

ASTHMA POLICY

Mandatory – Quality Area 2

This policy was written in consultation with Asthma Australia. The Foundation's *Asthma & the Child in Care Model Policy* has been incorporated into this policy by ELAA. For more detailed information, visit Asthma Australia's website: www.asthma.org.au

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 St Mary's Pre-school
- ensure that all necessary information for the effective management of children with asthma enrolled at St Mary's Pre-school 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.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.

POLICY STATEMENT

1. VALUES

St Mary's Pre-school 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. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of St Mary's Pre-school.

Asthma management should be viewed as a shared responsibility. While St Mary's Pre-school recognises its duty of care towards children with asthma during their time at the service, the responsibility for ongoing asthma management rests with the child's family and medical practitioner.

3. BACKGROUND AND LEGISLATION

Background

Asthma is a chronic, treatable health condition that affects approximately one in 9 Australian children and is one of the most common reasons 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)). As a demonstration of duty of care and best practice, ELAA recommends **all educators** have current approved emergency asthma management training (refer to *Definitions*).

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
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Standard 2.3: Each child is protected
 - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Privacy Act 1988* (Cth)
- *Privacy and Data Protection Act 2014* (Vic)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. 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 Care 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. An Asthma Care Plan template specifically for use in children's services can be downloaded from Asthma Australia's website: www.asthma.org.au (refer to Attachment 2)

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
- 2 small volume spacer devices
- 2 compatible children's face masks (for children under the age of four)
- record form
- asthma first aid instruction card.

Asthma Australia recommends that spacers and face masks are for single-use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.

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, an ingredient 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, or Ventolin.

Risk minimisation plan: Provides information about child-specific asthma triggers and strategies to avoid these in the service. A risk minimisation plan template specifically for use in children's services can be downloaded from the *Resources* section of Asthma Australia website: www.asthma.org.au

Spacer: A plastic chamber 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). A sample staff record is available on the ACECQA website: www.acecqa.gov.au

General Notes

- Children with asthma have sensitive airways. It is important to avoid the things (triggers) which can make asthma worse by causing the airways to narrow. Triggers include cold or flu symptoms, weather conditions, exercise/play, inhaled allergens (e.g. pollens, tobacco smoke, moulds, animal hair and dust mites), dust, certain medications (e.g. Asprin), some foods and preservatives, flavourings and colourings, emotions (e.g. laughter).
- Symptoms of asthma include shortness of breath/ difficulty in breathing, wheezing or high pitched whistling sound (mainly when breathing out), cough (sometimes associated with vomiting) chest tightness (sore tummy). These symptoms vary from child to child. An asthma attack can be life threatening and must be treated promptly.
- Inhaled medications are the best way of treating asthma in children under 5 years of age. Inhaled medications can be taken using a puffer/inhaler and a spacer.
- There are three main groups of asthma medications;
 - Preventers; *Flixotide, Intal Forte, Pulmicort, Tilade, Qvar, Alvesco*, (white or autumn coloured containers)
 - Relievers; *Airomir, Asmol, Bricanyl, Epaq, Ventolin* (blue containers)
 - Symptom controllers and Combination Medications; *Foradile, Oxis, Serevent, Seretide, Symbicort*.

5. SOURCES AND RELATED POLICIES

Sources

- Asthma Australia: www.asthma.org.au or phone (03) 9326 7088 or 1800 278 462 (toll free)
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA.

Related policies

- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Dealing with Medical Conditions Policy*
- *Emergency and Evacuation Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*.

PROCEDURES

The Approved Provider or Persons with Management and Control 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
- providing approved Emergency Asthma Management (EAM) training (refer to *Definitions*) to staff as required under the National Regulations
- 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*)
- providing parents/guardians with a copy of the service's *Asthma Policy* upon enrolment of their child (Regulation 91)
- identifying children with asthma during the enrolment process and informing staff
- providing parents/guardians with an Asthma Care Plan (refer to *Definitions* and Attachment 2) to be completed in consultation with, and signed by, a medical practitioner
- developing a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for every child with asthma, in consultation with parents/guardians
- ensuring that all children with asthma have an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
- 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
- implementing an asthma first aid procedure (refer to Attachment 1) consistent with current national recommendations
- ensuring that all staff are aware of the asthma first aid procedure
- ensuring adequate provision and maintenance of asthma first aid kits (refer to *Definitions*)
- ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use
- facilitating communication between management, 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
- 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
- immediately communicating any concerns with parents/guardians regarding the management of children with asthma at the service
- 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)
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

The Nominated Supervisor is responsible for:

- 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
- 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 an asthma first aid kit (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- 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 Care Plan for each child
- 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
- organising asthma management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma.

Certified Supervisor/s and other educators are responsible for:

- ensuring that they are aware of the service's *Asthma Policy* and asthma first aid procedure (refer to Attachment 1)
- ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Care Plans and the asthma first aid kit
- 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 Care Plan
- taking the asthma first aid kit, children's personal asthma medication and Asthma Care Plans on excursions or other offsite events
- administering prescribed asthma medication in accordance with the child's Asthma Care Plan and the *Administration of Medication Policy* of the service
- developing a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for every child with asthma in consultation with parents/guardians

- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- consulting with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma
- 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 Care Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Care Plan should be reviewed and updated at least annually.
- ensuring all details on their child's enrolment form and medication record (refer to *Definitions*) are completed prior to commencement at the service
- working with staff to develop a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for their child
- providing an adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is appropriately labelled with the child's name
- notifying staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record
- 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

In the event of an asthma incident whereby an ambulance is called to the pre-school please follow the control response as listed below.

Rating	Description	Control Response	Management Responses	Monitor and Review
Extreme	See Risk Assessment Matrix (Eg. Death)	Must be given immediate attention and reported to the Nominated Supervisor and Human Resource Manager, President and DEECD immediately.	Nominated Supervisor to contact President immediately President to contact DEECD within 24 hours of incident	DEECD investigation and Pre-school Management review. Record on risk register.
High	See Risk Assessment Matrix (Eg Serious personal injury/illness, long term incapacity or requiring medical attention and/or counselling such as broken leg)	Must be given considerable management attention to reduce to low as reasonably practicable	Nominated Supervisor to contact President within 12 hours of incident. Teacher to follow up with family after medical treatment and document. President to contact DEECD within 24 hours	Immediate review and investigation of incident by Pre-school Management. Immediate resolution and action. Record on the risk register.

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

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: [Asthma First Aid Procedure](#)
- Attachment 2: Asthma Care Plan – download from the Asthma Australia website: https://asthma.org.au/wp-content/uploads/About_Asthma/Schools/AACPED2018-Care-Plan-for-Schools-A4_2019.pdf
- Attachment 3: Asthma First Aid poster – download from the Asthma Australia website: <https://asthma.org.au/about-asthma/how-we-can-help/first-aid/>
- Attachment 4: Asthma Risk Minimisation Plan – download from the ELAA website: <https://elaa.org.au/wp-content/uploads/2020/02/asthma-risk-minimisation-plan.pdf>

AUTHORISATION

This policy was adopted by the Committee of Management of St Mary's Pre-school in September 2021

Review date: July 2022

ACKNOWLEDGEMENT

Early Learning Association Australia (ELAA) acknowledges the contribution of Asthma Australia in developing this policy. If your service is considering changing any part of this model policy please contact Asthma Australia to discuss your proposed changes (refer to *Sources*).

ATTACHMENT 1

Asthma First Aid Procedure

This Asthma First Aid Procedure has been reproduced from Asthma Australia's Asthma First Aid 2018.

ASTHMA FIRST AID PROCEDURE

Follow the written first aid instructions on the child's Asthma Care Plan, if available and signed by a medical practitioner. If no specific and signed instructions are available, the instructions are unclear, or the child does not have an Asthma Care Plan, **begin the first aid procedure outlined below.**

Reliever medication is safe to administer to children, even if they do not have asthma, however if there is no Asthma Care Plan you must also **call emergency assistance to attend (000)** and notify the parent/carer of the child as soon as possible.

Call emergency assistance immediately (Dial 000)

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

Step 1. Sit the person upright

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

(Send someone else to get the asthma first aid kit)

(Sitting the child in an upright position will make it easier for them to breathe).

Step 2. Give 4 separate puffs of blue/grey reliever puffer

- Use a spacer if there is one
- Shake the puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer

Repeat until 4 puffs have been taken

Remember: Shake, 1 puff, 4 breaths

Step 3. Wait 4 minutes

If there is no improvement, give 4 more separate puffs as above.

Step 4. If there is still no improvement call emergency assistance (000)

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

ATTACHMENT 2

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, preferably through a device. Ask the child to take 4 breaths from the spacer after each puff. (Shake the puffer before initial uses)
- 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.

- If the child's condition suddenly deteriorates, or you are very concerned, call an ambulance immediately.
- In an emergency the blue reliever puffer can be accessed from the Asthma Emergency Kit, or borrowed from another child.
- Record any asthma incident and file the completed form with all incident reports.
- Notify the family and advise them of actions taken.

Correct Use of the Puffer

- Remove the cap from the puffer
- Shake puffer well and insert into the end of the spacer
- Put the mouthpiece of the spacer in your mouth, forming a seal with your lips. Breathe out gently
- Press down on the puffer canister once to fire medication into the spacer
- Breathe in and out normally for 4 breaths
- To take more medication, shake the puffer again, and then repeat steps 3-5. Remember to put the mouthpiece cap back on after you've finished

ATTACHMENT 3

Checklist for Excursions

Educators should be alert for

- Children with a high-risk history of asthma
- Children who show asthma symptoms before departure on an out of pre-school excursion
- The need to modify an activity for children with asthma
- Strategies to prevent exercise induced asthma
- A child who denies symptoms of asthma
- The need for early intervention of emergency treatment for asthma symptoms
- Signs of worsening asthma

Educators should ensure the following:

- Child asthma records and individual asthma treatment plans taken on all excursions and kept with the teacher.
- Be familiar with the preferred asthma emergency management required for the children in their care
- Mobile phone is made available and there is suitable reception
- Asthma Emergency Kit accompanies each group and the contents are checked before leaving the service. This should include checking the expiry date and making sure the medication is full.
- Educators accompanying students with asthma must carry their asthma medications and delivery devices with them at all times.
- If children are not all together, make sure Asthma Emergency Kits go with all groups.
- Check emergency services near excursion site.
- There is at least one educator with the excursion group that has completed Emergency Asthma Management training.

ATTACHMENT 4

Sample Asthma Care Plan

Asthma Action Plan

For use with a Puffer and Spacer

Photo

Name: _____

Date of birth: _____

Confirmed Triggers



Asthma
Foundation VIC

Child can self administer if well enough.

Child needs to pre-medicate prior to exercise.

Face mask needed with spacer

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Adrenaline autoinjector prescribed: Y N Type of adrenaline autoinjector: _____

SIGNS AND SYMPTOMS	ASTHMA FIRST AID
<p style="text-align: center; font-weight: bold; margin: 0;">MILD TO MODERATE</p> <ul style="list-style-type: none"> Minor difficulty breathing May have a cough May have a wheeze <p>Other signs to look for:</p>	<div style="border: 1px solid red; padding: 5px; text-align: center; margin-bottom: 10px;"> <p style="color: red; font-weight: bold; margin: 0;">For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"</p> <p style="font-size: 8px; margin: 0;">Mild to moderate symptoms do not always present before severe or life-threatening symptoms</p> </div> <ol style="list-style-type: none"> 1. Sit the person upright <ul style="list-style-type: none"> Stay with the person and be calm and reassuring 2. Give _____ separate puffs of Airomir, Asmol or Ventolin <ul style="list-style-type: none"> Shake puffer before each puff Put 1 puff into the spacer at a time Take 4 breaths from spacer between each puff 3. Wait 4 minutes <ul style="list-style-type: none"> If there is no improvement, repeat step 2 4. If there is still no improvement call emergency assistance <ul style="list-style-type: none"> Dial Triple Zero "000" Say 'ambulance' and that someone is having an asthma attack Keep giving _____ puffs every 4 minutes until emergency assistance arrives <div style="border: 1px solid red; padding: 5px; text-align: center; margin-top: 10px;"> <p style="color: red; font-weight: bold; margin: 0;">Commence CPR at any time if person is unresponsive and not breathing normally.</p> </div>
<p style="text-align: center; font-weight: bold; margin: 0;">SEVERE</p> <ul style="list-style-type: none"> Cannot speak a full sentence Sitting hunched forward Tugging in of skin over chest/throat May have a cough or wheeze Obvious difficulty breathing Lethargic Sore tummy (young children) 	<div style="border: 1px solid red; padding: 5px; text-align: center; margin-bottom: 10px;"> <p style="color: red; font-weight: bold; margin: 0;">Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma</p> </div>
<p style="text-align: center; font-weight: bold; margin: 0;">LIFE-THREATENING</p> <ul style="list-style-type: none"> Unable to speak or 1-2 words Collapsed / Exhausted Gasping for breath May no longer have a cough or wheeze Drowsy/ Confused / Unconscious Skin discolouration (blue lips) 	<div style="border: 1px solid red; padding: 5px; margin-bottom: 10px;"> <p style="color: red; font-weight: bold; margin: 0;">Commence CPR at any time if person is unresponsive and not breathing normally.</p> </div> <div style="text-align: right;">  <ul style="list-style-type: none"> Assemble Spacer Remove cap from puffer Shake puffer well Attach puffer to end of spacer Place mouthpiece of spacer in mouth and ensure lips seal around it Breathe out gently into the spacer Press down on puffer canister once to fire medication into spacer Breathe in and out normally for 4 breaths (keeping your mouth on the spacer) </div>

Emergency Contact Name: _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Medical or Nurse Practitioner: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date prepared: _____

Date of next review: _____

© The Asthma Foundation of Victoria August 2017. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical or nurse practitioner and cannot be altered without their permission.

Template available from: <https://www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans/victorian-asthma-action-plans>

ATTACHMENT 5
Asthma Risk Minimisation Plan

Asthma Risk Minimisation Plan

St Mary's Pre-school

Child's Name	Date of Birth	Class
Symptoms of Exposure: <i>please ensure symptoms reflect information provided on child's Action Plan</i>		
Medication at pre-school:		
Parent/carer information (1)		Parent/carer information (2)
Name:		Name:
Relationship:		Relationship:
Home phone:		Home phone:
Mobile:		Mobile:
Address:		Address:
Other emergency contacts (if parent/carer not available)		
Medical Practitioner contact:		
What are the known triggers of your child's asthma?		
Medicine storage – Classroom		
Signature of parent:		Date:
Signature of teacher:		Date:

Risk Minimisation Review

Review	Parent Signature	Date	Educators Signature	Date
Term 2				
Term 3				
Term 4				

Strategies to assist with the prevention of Asthma Attack

Child's Name	Date of Birth	Class
Symptoms of Exposure: <i>please ensure symptoms reflect information provided on child's Action Plan</i>		
Medication at pre-school:		
Asthma Triggers	Strategy	Who Responsible
Exercise		
Smoke		
Weather Changes		
Moulds		
Animal Danger		
Pollution		
Chemicals		
Food Additives		
Certain Medications		
Emotions		
Dust and Dust Mite		

St Mary's Pre-school Communication Plan – 2019

Child's Name		Date of Birth	
Medical Condition	Asthma	Triggers	
Plan Prepared by		Communicated to	

Mild to Moderate asthma attack	Action	Moderate to severe asthma attack	Action
<ul style="list-style-type: none"> Increased cough Difficulty Breathing 	<ul style="list-style-type: none"> Sit or lie the child down in a restful position. Administer oral medication as per action plan Stay clam Contact family/emergency contact 	<p>As asthma worsens, the airways narrow, become inflamed, and fill with mucus. Patients may experience the following symptoms:</p> <ul style="list-style-type: none"> Requires reliever puffer every 3 hours or more Increased wheezing, coughing and tightness of chest Feel that asthma is out of control 	<ul style="list-style-type: none"> Keep the child calm in a resting position. If the child is not responding to the medication plan as per their action plan Phone an ambulance

Strategies to inform staff, volunteers, relief staff and visitors to the kindergarten

What	Where	How
<p>Ensure all staff, relief staff, volunteers and students are familiar with:</p> <ul style="list-style-type: none"> The child with the specific health need, allergy or medical conditions Child's Medical Management and Risk Minimisation Plan Location of Child's medication 	<p>Location of Child's Medication is with the Action Plan and Risk Minimisation plan located on the medical alert board:</p> <p>Children's medication is located in a high visibility blue bag clearly labeled for each child with their photo.</p>	<p>Staff are notified via an induction checklist given to them immediately before starting their shift. The staff member in charge will physically show the new staff member the medical board before the children arrive.</p>

	Kindergarten room – on a medical board inside	How will relief staff/volunteers/students be notified: <ul style="list-style-type: none"> • Relief staff are notified through Relief staff induction checklist • Students/volunteers will be informed during their orientation to the kindergarten via the Induction checklist for volunteers/students as per the Participation of Volunteers and Students Policy
Strategies to inform families		
What	Where	How
Do families know how the kindergarten manages medical conditions?	Upon enrolment, all families are provided the details of where the kindergarten's policies can be accessed and encouraged to read them.	All families are provided a handbook that contains an outline of all policies. Detailed copies are located in the policy folder in the kindergarten room. Risk minimization plans are available in the kindergarten room for all families to review. Issues are discussed at staff meetings and follow up communication with those/all families are sent via email and provided in hard copy.
Do all parents need to be notified if their child becomes unwell during kindergarten? Yes No (Please circle) If no, no action required.	If yes: How will you notify all parents? The staff will administer medication and wait to see how they respond. If the child is unwell staff will contact the parent immediately and action their illness policy. Staff are also required to complete a medication record and have this signed by the family at the time of collection.	Families will be notified via signing of the medication record as to how often staff were administering medication as outlined in the action plan. Staff will encourage parent to seek medical advice if the child is requiring medication regularly.

	Staff will talk to the families if they are finding that they are administering the child's medication as per the action plan.	
<p>We are aware that considerable anxiety can occur for families when a child begins kindergarten especially when their child has a medical alert. We encourage families to communicate with us and medical information about their child as well as their feelings and concerns. We will work with families to develop a Risk Minimisation.</p>		
<p>Privacy Considerations</p> <p>Prior to displaying information about their child, families will be included in discussions on how the information will be displayed and used. Families privacy will be considered at all times and information will be displayed appropriately to enable staff to act quickly in the event of a medical emergency.</p>		
Child awareness		
What	Where	How
<p>Will children be educated about each child's medical condition – Yes</p> <p>NAME will be reminded to inform a staff member if he is feeling unwell and coughing a lot.</p> <p>NAME will be encouraged to participate in more passive play activities rather than active play at times when he is unwell. Not specifically related to exercise but this will be monitored.</p>	At kindergarten in all groups	<p>Children are taught as part of our curriculum</p> <ul style="list-style-type: none"> • Get help if their friend becomes sick

Parent Signature _____ Date _____

Teachers Signature _____ Date _____

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



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
Remember: **Shake, 1 puff, 4 breaths**

OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)



3 Wait 4 minutes

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

OR give 1 more dose of Bricanyl or Symbicort inhaler



4 If there is still no improvement call emergency assistance - 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 dose of a Bricanyl or Symbicort every 4 minutes - up to 3 more doses of Symbicort



Call emergency assistance immediately - Dial Triple Zero (000)

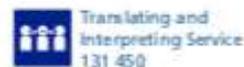
- If the person is not breathing
- If the person's asthma suddenly becomes worse or is not improving
- If the person is having an asthma attack and a reliever is not available
- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then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

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



Contact your local Asthma Foundation
1800 ASTHMA Helpline (1 800 2 76 462) asthmaaustralia.org.au

© Asthma Australia 2016. Supported by the Australian Government



asthmaaustralia.org.au | 1800 2 76 462 | 131 450 | 2016