>
<p>Parents / guardians must update the Nominated Supervisor or Service Manager <b>in writing</b> of any changes to the Risk Minimisation Plan.</p> <p>Staff will be notified that the Risk Minimisation Plan has been updated by internal communication methods (staff memo folder, staff email distribution list or verbally. The date and method by which staff were advised of the updated information will be recorded and staff will be required to sign the updated Risk Minimisation Plan.)</p>	<p>Parent / guardian</p> <p>Where the Service Manager is informed, it is the Service Managers responsibility to inform the Nominated Supervisor of the updated information and distribution of new information to staff.</p> <p>The receipt of the updated information will be dated and recorded on the child's file.</p> <p>The Nominated Supervisor or Service Manager will be responsible for updating the copy of the child's Risk Minimisation Plan including on the child's file, staff handbook folder which relief staff access and any locations the Risk Minimisation Plan is stored at the Service.</p>
<p><b>Excursions</b></p> <p>The parent / guardian will advise of any additional information regarding medical requirements on the Excursion Authorisation Form.</p> <p>The Responsible Person during the excursion will confirm with staff and any parents / guardians / additional adults attending the excursion that they have been informed of the support strategies outlined in the Risk Assessment.</p>	<p>Parent / guardian</p> <p>The Nominated Supervisor will ensure that when necessary, information will be included in the Risk Assessment for the excursion (no individual child will be identified by name in the Risk Assessment) and relevant support strategies are in place.</p> <p>Responsible Person during the excursion.</p>